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Physician's Permission Form for Massage

Dear _____,
(Physician's Name)

Your patient, _____, has expressed an interest in receiving massage therapy during the course of his/her cancer treatment. This document will:

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

Techniques: With most clients, kneading and stroking techniques and applied compression to the tissues with hands are used. Passive stretching and range of motion may also be used. A range of pressures, from just moving the skin (like "lotioning") to deeper muscular work can be applied.

Common Adaptations for Clients in Cancer Treatment:

Sites affect by surgery, radiation therapy, IV's, drains, skin conditions, pain, edema, or bone involvement
Pressure and often contact are avoided at these sites. If there is any nodal involvement with risk of lymphedema, minimal pressure on the distal extremity and gentle pressure on the trunk quadrant will be used. If needed, the limb will be elevated during the massage.

Low platelet levels; easy **bruising**
Gentle strokes that displace skin and other superficial tissues, no deep muscle layers will be used

Side-effects of treatments such as chemotherapy and radiation therapy
The therapist will work gently in order to avoid aggravating fatigue, nausea, etc., and will adapt other elements of the session to any presenting side-effects

Any risk of **deep vein thrombosis**, secondary to malignancy, inactivity or cancer treatment
The massage therapist will avoid use of pressure on areas at risk of thrombosis in those areas

_____ has my permission to receive the relaxation massage described above.
(Patient Name)

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

Physician's Signature

Date

Print Name: _____