While a massage therapist is required to take a certain amount of class hours in massage therapy before graduating, many more hours are required to understand each modality to its fullest. In order to provide massage therapy for children with cancer, many more hours of in-class study are required. This course is an introduction into that deeper exploration.
CONTINUING EDUCATION

COURSE DESCRIPTION:
To understand each modality to its fullest, massage therapists must take many more class hours than those required just to graduate from massage therapy school. Even more hours are required when providing massage therapy for children with cancer. This course is an introduction into the considerations that will help you succeed when providing massage therapy to children with cancer and their families.

NOTE: The information contained in this course is intended to provide a general overview of considerations for working with children with cancer. More specific in-class time is required to succeed with these clients.

COURSE OBJECTIVES:
In this course, you’ll learn the need for and value of extra training in order to serve pediatric clients with cancer. This will include a general understanding of how pediatric cancer requires different skills than those used when treating adults, as well as the types of cancers most common in children and treatments involved. When you finish this course, you will be able to:

- Understand the value of the additional study required to provide massage therapy for pediatric clients with cancer.
- Understand the importance of communicating with the health care team for pediatric clients with cancer.
- Describe two types of cancer account for more than 50 percent of childhood cancers.
- List five systemic and five local conditions where massage therapy is contraindicated in pediatric clients with cancer.
- List five precautions and special considerations that require research before treating a pediatric client with cancer.
- Define the five “P’s” that are key to successful treatment of pediatric clients with cancer.

Imagining a child being diagnosed with a debilitating medical condition is uncomfortable—not only for their parents and family members, but also for the health care professionals who may wish to provide the most compassionate care. When it comes to a cancer diagnosis, the pain and suffering the child may endure is unfathomable. They often feel alone in their experience, but in fact their diagnosis may turn their entire family’s world upside down. Parents, caregivers, siblings and friends must cope and live their lives while the child is fighting for theirs.

This emotional rollercoaster can be complicated by the array of medical treatments available, the ups and downs associated with the unknown and the balance of trying to work within the vast medical system. Communicating with different health care providers only adds to the stress and anxiety associated with this diagnosis.

ABOUT PEDIATRIC CANCER
The American Cancer Society estimates that approximately 12,060 children in the United States under the age of 15 will be diagnosed with cancer in 2012, with about of one in 330 children developing cancer by age 20.

Due to the major advances in treatment and care, 80 percent of diagnosed children will survive five years or more. This is a significant increase from the survival rates of the 1970s, when the five-year survival rate was less than 50 percent. Although the five-year survival rate is steadily increasing, one-quarter of children will die within five years of diagnosis. Different types of can-
Cancers have different rates of survival, and cancer kills more children each year than cystic fibrosis, muscular dystrophy, asthma and AIDS combined.

Luckily, childhood cancers are rare, making up less than 1 percent of all cancers diagnosed each year. However, childhood cancer rates have been rising slightly for the past few decades. Despite its rarity and the major advances in treatment and supportive care, cancer is still the second leading cause of death in children younger than 15 years old. Approximately 1,340 children are expected to die from cancer in 2012.

**DIFFERENCES BETWEEN CANCERS IN ADULTS AND CHILDREN**

The types of cancers that develop in children are very different from those that affect adults. Many times, childhood cancers are the result of cellular changes that take place early in life—in some cases even before the child’s birth. Different than cancers in adults, childhood cancers are not strongly linked to environmental or lifestyle factors.

**GENERAL PEDIATRIC MASSAGE GUIDELINES**

Obtain consent in writing from the physician and parent of the child you will be working with. Then, follow an assessment protocol that includes:

- Understand the diagnosis of the child, and learn where cancer is currently located in the child’s body.
- Identify current and/or past cancer treatments the client has received, including use of any medications.
- Assess any side-effects or complications that have resulted from the child’s diagnosis and/or treatment.
- Review research and medical literature written about the child’s diagnosis, treatments, side-effects, symptoms and how this affects their ability to receive pediatric massage therapy.
- Prepare to make adjustments to how you use massage therapy, such as pressure, positioning, pace, body areas to provide massage, and use of any approved lubricant.
- With proper permission from the parent or guardian of your pediatric patient, discuss with the child’s health care team (physician, oncologist, nurse) any additional input on your comprehensive list of questions, concerns and adjustments proposed.
- Update your approach and protocol to practice all known safety precautions using the most cautious approach necessary to ensure the child’s safety.
- Follow all known contraindications to pediatric massage therapy.
- Ask specific questions about positioning and any injuries or fears this child may have.
- Obtain verbal consent from the child whenever possible.
- Always ask permission to touch and look for engagement cues when working with a non-verbal child.
- When first meeting the child and their family member(s), introduce yourself and ask if they have ever had a massage before.
- You may need to explain massage to them and demonstrate on your arm. You can describe massage as “good touch” to very young children.
- Let them know the areas you can massage (i.e., arms, hands, legs, feet, head, face, neck, back) and ask where they would like to be touched and if there is anywhere they don’t want to be touched.
- Tell the child that they can stop massage at any time and let them know the total amount of time you can be with them.
- Use appropriate draping guidelines and never partially undress a child who does not specifically give their consent.
- During the massage sessions, ask permission before touching each body area that the child has said is okay to massage (i.e., “Is it alright if I massage this leg now?”)
- At the end of the massage, thank the child and make sure they are safely positioned. Report any concerns to the medical staff (i.e., nurse, doctor).
- Remember at all times to empower and respect the parent, and to make them the expert on their child’s health and well-being.
LEUKEMIA. Leukemia is a cancer of the blood cells and begins in the bone marrow. Leukemias are the most common childhood cancers. They account for about 33 percent (one-third) of all childhood cancers.

Leukemia may cause bone and joint pain, weakness, bleeding, fever, weight loss and other symptoms.

TYPES OF LEUKEMIA INCLUDE:
ACUTE LYMPHOCYTIC LEUKEMIA (ALL): The most common childhood cancer. Almost 75 percent of children with leukemia have ALL, a cancer of the lymphoid cells in the bone marrow and the lymphoid organs of the body. ALL affects the body’s immune system.

ACUTE MYELOGENOUS LEUKEMIA (AML): Also called acute myeloid leukemia, acute nonlymphatic leukemia or ANLL, AML is cancer of the myeloid blood cells, which are produced in the bone marrow and aid in fighting bacterial infections.

CANCERS OF THE CENTRAL NERVOUS SYSTEM. Brain and other nervous system cancers are the second most common cancers in children, making up about 21 percent of childhood cancers. In the early stages, brain cancer can cause headaches, nausea, vomiting, blurred or double vision, dizziness, and difficulty with walking or handling objects.

BRAIN TUMORS: There are many types of brain tumors. The most common are called gliomas.

NEUROBLASTOMA: The most common solid tumor (besides brain tumors) in children. It is most often found during the first year of life. This tumor can start anywhere, but usually occurs in the abdomen and is initially noticed as swelling. It can also cause bone pain and fever, and accounts for about 7 percent of childhood cancers.

CANCERS OF THE KIDNEY. WILMS TUMOR: Also called nephroblastoma, Wilms tumor may affect one or both kidneys. It is most often found in children between two and three years old, and can show up as a swelling or lump in the abdomen.

Sometimes, the child may have other symptoms, such as fever, pain or poor appetite. Wilms tumor accounts for about 5 percent of childhood cancers.

CLEAR CELL SARCOMA: Also called CCSK, clear cell sarcoma is an uncommon cancer that affects the kidney.

LYMPHOMAS. Lymphoma is a tumor of the lymph tissues, which are part of the immune system. Types of lymphoma include:

HODGKIN DISEASE OR HODGKIN’S LYMPHOMA: These diseases affect lymph nodes nearer to the body’s surface, such as in the neck, arm-pit and groin area. Hodgkin’s lymphoma can occur in both children and adults, and accounts for about 4 percent of childhood cancers. Rare in children younger than five years of age, about 10 to 15 percent of cases are diagnosed in children 16 and younger.

NON-HODGKIN LYMPHOMA: This disease affects lymph nodes found deep within the body. There are many types of lymphoma, including Burkitt’s, non-Burkitt’s and lymphoblastic lymphoma. Non-Hodgkin lymphoma makes up a little more than 4 percent of childhood cancers.

SARCOMAS. Sarcomas are cancerous tumors involving the bones and soft tissues.

BONE CANCERS. OSTEOSARCOMA: The most common type of bone sarcoma, osteosarcoma accounts for almost 3 percent of all new childhood cancer. These tumors are often located at the growing end of the long bones of the extremities, close in proximity to the joints.

Treatment options, approaches and length of treatment vary for each child based on diagnosis, severity and health care provider. Each therapy addresses specific symptoms associated with the child’s diagnosis. No single treatment is best, and treatment is tailored to the child’s needs.

Cancers in young children are highly aggressive and behave unlike malignant diseases at other times in life. In comparison with adults, approximately 80 percent of children have metastasized cancer at the time of their diagnosis. Only 20 percent of adults with cancer show evidence that the disease has spread or metastasized. Detecting childhood cancers at an early stage, when the disease would react more favorably to treatment, is extremely difficult. For pediatric patients, the average treatment plan can last two years, and often includes a combination of therapies.

Chemotherapy (also called “chemo”) and radiation are the two most common treatments for pediatric cancer, both of which can cause adverse symptoms, including nausea, pain, anxiety, depression, weight loss and hair loss. Invasive treatments can leave patients feeling physically, mentally and emotionally drained.

Childhood cancers appear to respond better to treatments such as chemotherapy. Children’s bodies also tend to handle chemotherapy better than adults. But, cancer treatments such as chemo and radiation therapy can cause long-term side effects, so children who survive cancer will need careful attention for the rest of their lives.
**EWINGS SARCOMA:** A bone cancer that often appears in the middle of the bone. Commonly found in the thighs, hipbones, upper arms and ribs, this cancer accounts for a little more than 1 percent of childhood cancers and most often occurs in adolescents.

**SOFT TISSUE SARCOMAS.** Rhabdomyosarcoma: This soft tissue sarcoma develops in muscles. Commonly found in the head, neck, groin, pelvis, kidneys, bladder, arms and legs, rhabdomyosarcoma is the most common soft tissue sarcoma in children. It makes up a little more than 3 percent of childhood cancers. It may cause pain, swelling (a lump), or both.

**LIVER CANCERS.** Liver cancer is an abnormal growth (tumor) in the liver. The most common forms of liver cancer in children are:

**HEPATOBLASTOMA:** A form of liver cancer that typically occurs in infants.

**HEPATOCELLULAR CARCINOMA:** This cancer is very rare during childhood and accounts for approximately 0.5 percent of pediatric cancers. It’s the second most common liver cancer that affects children.

**OTHER TYPES OF CANCERS.** Retinoblastoma: This is a malignant tumor of the retina (a thin membrane in the back of the eye). It is rare, accounting for less than 3 percent of childhood cancers and about 5 percent of childhood blindness. It usually occurs in children under the age of four.

**GERM CELL TUMORS:** Germ cell tumors appear most commonly in the testes, the ovaries, the area at the bottom of the spine (sacrococcygeal) and in the middle of the brain, chest or abdomen.

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**BENEFITS OF MASSAGE FOR CHILDREN WITH CANCER**

Pediatric massage therapy may not cure cancer, but it can help young patients relax. Generally speaking, massage therapy has a wide range of uses, from relaxation to helping people recover from injury or illness. In some cases, however, massage therapists provide care to populations where the benefits of massage therapy are more difficult to quantify, making documenting the benefit of therapeutic massage difficult.

In many cases, children who have cancer diagnoses fall into the latter category. Anecdotal evidence and stories of great results continue to reinforce the benefits of massage, but can only be so helpful in convincing others of the value of pediatric massage therapy. Research that concretely documents the benefits of massage therapy for this population will help build a foundation for massage therapists and other health care professionals, leading the way for the expanded use of pediatric massage.

When a child has to be hospitalized, or is diagnosed with a debilitating medical condition, their symptoms are often accompanied by pain, anxiety, loneliness and fear. Parents and caregivers can be at a loss as to how they can participate in their child’s health care and make them more comfortable. This is where pediatric massage comes in. Not only can a skilled pediatric massage therapist provide hands-on massage for these children, but parents can be educated in simple techniques so they can do the same.

Pediatric massage is a gentle, non-invasive, therapeutic modality that can safely act as an effective adjunct intervention for managing symptoms, side effects and psychological conditions associated with cancer and anticancer treatment in children. The noninvasive approach of pediatric massage can help increase the overall comfort for the child and improve the child’s quality of life during invasive treatments. Although there are many different modalities and massage techniques practiced under the auspice of massage and bodywork, not all are considered safe or appropriate for children with cancer.

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On the Rise

Complementary therapies are being increasingly integrated into mainstream cancer programs and centers. About 66 percent of children with cancer use some type of complementary therapy, and using massage therapy under the auspice of palliative care is also gaining in popularity. A study published in 2003, for example, reported that 33 percent of parents in a primary health care setting use complementary and alternative medicine therapies, with massage therapy being the most commonly used.

**Why Massage Works**

Although most studies have reported the effects of massage in adult patients, pediatric cancer patients also experience reduced pain after massage therapy. Massage is one of the most commonly used pain management strategies for pediatric patients newly diagnosed with leukemia. For oncology patients, studies also indicate that many complementary therapies control treatment-related physical and emotional symptoms, including pain, fatigue, nausea, xerostomia, anxiety and depression.

Children diagnosed with cancer are often overwhelmed, depressed or find it difficult to cope. For cancer patients, especially pediatric cancer patients, even just a little relief can mean a lot. In general, about a third of all cancer patients experience significant pain. According to the National Cancer Institute, 15 percent to 25 percent of cancer patients become clinically depressed at some point during their illness. And of course, the very nature of possible hospitalization, isolation and the treatment for this very serious illness often makes things worse.

During massage, levels of feel-good neurotransmitters such as serotonin, dopamine and oxytocin (nurturing, cuddle hormone) are increased, while measures of the stress hormone cortisol drop.

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> *ARTICLE CONTINUED ON P76*
WHAT THE RESEARCH IS SAYING

As much as there is a growing body of evidence on the benefits of massage therapy, there is little published data focusing specifically on the effects massage therapy has on pediatric oncology and hematology patients. Many studies are performed with adult populations or are very small census (number of participants in the research study) in infant and pediatric populations.

Related Research may Have Some Clues
Based on review of some of the published studies, whether comprised of a small census or not, massage therapy is believed to improve circulation and immune function, help with elimination of waste, reduce swelling, and relieve the pain and stress associated with illness and treatment. The potential for increased immune function and decreasing pain would seem to make massage therapy an effective palliative option for children with cancer.

Published research findings suggest that massage may help support immune function during periods of compromised immunity (immunosuppression). Additionally, pediatric massage may provide comfort and relaxation, thus reducing stress, anxiety and the many exhausting symptoms associated with their treatment.

Tiffany Field, Ph.D., director of the Touch Research Institute at the University of Miami School of Medicine, has conducted research investigating massage therapy to treat babies born prematurely, infants exposed to HIV, as well as children with a variety of diagnoses including asthma, cystic fibrosis, diabetes and rheumatoid arthritis. In these studies, children with rheumatoid arthritis were found to have significantly lower stress hormone levels following massage therapy. Children with asthma reported decreased levels of anxiety after only one day of receiving treatment.

For children with psychiatric problems, decreased anxiety and depression, and improved sleep patterns have been seen following the application of massage therapy. Behavioral and physiological functions in children appear to be enhanced by massage therapy, including growth, development, sleep, attentiveness and immune function, along with reduced pain, stress and anxiety.

Despite some very promising results, the field of massage therapy is often criticized for the lack of conclusive evidence using rigorous scientifically conducted studies. Clinical trials evaluating massage therapy suffer from small numbers of participants and several confounding factors that affect studies, particularly in pediatric populations. Conclusive data concerning the effects of massage therapy with pediatric cancer patients would help enhance the quality of care given to children with cancer.

Massage + Cancer
In the International Journal of Therapeutic Massage and Bodywork, the results of a study called “Children with Cancer and Blood Diseases Experience Positive Physical and Psychological Effects from Massage Therapy” were published in 2009. In this study, researchers wanted to expand previous studies showing the positive effects of massage therapy. So, they designed a study that focused on children with cancer and blood diseases. This study focused on 30 children with cancer and blood disease, ages 6 months to 17 years old. During the period of the study, the treatment group received 20-minute sessions of Swedish massage therapy one time per day for approximately four days.

This study found that children with cancer or blood
Children have reported that massage helps them to feel better, decrease their anxiety & worries, and had longer lasting effects than quiet time.

disease who received regular massage showed significant physical and psychological improvement versus a group of sick children who did not receive massage. The results indicated significant psychological improvements on state anxiety, trait anxiety, and emotional state, as well as significant physical improvements on muscle soreness, respiratory rate and overall progress. The conclusion of the study was that massage therapy can have a positive effect on quality of life in children with cancer and blood diseases

Hospitalized cancer patients experience an extreme amount of discomfort due to their therapies. Therapeutic massage may be beneficial to hospitalized cancer patients in that it has the potential to decrease pain and anxiety, as well as increase levels of relaxation.

In another study, researchers looked at the effects of massage on anxiety, depressed mood and immune function. The focus in the study was how massage therapy could improve the lives of the parents of the children undergoing treatment for leukemia. The children also were approached with massage to measure how this therapy may cause improvements in their symptoms and side effects associated with their leukemia treatment. Many cancer treatments can be harsh and increase the child’s overall anxiety and stress level, which can, in turn, cause their immune system to suffer. During the study, the researchers randomly assigned the children to an intervention group and a control group. This study looks at the efficacy of parents providing the massage therapy for children, which is beneficial to the child’s developmental stage.

In a study that was funded in part by NCCAM (National Center for Complementary and Alternative Medicine), researchers have investigated the benefits of massage versus simple touch therapy in patients with advanced cancer. The results of this study show that both groups experienced significant improvements in pain relief, physical and emotional distress, as well as quality of life. However, the immediate improvement in pain and mood was great in the group receiving massage. The conclusion of the study was that massage therapy can provide some immediate relief for patients with advanced cancer.

Massage has been used in studies to determine if it was an effective treatment for reducing fatigue in children with cancer and their parents, and if massage reduces pain and nausea in children undergoing chemotherapy for cancer. Participants in this study were children aged one to 18 with cancer who were receiving chemotherapy and had at least one parent. Seventeen children participated in the study, receiving full body massages once a week for four weeks. The parents were given seated massages once a week for a duration of four weeks. Participants in the control group participated in quiet time sessions of the same frequency and duration.

Results showed that changes in cortisol levels, blood pressure, pain, nausea and fatigue were insignificant. However, the majority of the children, and parents, reported a positive response to massage and said it lowered their anxiety. They found massage to be a very helpful, gentle intervention.

Pediatric massage therapy has been found to be more effective than quiet time at reducing heart rate and anxiety in children less than age 14 years. When administered by parents, they also experience a reduction in stress and anxiety. Children have reported that massage helps them to feel better, decrease their anxiety and worries, and had longer lasting effects than quiet time.

Research is highly regarded in the health care environment, and further research will help to investigate and document the many benefits of pediatric massage for children with cancer.

Interested in learning more? Visit → amtamassage.org/research. There, you’ll find links to a variety of research, including PubMed, where you can find these studies and many others focused on the efficacy of massage therapy.
THE BASICS.
Massage therapy can be readily applied, most effectively by specially trained massage therapists or by parents who have learned massage techniques from a skilled, educated pediatric massage therapist. Therapists treating patients with cancer need to be educated not only about the processes of the disease itself, but about the effects of the treatments applied, such as surgery, radiation and chemotherapy, which can take a toll on the body, mind and spirit.

Understanding that each child is unique and more than their diagnosis will make a difference in how you approach the pediatric client before, during and after every massage session. When working with children, it is extremely important to understand methods of respectful approach. We must remember to meet each child at their level and respect their personal space.

Due to a child’s vulnerability, we must take care in understanding and respecting the importance of professional boundaries, safety guidelines, as well as considerations for working in medical settings, including infection control and patient privacy. To be a valuable asset to a child’s health care team, the massage practitioner must fully understand their therapeutic role.

Make sure, too, that you’re aware of hospice philosophy, end-of-life issues, tools for coping with the psychological impact of death, dying or loss, and how to work with children and families facing terminal illnesses. This knowledge is imperative when considering providing touch therapy for children with chronic and debilitating medical conditions.

MASSAGE SPECIFICS.
Clinical decision-making requires knowledge of the current immune status of the patient, the level of various markers in the blood, and which areas of the body are undergoing treatment, have had recent surgery or recent radiation.

There will be occasions when massage therapy is not indicated at all, and other times when a gentle touch may offer comfort to a patient for whom a more general massage may not be possible.

Gentle pediatric massage is generally the most appropriate massage technique to use with this population. When using massage therapy for children with cancer, your work does not need to be aggressive to achieve its maximum potential and be effective. Gentle pediatric massage results in various levels of symptom relief for patients.

You can also provide massage for the team that supports the child. This team of caregivers includes the child’s parents and the nurses, as well as the oncologists and medical providers who care for them. By providing massage as a supportive therapy to the child’s caregivers, you directly impact the child’s care and their support team. When everyone around the child feels relaxed and calm, their stress and anxiety decrease, so does the transmission of this stress and anxiety to the child.

SPECIALIZED KNOWLEDGE.
The following five “P’s” are the keys to successful therapeutic massage sessions for both pediatric patients and massage therapists.

PERMISSION: Permission should always be obtained from the child. Within the confines of hospital walls, it is not always possible for a child to agree to or refuse treatment. Empowering the child to have a voice in their medical care is possible through the use of massage therapy.

Before any touch therapy session with a pediatric patient, you must receive approval from their attending physician to ensure the child’s safety. Never perform massage therapy for a pediatric patient prior to receiving medical consent to do so. Some medical conditions carry contraindications to touch therapy. It is always best to receive medical advisement prior to each and every session, in case of any medical changes.

PACE: Keep in mind that therapeutic touch sessions with children are often much shorter than those with

Gentle pediatric massage is generally the most appropriate massage technique to use with this population.
Pursuing additional training

Providing massage therapy for children is different than working with any other population. In learning about massage therapy, many standard educational programs rarely, if ever, mention working with healthy children, let alone allowing any time to explain and discuss providing touch therapies for children with special health care and medical needs. Health care professionals, including massage therapists, who wish to provide massage for pediatric oncology patients should consider specific specialized training in this area.

Regardless of whether a child has a diagnosis or not, therapists should understand the unique approach and communication skills necessary to make a safe and respectful connection. When working with healthy children, we need the tools to communicate and connect on their level. An understanding of child development concepts are also important to communicate and work safely with children.

Pediatric oncology massage requires specific skills to adapt massage to suit the child’s specific cancer treatment and treatment plan. For the professional massage therapist who wishes to work with this population, an understanding of how to work with the child, parents and the child’s health care team is necessary knowledge.

Additionally, a strong background in the indications, contraindications and precautions provides the therapist with knowledge to create a pediatric massage treatment and care plan. Knowing the difference between the best times to apply massage makes all the difference in effective care. Advanced training can also help the therapist overcome their fears and perceptions of pediatric oncology diagnoses and the effects of pediatric massage therapy. Gentle, compassionate touch, when used by trained and skilled practitioners, can be both safe and effective for children living with cancer. Cautious choice is necessary regarding which massage therapy techniques are appropriate and how they may be adapted in specific circumstances, but there is without doubt a place for massage therapy in children’s cancer care.

During your educational training, practitioners will benefit from learning pediatric massage techniques for working with children with varied physical, developmental and mental challenges. Benefits and importance of individualized adaptations, including cultural considerations, for using massage therapy should be explained in great detail to give the practitioner necessary tools to provide the best care for children.

Respectful, mindful considerations and suggestions on how best to introduce touch therapy in the correct manner for children should be discussed, demonstrated and practiced. Examples of unique communication skills to expand interaction and engage children in massage therapy are also learned in a comprehensive pediatric massage program.

Specific concerns associated with massage use among younger children and adolescents may include fear of massage being administered by a stranger and apprehensions around touch and body image. It is imperative to gain a child’s trust and have understanding for these concerns when providing massage and bodywork. Additionally, children may be dealing with end-of-life issues. This area of practice takes great time and dedication in learning the proper ways to interact with family, children and providers to ensure the greatest compassion for children. Communication is key in building healthy emotional relationships during end-of-life situations.

A therapist who provides specialized care for infants and children affected by cancer should have a good foundation and understanding of the benefits of pediatric massage, adaptations that are safe and effective, a knowledge base of currently published research findings and understand the necessary steps to pursue safe sessions with children.
sitions seem to work very well, as you can keep eye contact and notice any facial gestures your young client may make that would alert you of any discomfort. Of course, it is always possible to provide massage in other positions as well, such as sitting in a wheelchair, standing or lying in another position that is more comfortable for them. The important key is placing your hands on the child in a way that they feel most comfortable. This will increase the therapeutic and relaxing benefits of your time together.

PARENTS: To many pediatric patients and their families, pediatric massage is often seen as the medicine they need to heal, so it becomes more important to consider including parents in your sessions. You can’t provide therapy for the child everyday, so teaching the parents some techniques will be helpful in encouraging this healthy bond between parent and child. Additionally, many parents feel helpless within the medical system. Passing along something they can use will help them to feel calm and relaxed as well, which will translate to the young client.

At the beginning of the session, remind the parent that your focus will be on the child and that you will be happy to discuss the session or answer any questions at the end of the treatment. Show parents some simple techniques to help them relax, such as taking some deep breaths or rolling their shoulders. Explain the importance of relaxing prior to touching their child. Then show them some simple techniques they can use.
CONTRAINDICATIONS FOR PEDIATRIC MASSAGE THERAPY

In some cases, pediatric massage is not advised. Each case requires an individual assessment of best approach, and possible consent of health care provider.

Some contraindications to pediatric massage therapy are for a limited period of time, some are specific to certain areas of the body and other situations may cause full contraindications to massage.

It’s important that as a professional massage therapist you do all research and assessment in relation to each patient, and do not use a diagnosis or condition to decide how you’re going to approach each case.

DO NOT PROVIDE MASSAGE IF THE CHILD HAS:

FEVER—Here, massage is contraindicated because it may increase the patient’s body temperature, which can lead to febrile seizure, body or brain damage. Fever is also a sign of the body fighting an infection.

INFLAMMATION—Massage is contraindicated because it may increase blood flow to the area and increase inflammation. In this case, the contraindication may be localized, but you should ask questions in regards to the cause of inflammation.

HIGH BLOOD PRESSURE—Unless controlled with medication, high blood pressure would be a contraindication for massage therapy. Even with medication, precaution should be taken with pressure and possible increase of circulation.

ACUTE INFECTION, STAPH INFECTION, ILLNESS OR INFECTIOUS DISEASE—Massage may increase circulation and possibly spread infection.

HERNIA—A hernia would be a local contraindication until healed.

OSTEOPOROSIS, BRITTLE BONE DISEASE, OSTEOGENESIS IMPERFECTA—Pediatric patients may have bones that are not yet ossified, coupled with loss of bone density. Pressure, pace and positioning must be monitored so as not to cause damage.

VARICOSE VEINS—Varicose veins are a local contraindication, unless patient has a condition that is causing vein injury and further injury may result from massage.

BROKEN BONES—A local contraindication. May be full body contraindication if there is a condition that is causing bones to become brittle or easily broken.

OPEN WOUNDS, SORES OR LESIONS—These are local contraindications.

DEEP VEIN THROMBOSIS, BLOOD CLOTS OR BLOOD CONDITIONS—These conditions may cause a patient to bruise easily, so massage therapy would be contraindicated.

PAIN CAUSED BY MASSAGE—Pediatric massage should not cause pain to the pediatric patient. If pain is caused during massage, examine positioning, pressure and technique, making adjustments as necessary. Or, you may need to stop the session immediately.

EMOTIONAL LABILITY—You must always ensure the child is engaged during the massage session and giving their express permission. These things may be difficult to ascertain if a child is emotionally labile.

SKIN CONDITIONS OR DISORDERS THAT MAY BE CONTAGIOUS OR CAUSE INFLAMMATION (fungus, rashes, herpes)—These are local contraindications. If full body is involved, however, full body is contraindicated.

RECENT IMMUNIZATION/VACCINATION—You should wait 48 to 72 hours after administration of immunization before providing massage therapy.

A LIFE THREATENING MEDICAL CONDITION—When medical care is needed to save a life, massage therapy is contraindicated. In the case of palliative care, massage is likely indicated and used as a helpful, comforting intervention.

AN UNHEALED UMBILICAL CORD—Here, abdominal massage is contraindicated. If seen in a child over 3 weeks of age, investigate any additional medical conditions, considerations or concerns.

SWOLLEN LYMPH NODES/GLANDS—These could mean the child has an infection, so massage therapy would be contraindicated.

DIARRHEA OR OTHER SICKNESS—Unexplained diarrhea in toddlers and younger children needs attention to prevent dehydration. Unexplained illness/sickness that is not understood means massage therapy would be contraindicated until further investigation is taken into any necessary precautions.

PRECAUTIONS

Proceed with care in regards to a child who exhibits, or is diagnosed with, any of the following conditions.

SEIZURE DISORDERS—Here, you need to check for specific cause and understand any triggers.

AGITATION—Be careful not to agitate a child. You need to be able to discern whether the child is engaged and giving permission for massage.
IMPULSIVITY—Make sure you can discern whether the child is engaged and giving permission for massage.

LACK OF INSIGHT—Again, be sure you can discern whether the child is engaged and giving permission for massage.

EASILY DISTRACTED—Keep the child’s focus so you know the child is engaged and giving permission for massage.

MULTIPLE INVASIVE LINES—You need to look for the best place to make contact with a child’s body without disturbing lines or increasing circulation in areas where contraindicated. Do not use lubricant near areas of IV access or other medical equipment placement.

POSSIBLE ISOLATION—Isolation is typically required due to possible contagious infection or disease. Be sure you research the reason for isolation, and practice all isolation precautions, including wearing a gown, gloves or a mask.

APNEA—This is where there may be a temporary cessation of breathing. You’ll need to watch monitors and understand the child’s “normal” vital signs.

BRADYCARDIA—Here, the child’s heart rate is slow and the pulse rate low. Watch the monitors, and don’t use gliding strokes with pressure toward heart. Again, you’ll need to understand the child’s “normal” vital signs.

TACHYCARDIA—Here, the child’s heart rate is rapid and pulse rate fast. Watch the monitors, and don’t use gliding strokes with pressure toward heart. You’ll need to understand the child’s “normal” vitals.

ABDOMINAL DISTENTION—Bloating or swelling of the abdomen. You’ll need to discern the cause and decide if massage therapy is contraindicated.

GASTROINTESTINAL OR JEJUNOSTOMY FEEDING TUBES—Check with health care provider for specific reason for use, and be sure you use care not to dislodge. Ask for any guidance regarding positioning precautions.

HYDROCEPHALUS—This is an abnormal build up of cerebrospinal fluid in the ventricles of the brain. The fluid is often under increased pressure, and can compress and
damage the brain. Check with health care provider prior to providing massage, and use caution around shunt area(s).

**INFLAMMATIONS**—This is the body’s response to injury or irritation. Characterized by pain and swelling, as well as redness and heat. Massage therapists need to understand why the tissue is inflamed to make proper decisions regarding treatment.

**EDEMA**—This is a local or generalized condition that involves abnormal accumulation of fluid in the body tissues or in the body cavities, causing swelling or distention of the affected parts.

**DYSPLASIA**—Here, there is abnormal development of tissue. The cells look abnormal under a microscope, and massage may disrupt tissue in affected areas.

**HEMOPHILIA AND ANEMIA**—Massage may cause bruising, even with gentle touch or hands resting in the same place too long.

**JAUNDICE**—Here, massage may cause organs to work more than needed.

**RECENT SURGERY**—Be sure to check with health care provider for specific protocol. Ask: “What type of surgery?,” “How long is the recovery process?,” and “Would pediatric massage be helpful or harmful?”

**COMPROMISED IMMUNE SYSTEM**—Again, check with health care provider for any concerns regarding protocol. Practice caution due to compromised immune system, and use proper guidance.

**TUMORS**—Enlargement, inflammation or swelling, as well as spontaneous growth of tissue. May be helpful to ask health care provider and child: “What is the cause?”, “Does touch physically or emotionally hurt or feel uncomfortable?”

**THROMBOCYTOPENIA**—Here, massage therapy is contraindicated, unless the practitioner has received training in oncology massage for pediatrics and understands the medical guidelines to follow for each individual child.

**POSSIBLE BLOOD CLOTS**—A variety of factors may contribute to a blood clot and blood vessel wall damage. These factors may include surgery, immobility, radiation, chemotherapies, catheters and other medications. Anyone with advanced cancer is at risk for thrombus due to their disease process. So, in these cases, extra caution is advised in regards to pediatric massage therapy. If a child is taking a prescribed anticoagulant, it is imperative that lighter pressure is used during the session due to bruising precautions.

**CATHETERIZED AREAS**—If a child has a catheter, practice extra care in these areas. Catheterized areas may increase clot formation. Stroking or soft tissue manipulation is contraindicated.

**MEDICATIONS**—Massage therapists should ask for a list of the medications the child may be taking. Take some time to research medications, and look at symptoms and uses to determine if any of the symptoms or conditions for which they have been prescribed may be contraindicated for pediatric massage therapy.

**CHEMOTHERAPY**—This may compromise the child’s immune system, so avoid areas of skin breakdown and adjust amount of pressure for children who are at risk for thrombocytopenia-induced bruising and peripheral neuropathy. Minimize massage movements that create a rocking motion in patients with nausea or vomiting.

**RADIATION**—This may compromise a child’s immune system, so consider not providing massage within the field of radiation treatment so as not to further irritate the irradiated skin. Also, choose topical lubricants wisely.

**PROLONGED BED REST, NON-AMBULATORY PATIENTS**—If a child is on exclusive or prolonged bed rest, practice caution with pressure. Deep pressure is contraindicated.

Practice caution due to compromised immune system, and use proper guidance.
COMMUNICATING WITH THE HEALTH CARE TEAM

Starting in the 1960s, most children with cancer have been treated at centers designed especially for them. Some of these centers are stand-alone care settings, while others are contained within the walls of a pediatric hospital. Being treated in specialized centers offers children the advantage of a team of specialists who know the intimate differences between adult and childhood cancers, as well as the unique needs of children with cancer. A child’s unique health care team may include pediatric oncologists, surgeons, radiation oncologists, pathologists, pediatric oncology nurses, and nurse practitioners.

Traditionally, there are additional concerns to a child’s health stretching beyond standard medical care. Other team members are helpful in addressing emotional and mental health concerns, nutrition, coping and rehabilitation after treatments. These skilled providers include psychologists, social workers, child life specialists, nutritionists, rehabilitation and physical therapists, and educators who support not only the child, but the entire family.

Most children with cancer in the United States are treated at a center that is a member of the Children’s Oncology Group (COG). These member centers are typically associated with a university or children’s hospital. As we continue to learn more about treating childhood cancer, it has become even more important that treatment be given by leading experts in this area.

Unfortunately, not all health care facilities have the services of those trained in pediatric massage therapy. There is a growing need for practitioners with specialized experience in pediatric massage therapy. Numerous studies demonstrate the effectiveness of pediatric massage therapy when safely provided by trained health care practitioners.

With the current health care climate, it is more important than ever to add nurturing and compassion back into the care of our littlest patients. Pediatric massage is a valuable resource in providing the hands-on care that pediatric clients require to grow, develop and heal. Nurturing touch needs to find its home in the health care system to fully affect a child’s healthy growth and development.

Safety and efficacy of any provided therapy are of the utmost importance to massage therapists, physicians, medical providers and parents. When we work with adult clients, we typically ask them directly about their own medical history. Even in these cases, there may be the likelihood that the client may not fully understand their treatment, give the wrong medication name or leave out pertinent information required to assess fully. In cases where we are working with the pediatric oncology population, asking parents for the entire intake on a patient is not the best solution. Parents may be under an enormous amount of stress and anxiety, which causes the task of relating accurate information to be clouded. It is possible that they may not fully understand all of our questions, or may answer them incorrectly. They may give the wrong medication names, or even fail to mention something that we need to know to make the best plan for the child’s care.

Communication with providers who are part of the child’s health care team gives massage therapists essential information to develop an effective plan and approach for care. As the massage therapy profession grows, there are therapists with varying educational backgrounds from which to make a plan of care. This can make it tempting to surrender a medical release for signature to a physician and believe that the “doctor will know what is best.” When it comes to the practice of massage therapy, this is not...
always the case. Many physicians have not studied the indications or contraindications of massage therapy in relation to their pediatric patients. Some physicians are quick to say “yes” to massage as they have a belief that massage is always superficial and doesn’t affect the body more than simple touch on the skin.

There are other physicians who will give a blanket “no” statement without considering adaptations that can be made, areas that may be of limits, or changes that can be made to technique and approach.

This is why it is the trained, professional therapist’s responsibility to gather as much information as possible and use the time of asking for medical consent appropriately. In your consent, you might wish to include check boxes next to specific symptoms so a physician will have an easier time recognizing the need for giving as much information as possible.

Other therapists may find it useful to include a cover letter with their consent form to introduce the therapy, and ask specific questions related to that individual child’s care plan. Prior to communicating directly with a physician about a child’s health care plan, a therapist must obtain a signed release for discussion of private patient related medical information. When we work with adult clients, we typically request this release for medical information of our client. In this case,

as we are working with minors, you will require approval from the parent/guardian to grant you the ability to communicate with the child’s health care team. The physician, or other health care provider, will also request a written release for disclosing medical information be on file in their office.

Communicating with physicians is not always easy. Many massage therapists feel their credentials are not comparative to that of an MD. This can create tension during a conversation, as the massage therapist may doubt their ability to communicate in a manner familiar to medical personnel. This is why it is even more important to take the time needed to adequately assess the situation, diagnosis, possible indications and contraindications and write up a detailed care plan based on assessment. When you present a physician with clear, concise information that has been well thought out, you can more effectively communicate the need for the noninvasive care pediatric massage therapy can provide.

One way to introduce pediatric massage into a health care setting is by participating in research studies with colleagues that include a team of qualified clinicians and researchers. By working in a collaborative manner, massage therapists can make an effective contribution to determining the role massage therapy may play in treating a variety of patient populations, including pediatric oncology patients. Participating in research may pose challenges, such as additional special training and preparation. However, it is well worth the time and commitment when we have the ability to publish favorable and beneficial results. Studies can provide much needed direction and insight, particularly in areas where there is limited research. These studies can provide preliminary data to justify funding and resources for further investigation.

Massage therapists can also use pilot studies, and document their own case studies to develop experience and knowledge in the research process. In many cases, research studies dissect individual benefits from the patient’s experience of the massage session, and in the translation and reporting, often lose valuable information that would give everyone a broader picture of the benefits of massage therapy. In these cases, anecdotes, patient and provider testimonials help to give society a richer picture of the benefits.

Collaborating with the health care team is imperative to make inroads in the medical establishment. Pediatric oncology nurses are vital in helping patients safely integrate complementary therapies into conventional treatment. Pediatric oncology nurses can help maximize patient outcomes by assessing, advocating and coordinating massage therapy services as a supportive care intervention. As a practitioner who may wish to work in the pediatric hospital environment, communicating and structuring a reporting process with oncology nurses is an important relationship to establish.

Clearly, massage therapy has a lot to offer pediatric cancer patients. This introductory course gives you an idea of what to expect when working with this population.