Medical Authorization for Oncology Massage - page 1 of 2

Patient Name_____ DOB_____Today's Date_____ (v1.8)

Dear Physician - This patient (authorization for disclosure on reverse) is requesting your approval for comfort oriented oncology massage to improve the quality of life at one of life's most stressful times. Massage has been shown to induce the relaxation response, enhance immune function, improve quality of sleep, improve bowel function, reduce pain, and reduce treatment-related fatigue, nausea, diarrhea and loss of appetite. It helps reestablish a positive body self-image and empowers patient participation in the healing process.

MassageTreatment Plan: Slow, rhythmic mix of manual massage techniques. Restrictions on site, pressure and position will be observed as indicated. See reverse for details of pressure staging.

Please Note Applicable Medical Precautions

____IV or central line - distal to site only, 0-2
____Port - avoid site; caution in prone position
____ PEG Tube - abdomen, 0; caution in prone position
____Foley - abdomen, 0; caution in prone position
____Col / Iliostomy -abdomen, 0; caution in prone position
____Breast expander - chest, 0-2; caution in prone position

____Constipation - abdomen, 0-2; clockwise only
____Ascites - abdomen, 0-1

____Thrombocytopenia - below 100 - general, 0-2
____ " below 50 - general, 0-1
____ " below 20 - general, 0
____Leukopenia - general, 0-2; infection precautions
____Anticoagulant therapy - general, 0-2
____DVT - lower limbs, 0-1

____Immunosupression - Precautions:_____

____Tumor - local, 0-1; Site(s):_____
____Incision - local, 0; for _____weeks after surgery. Thereafter, light work to reorient collagen.
____Bone metastasis - local 0-2 to patient tolerance; Site(s):_____ Activity Restriction(s)_____

____Skin rash, burn, wheal, disrupted integrity, hypersensitivity, severe itching, lesion - local, 0
____Radiation skin reaction - local, 0-1 depending on skin condition, aloe vera gel only.
____Upcoming radiation - Avoid skin products containing metals, alcohol, _____

____Nodal enlargement, local, 0-2; #____; Site(s):_____
____Nodal excision, local and distally, 0-2; #____;Site(s)_____; lymphedema precautions
____Nodal irradiation, local and distally, 0-2; #____;Site(s):_____; lymphedema precautions
____Edema - local, 0-2; elevate, treat areas from proximal to distal, within areas from distal to proximal, passive ROM
____Lymphedema - local, 0-1; refer for specialized treatment

Hazard to Massage Therapist. Avoid massage for _____days until _____(date) following:
_____cyclophosphamide / thiotepa / etoposide
_____radioactive iodine
_____radioactive implant (site)_____
_____other_____

Other Restrictions, Instructions or Comments:_____

_____

Signed - Physician or RN_____ Date_____

Please Return to	Bruce Hopkins, LMT (207-831-8067) c/o Cancer Community Center 778 Maine Street South Portland, ME 04106

Medical Authorization for Oncology Massage - page 2 of 2

Patient Name_____ DOB_____Today's Date_____ (v1.8)

To Physician Name/Address

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

EXPLANATION -
This authorization for use or disclosure of medical information is being requested to comply with the terms of the federal HIPAA privacy regulations, 45 C.F.R. § 164.508.

AUTHORIZATION
I hereby authorize communication by and between _____M.D.

and _____, LMT of my medical records and information.

LIMITATION
This authorization is limited to records and information relevant to my receipt of massage therapy.

DURATION
This authorization shall become effective immediately and shall remain in effect for one year.

NOTICE
Information used or disclosed pursuant to an authorization may be subject to redisclosure by the recipient and no longer protected by the federal health information privacy regulations.

MY RIGHTS
I may revoke this authorization at any time by written notice to the parties, delivered by certified mail.
I have a right to receive a copy of this authorization.

Date:_____ Signature:_____

Pressure Staging of Oncology Massage Techniques

0 No Contact
Subtle Energy Techniques
Appropriate for areas of infectious conditions or extreme contact sensitivity.

1 Light Lotioning
Slight skin movement only.
Maximum pressure for clients who are severely medically frail with highly unstable tissues.

2 Heavy Lotioning
Slight movement of superficial adipose tissue and muscle.
Maximum pressure for most medically frail clients.

3 Medium Pressure
Some movement of medium layers of adipose tissue, muscle and blood vessels.
Slight movement of adjacent joints.
Maximum pressure for most clients who are experiencing illness but are mobile and can participate in some activities of daily living.

4 Strong Pressure - Rarely Used in Oncology Work
Movement of deep layers of adipose tissue, muscle, blood vessels, fascia.
Noticeable movement of adjacent joints.
Used with healthy clients to relax tension in medium and deep layers.

5 Deep Pressure – Never Used in Oncology Work
Movement of deepest layers of adipose tissue, muscle, blood vessels, fascia.
Through compressed soft tissue, client's bones and the therapist's bones move as a unit.
Used with healthy, robust clients preferring the deepest pressure.

N.B. Holding, rocking, oiling , effleurage, pettrisage, vibration and kneading are scaled within each pressure range.