INTRODUCTION: Special populations are people who are vulnerable because of a physical limitation (severe illness or disability) or a life stage (pregnancy, minor, elderly). It can also be from a situation that restricts rights & privileges (institutionalized persons such as prisoners & the mentally incompetent).

TRUMP CARDS: Factors that outweigh others in treatment planning. Examples are a client's physical condition, a client's massage experience, a therapist’s experience, & familiarity between clients & therapists. Clients who are physically fit can handle deeper pressure & longer treatment times. Clients who get wkly massages for 5 years are better candidates for new protocols (ex: NMT, MFR). They can give helpful feedback, even 1st session with new therapists. Experienced therapists (4+ yrs) can make better treatment decisions. Time on job does not count unless you are seeing clients.

PREGNANT CLIENTS: Pregnancy massage is modification of techniques & body positions to meet the needs of women as they undergo changes during pregnancy & the post-partum period. Pregnancy is often a time for reflection & introspection. Provide an environment of loving support, compassion, & acceptance. Teach co-parents techniques they can do at home as this can facilitate bonding.

FIRST TRIMESTER: This is the first day of the last period to week 14.

Miscarriage Signs & Symptoms: Postpone massage if she is experiencing signs & symptoms of miscarriage (cramping, vaginal bleeding) & then refer to a MD. This restriction is true for all trimesters.

DVT: Because of decreased clot-dissolving properties pregnancy & increased clot-producing factors, she is at higher risk for DVT (5-6 times greater) until 10 weeks after childbirth. Screen for DVT by looking for calf pain, swelling, warmth, redness, & tenderness. If present, avoid the affected lower extremity during massage. Then refer her to MD. This is true for all trimesters.

Fatigue: If she is fatigued, consider using slower, gentler, & more rhythmic massage techniques.

Breast Changes: Use supportive cushions & positional modifications to make her comfortable. If she elects to wear a bra, modify techniques to work around the bra or ask if you can unhook it to work the back area. Be sure to re-hook the bra when the back massage is complete.

Morning Sickness: Postpone massage if she is feeling severely nauseated. If nausea is mild, massage in the side lying or semireclining positions. Avoid techniques that cause the body to rock or shake. Lemon drops, peppermints, or ginger candy may reduce mild nausea.

Hydrotherapy: Pregnant women should not use hot immersion baths or hot packs applied to the lower back or abdomen. The unborn may be damaged by maternal hyperthermia.
SECOND TRIMESTER: Spans week 15 to week 28.

*Preeclampsia:* Persistent elevated blood pressure with protein in the urine that develops after 20 weeks of pregnancy & returns to normal after delivery. The most common sign is widespread edema. Occurs in 5% to 8% of pregnancies. Postpone massage if you notice widespread edema because this may indicate preeclampsia. Refer the client to MD. *This restriction is true for the third trimester.*

**Modified Supine:** Beginning week 22, use semireclining position while she is supine & place cushion under right hip to tilt her body toward the left to prevent supine hypotensive syndrome. Supine hypotensive syndrome occurs as the uterus compresses major abdominal blood vessels, causing a sudden drop in blood pressure. Symptoms are lightheadedness, dizziness, shortness of breath, nausea, & agitation. *This should also be used in the third trimester.*

**Side-Lying Position:** Place a pillow underneath her head & one or two pillows beneath her upper arm. Under her upper knee & ankle, place one or two more pillows. Three small pillows may be added under her wrist, ankle, & under the abdomen. To avoid overstretching the sacroiliac joint, be sure her upper hip, knee, & ankle are aligned on the same horizontal plane.

THIRD TRIMESTER: Week 29 to birth, which is around week 40.

*Relaxin:* Relaxin may have a slight effect on all joints in pregnant women by making them hypermobile. These effects remain for 4 to 6 months after childbirth. Joint mobilizations may need slight modifications such as supporting beneath the joint with one hand while mobilizing the joint with your other hand. Avoid manual traction of lower extremities as it may cause separation & pain over the pubic symphysis.

*Heartburn:* Heartburn may be from overcrowding of internal organs. Progesterone helps relax the uterus & the LES, allowing gastric juice to enter the lower throat. Progesterone also slows down digestion by decreasing intestinal motility. Use semireclining position to reduce heartburn in your pregnant client.

*Lower Back Pain:* As the uterus grows & extends outward, the pregnant woman leans backward to compensate. This may rotate her pelvis forward, placing stress on the sacroiliac joints & lumbar spine. Spend extra time on her lumbosacral area & buttocks; this may offer temporary relief from pain.

Another contributing factor is pain from overstretched uterine ligaments such as broad & round ligaments. She may experience sudden pain while repositioning or getting on or off the table. When this occurs, suggests that she lie back down & try again, moving more slowly this time.

*Swelling in Feet & Ankles:* Elevate legs by placing them on pillows. Use gentle gliding effleurage techniques applied centripetally. Massage proximal to the affected area first & then proceed distally (e.g., massage leg, then ankle, & then feet). It is recommended to use 30 g of pressure or less.

*Varicose Veins:* A heavy uterus pressing on neighboring blood vessels may increase pressure in leg veins. Blood volume also increases, which burdens an already compromised venous system. Progesterone relaxes smooth muscles, dilates peripheral blood vessels, which contributes further to varicose veins.
Avoid the affected area if pressure causes pain. Less severe varicosities may benefit from massage. Place her lower extremity on pillows to raise them above the level of the heart. Then use alternating gliding effleurage toward the heart to aid venous circulation.

**Frequent Urination:** Suggest she void before massage & be prepared for toilet breaks during the session.

**Heat Intolerance:** Avoid table heating pads. Uncover her arms & legs. Use a cool washcloth over her forehead or at base of her neck. An oscillating fan blowing air over her may help her feel cooler.

**Stretch Marks:** Stretch marks may appear on the abdomen, buttocks, thighs, hips, or breasts. Stretch marks start out pink, reddish brown, or very dark brown, depending on the color of her skin, & later fade although they never totally disappear. Use light pressure over stretch marks. Massage will not reduce stretch marks, because they are areas of overstretched, thinned skin rather than scar tissue.

**Kegals:** These are isometric exercises involving contraction of the pelvic diaphragm & perineum. Laxity & weakness of the pelvic floor may predispose women to urinary incontinence & uterine prolapse. Kegels involve the familiar squeezing action required to stop urine flow while voiding. Instruct the pregnant client in how to duplicate the squeezing action. Hold for 10 seconds, allowing muscles to relax between contractions. Perform four to six repetitions & repeat the sequence three to four times daily.

**HIGH-RISK PREGNANCY:** One more likely to have complications for the mother or the developing fetus. Contributing factors are 1) twins, triplets, or higher-order multiples, 2) maternal age (<15 & 35>), 3) gestational diabetes mellitus (GDM), preeclampsia, placenta previa or abruption, premature labor, & lack of fetal movement for 8 to 10 hours. For GDM, postpone massage until the condition is well managed (physician determined). For other high-level risk factors, postpone massage until the condition has been resolved or the child is born.

**MASSAGE POSTPARTUM:** Vaginal bleeding (lochia) is normal & not a contraindication. This bleeding may occur for about the first 2 to 6 weeks after birth. Screen for DVT until week 10 postpartum.

**Vaginal Birth:** Position your client for comfort which may include extra support for breasts while prone. The uterus will return to normal size relatively quickly with fundal massage done every 4 hours for 10 days to 2 weeks after childbirth. Encourage her to massage her own abdomen.

**C-Section:** Avoid deep & vigorous massage on lower extremities until 10 days after she is ambulatory. Avoid the prone position until incision if fully healed. Then, scar mobilization can begin (6-8 wks).
**Breastfeeding:** Offer water before & after massage because fluid needs increase. She may elect to wear her bra because she may leak milk. If milk accidentally spills on linens, treat them as contaminated.

You may offer her a rolled-up towel or cylindrical pillow placed under, above, or between her breasts. Use a face rest that can be adjusted above the level of the table.

**INFANT MASSAGE:** Infant massage is a bonding experience between the infant & the parent or caregiver. Bonding is a solid connection between the parent & child that nourishes the child on a core level. Bonding occurs when certain elements are present soon after the baby’s birth. These elements include skin-to-skin contact, scent, high-pitched voice, prolonged eye contact, warmth, & reestablishment of biorhythmic patterns that existed when the baby was in utero. Bonding is an important process as it builds trust & intimacy, calls forth the innate protective & nurturing parental instincts, & sets the tone for a quality, long-term parent-child relationship.

Infant massage has all the necessary elements for bonding. Because of this, it is important that the parents & caregivers massage the infant, & not the massage therapist. The infant massage instructor uses a doll to demonstrate techniques while the parent or caregiver mimics what is seen. During instruction, the therapist encourages interaction & uses massage to facilitate a loving exchange.

**PRACTICE SETTING:** The room should be warm & without drafts. Areas not being massaged should be covered with a blanket, especially for newborn or young babies. Natural light or low light is best.

Use soft music to promote relaxation & to assist the parent in creating a rhythm for the massage. Baby’s favorite music is the parent’s voice singing a lullaby, humming, or talking in a sweet, high-pitched voice.

**POSITIONS & LUBRICANTS:** The baby’s position during the massage depends on his or her age, developmental stage (e.g., 4 mo versus 8 mo & not crawling versus crawling), & personal preference. Baby can be draped across the lap, lie beside the parent or between the knees, on the floor in front of the parent while they sit on their heels, or held by the parent. Never leave baby unattended.

Food-grade oils such as almond, safflower, & olive are best to use because oil will inevitably end up in baby’s mouth. Avoid mineral oils because they clog the skin’s pores & are not digestible. Keep all supplies handy, but keep oil bottles closed when not in use because they are can be knocked over by a squirming baby or distracted parent during the massage.

**TECHNIQUES:** Use touch-holds, thumb-over-thumb & full-hand gliding effleurage. Techniques can be modified, refined, or even created according to the baby’s response & tolerance. Rather than applying techniques as a routine, the most important thing is enjoy time with baby.

If baby is bottle-fed, wait 30 minutes after feeding. Breast-fed babies can be massaged right after feeding because breast milk is predigested.
**CHILDREN & ADOLESCENTS**: Young people between the ages of 3 & 18.

CONSENT: Parents or legal guardians must consent to therapy. Be sure this person is present during treatment planning & discussions of policies & procedures but direct all conversation to the minor child. Be sure the child gives consent verbally. However, even with parental consent, massage is inappropriate on a child who does not want it. Touch is a powerful experience, one that cannot be undone. The potential for influencing the attitude & acceptance of touch cannot be underestimated. How touch is given, & how the child receives it, will determine whether the child becomes a person who views touch, especially during massage treatments, as nurturing, positive & beneficial or as something to be avoided.

In most states, individuals 16 years old can legally consent to medical &/or psychiatric treatments. However, because sexual consent is 18 years old, there may be reporting mandates if you know or suspect sexual abuse of clients younger than 18.

PRACTICE SETTING: Follow any published guidelines regarding massage to minors. If there are none, establish guidelines that protect all parties. It is recommended that minor children wear loose clothing during the massage. Younger children may not understand the importance of the top drape & fling it off without warning. This would leave you, the therapist, with an exposed child on the table. Drape your clothed minor client with a sheet just as you would other clients.

In some cases, parents remain in the room. Some children misinterpret the placement of your hands during a session, so having a parent present is helpful. Some therapists may decide to leave the door open during the massage. In other cases, such as developing female adolescents, it may not be appropriate for an adult male parent to remain in the room during the massage. Use your best judgment & disclose your policies upfront.

Adjust the length of the session according to child’s height, & attention span. A toddler may require 15 min & a 10 year old child need a 45 minutes or longer. Use extra time to establish rapport.

**CANCER**: Characterized by uncontrollable division of abnormal cells that lack programed cell death. These cells can form tumors & spread. If left untreated, cancer can have fatal consequences.

DVT: Although the relationship is not fully understood, cancer stimulates blood clotting. Carefully screen your client for DVT. S/S are localized calf pain, with swelling, warmth, & tenderness. If these are present, avoid the lower extremity (legs/thighs) during massage. Then refer client to his/her physician for evaluation & treatment.

SURGERY: Avoid lower extremities for 10 days after client is ambulatory. Then screen for DVT after 10 the day window. If they have DVT S/S, avoid the lower extremity & urge client to seek medical attention.

LYMPHEDEMA: Swelling from lack of functional vessels. This is common after surgical node removal. Avoid areas of node removal & distal areas. For example, if nodes were removed or damaged in the left axillary region, do not massage the left arm, left forearm, & left hand. Inappropriate pressure may cause or increase swelling. Heat is contraindicated. MLD therapists? Use appropriate protocols. A complication
of lymphedema is cellulitis. S/S are warmth, redness, & tenderness. Avoid the affected limb & urge client to seek medical attention.

RADIATION: Avoid area (front & back) until radiotherapy is complete & no longer warm. Usually about 2 wks.

CHEMOTHERAPY: Chemo is usually administered through a port located most often in the right subclavian vein. Avoid the area around the port (up to a 4” radius). Joint mobs to the arm nearest the port are safe once the area has completely healed.

GI DISTRESS: Use a semireclining position, avoid lower face in cases of mouth sores, adjust face rest cushion, avoid rocking techniques, avoid abdomen, & suggest toilet (have robe handy).

INFECTION: Chemotherapy can reduce WBC count which makes the client susceptible to infection. If client systemic infection, postpone massage until client is symptom-free without meds for 24 hrs. Postpone massage if therapist is sick or member of therapist’s household is sick because therapist may be a carrier of infection.

NEUROPATHY: Manifestations associated with neuropathy are impaired sensations (varying from numbness to tingling to burning to coldness) & movement difficulties. Pain is not always present. Skin over affected areas may become hypersensitive or hyposensitive. Because symptoms of neuropathy vary from day to day, ask client about symptoms before each massage. Ask if s/he would like massage in area of neuropathic compromise. If consent is given, use firm, but gentle pressure applied with an open flat palm; check in about comfort & sensations as you work. Avoid hypersensitive areas. Safety is an important consideration. Lack of muscle control & reduced sensation increase the risk of falls so provide barrier-free space & table.

ELDERLY: This is the fastest growing population segment in the US. Physical changes range from thinning skin, reduced muscle mass, & visual & auditory impairments. 90% of elderly have at least one chronic condition, & most have multiple conditions. Disability (sensory, physical, or mental) increases with age: 57% of persons over 80 years of age reported severe disabilities, & 30% of the over-80 population reported that they needed assistance.

MASSAGE: 65 is when to start factoring age into treatment planning. Evaluate muscle strength (note sarcopenia [age-related muscular atrophy] & grip strength), self-reported fatigue, regular physical activity, & walking speed. In general, robust clients can receive more vigorous massage. Frail clients benefit more from slower, gentler, more rhythmic massage. (Most massage suggestions are for frail elderly clients). Provide unobstructed passage. If possible, use a table that can be raised & lowered easily. Lower table to approximately 18 to 24 inches when client gets on or off. Specific heights are determined by client’s actual height. A wider table is preferred, preferably one at least 33”. Avoid massage chairs because they are unsafe for frail elderly clients.
Obtain consent & inspect feet before providing foot massage. If client is wearing socks/slippers, ask before you remove them & replace them before moving to other areas. Include gentle stretching & joint movements such as rocking. Do not perform extreme spinal mobilizations on neck or hips which may injure client with decreased bone mass & compromised intervertebral joints. Be careful of handling ears & cheek area because of hearing aids & dental appliances.

Be sure to use an external heat source such as a portable heating unit or blankets over client’s naked or clothed body. Consider scheduling appts during daylight hrs. It may be difficult for clients to lie down or get up from the floor, so do not perform massage there. If you dim room lights before massage, raise lighting levels before you announce that you are leaving the room or before assisting client upright from a reclining position. For a frail client, Day-Break recommends a 30 min massage (5 min effleurage, deep breathing, gentle rocking, 20 min on feet, legs, back, shoulder, neck [client determined] & 5 min closure work).

OSTEOPOROSIS: Loss of bone density & increased susceptibility to fractures. 80% elderly women affected. 1/3 women with osteoporosis will have hip fracture by age 85. 50% do not return to former level of functioning.

MASSAGE (OSTEOPOROSIS): Ask about recent bone scan. Joint mobs & compression avoided or administered carefully & without twisting or torquing movements.

MASSAGE (VISUAL/HEARING IMPAIRMENTS): Preface conversation by using client name or by a light touch. Touch objects to the back of the hand as you give them objects (clipboard, tablet, water glass). If client has a service dog, do not feed, pet, or interact with it. Use a tablet or computer with Arial or Comic Sans in a 16- to 18-pt font. Set zoom feature to 200%. For printed material, use Arial or Comic Sans in a 16- to 18-pt font. Enlarge 8.5X11” to 11X17”. For a hearing impaired person, position yourself in relation to impairment because one ear may function better.

ARTHRITIS: Inflammation of joint capsules & progressive joint damage leading to loss of articular cartilage. OA is common in elderly & universal in persons 75 years & older. It affects both peripheral & central joints.

MASSAGE (OA): Use mild- to moderate-pressure & gentle stretching over affected joints while avoiding joints that are red, hot, or tender. Gentle massage & gentle joint movements on non-inflamed joints are permitted within client tolerance. Moist heat & cold packs (depending on client preference) may lessen pain. Heat packs should not be used on inflamed joints.

ALZHEIMER DISEASE: Progressive neurodegenerative disease that affects thinking, memory, & communicating. The disease course is highly variable & may extend up to 10 yrs; the average is 8 yrs. AD is associated with advancing age. The three Ws are associated with AD are wet, wobbly, & wacky.

MASSAGE (AD): Tailor massage to the stage of disease, with few adjustments in earlier stages to significant modifications in later stages. Later-stage adjustments may include a light, slow massage of
shorter duration. In some cases a gentle foot massage is best. Be willing to adjust massage according to client’s wishes, which might change abruptly. Tolerance of behavior is needed, given these individuals experience personality changes that worsen over time. Many persons with AD become agitated when confronted about their confabulations, especially if constantly reoriented. Consider asking family or friends of client how to best handle these situations.

References:


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