

NANMT NEWS

"We Know the Power of Touch"



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Volume 10, Issue 3

2010

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Nursing and Massage From The Past—Judi Calvert

Many books have been written about the history of nursing and massage. But I'd like to take this opportunity here to pay tribute to a pioneer -- Nellie Elizabeth Macafee, R.N. She wrote a book in 1920 called *Massage: An Elementary Text-book for Nurses*. The book only has 42 pages but gives us a great glimpse of the wonderful history of massage.

Macafee did not write the book as a textbook for anyone expecting to make massage a profession. Instead, it was the result of years of experience teaching, lecturing and working with nurses in Pennsylvania hospitals. Even back then, the Pittsburgh League of Nursing Education had established a curriculum of sufficient knowledge of massage to meet the requirements of the Pennsylvania State Board of Registration for Nurses.

We can learn even more about how hospitals taught massage techniques to nurses from another book, *Massage For Nurses and Beginners* by Maude Rawlins. Rawlins writes that, by 1895, American hospitals had determined massage was valuable for nurses and would devote six hours of training to the subject. Over time, the hours increased. Eventually, the New York State Nursing Department made massage a compulsory, instead of a selective, course and demanded sixteen hours of elemental training in practical massage.

As a lover of massage history myself, I found Macafee's chapter on that subject especially interesting. She mentions Asian sources from as early as 2700 B.C. stating that the history of massage is as old as that of man. She also writes that in the 14th Century massage made a sure place for itself in the different countries of Europe.

Macafee mentions Peter Henry Ling and The Ling System. She



also pays tribute to the mechano-therapy taught in America and adopted by Dr. Weir Mitchell as a treatment of nervous diseases. With so many different methods of mechano-therapy being taught in the 1920's, Macafee encourages her readers to learn them all and judge for themselves which work best in different situations.

Macafee offers a few lessons for nurses to treat nervous diseases with either a local or light general massage. But she felt that most nurses at the time didn't have enough time to give heavy daily treatments and that they were beyond the strength of most nurses.

We can learn then that nurses were giving massages and using Swedish movements in their treatment plans. We also learn that before giving massage to patients, nurses needed approval from the doctors.

Macafee describes massage as a systematic manipulation of the human body according to diagnosis. To give a successful massage, Macafee writes that nurses must have a thorough knowl-

edge of anatomy and an understanding of how disease affects different parts of the body. They also need to know various massage techniques, the physiological effect of those movements and which ones to use to bring a body back to health. The goal, she wrote, is to leave the patient with a feeling of tiredness without fatigue or exhaustion, a sense of comfort, and desire for rest and sleep.

Modern therapists have much to learn from Macafee's many years of experience. She wrote that massage is not a cure for all diseases but learned that it can do a great deal to treat nervous or chronic diseases, even mild cases of insanity. She also found that nurses, by using their hands, could lend a sympathetic touch to patients and thereby gain better results. It's clear she was a very smart nurse. She knew the need, value and power of touch.

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Hospice Massage: Ethical Considerations—Ann Caitlin

As massage therapy takes its rightful place in hospice care, it is possible, if not likely, that you will be exposed to some ethical dilemmas of modern-day health care.

As a massage therapist, like other health care professionals, you are expected to adopt and uphold standards of practice that serve as "guiding principles" in scope of practice, client relationships, clinical decisions, and business practices. If you choose to work in hospice you enter a complex field of service that exposes you to ethical issues and dilemmas unique to end-of-life care. Of course, the standards of practice for massage therapy apply, but you will also need to be familiar with the ethical principles and guidelines found in hospice care to have a foundation from which to act. Some principles act as guidelines but many are highly individual, steeped in your own personal moral compass, providing a touchstone in situations where you search for the "right thing to do".

As massage therapy takes its rightful place in hospice care, it is possible, if not likely, that you will be exposed to some ethical dilemmas of modern-day health care. Medical treatments and technology have changed the way we die in our culture. For many patients, their families as well as the professional caregiver, the experience becomes laden with conflict and moral choice.

Dr. Richard Fife, an ethicist, states: "In hospice care, staff members are constantly faced with the possibilities and realities of ethical dilemmas." He reports findings from a two-year study of ethical dilemmas faced by hospice staff. Some of the most common issues included:

- Working with patients who have been admitted without a do-not-resuscitate (DNR) order.

- Withdrawal or withholding of nutrition/hydration.
- Patient autonomy versus patient safety and physical needs.
- Conflicts with the patient's family or significant others.
- Conflict over whether to follow a patient's wish to be discharged from a hospice unit when the staff member feels that the primary caregiver is incompetent to take care of the patient.



- Pain medication and respiratory distress/consciousness. The question here being whether the pain is so great that it is necessary to adversely affect consciousness and cause some respiratory distress by the higher use of medications to suppress the pain. Is it better to control the pain or for the patient to be more alert?
- Having to go into a neighborhood recognized as dangerous in order to provide home care for a patient.

Granted, as a massage therapist, you may not directly be involved in resolving these issues. But it's possible that you may be exposed to them. By anticipating these issues you will be more prepared and resilient when they do come up.

I will compare one area of standards of practice--the roles and

boundaries as put forth by the National Certification Board for Therapeutic Massage & Bodywork and related ethical principle from the National Hospice and Palliative Care Organization (NHPCO)² and how they impact day-to-day activities of providing massage services in hospice care.

Roles, Boundaries & Principle

Roles and boundaries: Adhere to ethical boundaries and perform the professional roles designed to protect both the client and the practitioner, and safeguard the therapeutic value of the relationship.

Related principle: Provide patients and their families with the highest possible level of quality end-of-life care and services, while maintaining professional boundaries that respect

their rights and privacy.

Considerations for the massage therapist:

1. Respect patient privacy and personal boundaries and do not enter into the patient's family life and affairs any further than is required to meet the goals of the care plan. Becoming overly involved in family dynamics or trying to "help" in ways outside of your role actually weakens your ability to serve because you place yourself within the family dynamic.
2. Respect cultural, ethnic, and religious beliefs of the patient and family and do not impose your own beliefs or values. We live in a multi-cultural society with diverse beliefs about death and dying, rituals, and approaches to caregiving. Remain open and sensitive to individual differences.

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Fueling Your Success - Dawn Fleming

Your success depends on how much physical, emotional, and mental energy that you have to support your passion and goals. If the tank is empty, the car won't start. In order to stay the course and fuel your passion, you need energy to sustain all levels of your being.

The human body is not only biological (bones, skin, etc.) and chemical (hormones, blood and other bodily fluids); it is also energetic. Each person has an energy field called an aura that surrounds the body and inwardly fuels the body, mind and emotions to create health and vitality. Without a healthy energy field the body begins to breakdown physically and emotionally into dis-eased states. Without health boundaries, your energy begins to diminish.

Each person has seven main energy centers called chakras located in the central core of the body: one at the base of the spine, the second at the naval, third solar plexus, fourth heart, fifth the throat, sixth center of the forehead, and the seventh at the crown of the head. These centers regulate and move energy into all parts of the body providing fuel for all aspects of our being. If one or more of the chakras become blocked or depleted because of

lifestyle choices, you begin to tire, feel anxiety, and over time disease develops.

Stress, poor diet, excess caffeine and sugar, lack of exercise, smoking, drugs, too much alcohol, worry, fear, depression, anger, poor boundaries, and environmental and energetic pollutants are just a few factors that will delete the body's energy and create energy blocks. You may not experience low energy or imbal-



ance at first when you engage in these activities, but over time one of the above factors, singly or in combination, will cause your energy to falter. You feel as if your get up and go got up and left. Your flame fueling your drive for success has gone out and it is a struggle to get back into the groove of in success. Signs of illness and imbalance indicate that your energy centers are blocked or diminished.

A lot of times nurses and massage therapists are so busy they

do not have time to take for themselves. They put themselves last. In order to renew your energy and strengthen your immune system, you need to reprioritize and put yourself first on your list.

There are many things that you can do to increase and enhance your energetic system. Reduce stress, walk, exercise, adjust your diet, meditate, receive an energy session or massage, smile, yoga, deep breathing, receive counseling or life coaching, and detox the body. Observe where your boundaries might be out of balance and take the necessary measures that create a healthy environment for you to work and live. Look at other factors that might be out of balance in your life and work to bring them back into balance. Take a three to seven day retreat and detoxify your mind of limiting beliefs, fear, and worry. Walk in nature and receive the energy that connecting with the earth, air, water, and sun can provide you naturally. When you can detoxify your life from the habits that create energy blocks, you are rejuvenated and your energy is restored.

Create a vision of yourself that supports vibrant energy. What

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Dawn Fleming is a Reiki Master, intuitive healer, and the author of many holistic health and spiritual books, including *Creating a Successful Holistic Health Practice*, *Navigating the CE Approval Process*, and *Teaching Workshops Effectively*. Visit Dawn's website at www.energytransformations.org and sign up for a free newsletter that will inspire you to greatness. Email reiki-dawn@yahoo.com

New and Returning Members

We welcome all new members and are grateful to our renewing members.

WELCOME BACK!

Lillian Van Verst, RN-C MT, Bothell, WA
Gail Kozlowski, LPN CMT NCTMB, Scranton PA
Janice Mertz, RN LMT, Evanston IL

NEW MEMBERS

Sheila Albright, RN NCTMB LMT, Danville, KY
Nancy Barkdoll, RN NCTMB LMT MR, Sponner, WI

NEW MEMBERS con't

Holly Edson, RN BSN MT, San Francisco, CA
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If you want to contact one of these new members, please visit the member public referral section or the member section. If you would like a listing mailed to you for those members in your state, just let us know call 1.800.262.4017 or email info@nanmt.org.

new members

Movement towards a higher state of vibrational resonance is what we call healing.



Susan Dorn is a Reiki Master Teacher and Certified Sound Healer with 25 years experience in Health and Wellness. She teaches students, receives clients, and is available for workshops. For additional information go to Provider Directory at www.livingthemiracle.org

Mark Torgeson is a Massage Therapist with a twenty year practice. He teaches Sound Healing workshops and creates music for healing and transformation. www.marktorgeson.com/

Sound Healing in Nurse Massage Therapy—Susan Dorn & Mark Torgeson

Though the use of massage and sound healing one can create a transformative experience that will encourage balance, harmony, and a feeling of well being in your clients.

What is Sound Healing?

Sound is the vibrational matrix from which all things arise. It is an energy that manifests and transforms everything in the known universe. We are multi-dimensional beings living a physical, emotional, and spiritual existence, with access to resources well beyond human abilities. As practitioners in the healing arts, intention is our most valuable asset. When intent is coupled with sound, movement begins. Movement towards a higher state of vibrational resonance is what we call healing.

How is this achieved?

As in all bodywork and energy work the goal is dynamic equilibrium. In order to sustain optimal health and well being the flow of energy through the body needs to be in a pattern of coherent harmony. When there is disharmony in our energy system, blockages or stuck energies occur within the body. Sound Healing shifts these energies and resets them to their natural flow. This is done using the body's proclivity to entrain to frequencies introduced by the facilitator.

What are the benefits?

Relief of stress, emotional disharmony and physical pain are some of the benefits of Sound Healing. By inducing theta and delta brain wave patterns where deep healing and transformation occur, facilitators help "stop the mind" and bring

clients into meditative states historically reserved for long term meditators. Inducing alpha states brings clarity and heightened intuition into one's perceptions and choices.

What are the tools of Sound Healing?

Vocal and mantra toning, Tibetan and crystal bowls, weighted and unweighted tuning forks, drums and percussion instruments, and intentional music are some tools of Sound



"shake loose" the constriction. Unweighted tuning forks tuned to specific frequencies and singing bowls - Tibetan or crystal - are used around the body to entrain it to a higher state of resonance. Toning ancient sounds such as Om, Ah or Hu can elicit strong physical and emotional response because they are by nature building blocks of our universe. Sound delivers a healing vibration which quickly silences the mind and affects chakras, the meridians system and the auric field. Many sound instruments can be added to the therapist's "tool box" for minimal costs.

How does one get started?

The beauty of Sound Healing is the simplicity of technique. First find a sound instrument that feels comfortable and pleasing, such as a singing bowl; become

proficient in creating its tone; then focus one's healing intent through that instrument. A therapist may choose to only use one tool. What is more important than the actual tool is the ability to direct the healing current and using one's intention. The therapist sets the stage, sound opens the portal, and the client allows the transformation.

How Can this be used by Nurse Massage Therapists?

When a blockage is sensed in the body, instruments such as singing bowls, tuning forks, or rattles may be used to treat it. For example, a weighted tuning fork can be placed on the body where a client has pain. The vibration of the weighted fork will move through muscle, organs, tissue and bone to

Where can I find out more information?

There are numerous Books, CD's and web sites covering this topic, as well as organizations to join and courses offered. Experiential training is recommended.

Happy Travels - and always remember to make a Joyous Sound!

Hospice Massage: Ethical Considerations—cont'd

(Continued from page 2)

- ences and use it as an opportunity to see things from a broader perspective.
3. Recognize your influential position with the patient/family and do not exploit the relationship for personal or other gain. In your private practice, you may offer products or other complementary approaches, for example nutritional supplements, essential oils or guided imagery techniques. When you are working within a health care organization you must be clear about what your scope of service is and utilize proper channels to get approval to offer a modality that falls outside of that scope. For example, you feel your patient would really benefit from an aromatherapy treatment or herbal supplement for symptom relief. It is not appropriate for you to introduce it to the patient or family. You must ask the members of the interdisciplinary team to consider its use and, most likely, the attending physician would need to approve it. This certainly is not the time to peddle your wares or solicit the patient's family or friends to make appointments for massage.
 4. Recognize and limit the impact of transference and counter-transference between the patient/family and yourself. This is when your professional and personal

lives collide. We are all affected by subtle influences of our personal history and our emotional responses to it. Katz states: "If we can distinguish what belongs to us, what belongs to the patient, and what these responses might indicate about our interactions, our patients benefit in that we come to more deeply 'know' them without acting out our own issues."

5. Avoid dual or multidimensional relationships that could impair professional judgment or result in exploitation of the patient/family or co-workers. It is difficult to blend personal and professional roles. It is best to let another skilled practitioner take the professional role for people you are close to.
6. Acknowledge and respect the client's freedom of choice and right to refuse any part of the therapeutic session. Of course, your services are permission-based. It's important to recognize that a patient's situation and tolerance of massage or even touch may fluctuate.

Case example: I know of a massage therapist, "Kim", who was working as an independent contractor for a local hospice organization. She was asked by the hospice nurse to see a woman with advanced Parkinson's disease. The massage therapist saw the patient for

weekly sessions. I learned that Kim had, in addition, been hired by the family as a personal care attendant and was essentially "on-call" to run errands, drive the patient to doctor's appointments and stay with her in the home when the family needed to be away. Kim complained to me that the hospice had let her go because they saw her actions as inappropriate. She also complained that the family was calling on her more and more and hadn't paid her in some time. She stated that she couldn't bring herself to discontinue her service because the patient "needs me so much".

Reflection question: What is the ethical dilemma here? What would have been an appropriate course of action for Kim?

Anyone who chooses to serve those in hospice care recognizes that it is a privilege to do this profound work. Caring for the dying through the medium of touch can be an experience that forever alters your worldview of death and dying. You will be forced to examine your thoughts, feelings and behavior in this profoundly personal, yet professional work. By accepting the responsibility to explore the personal nature and impact of end-of-life care you will be more equipped to uphold the highest ethical standards of your professional role.



Ann Catlin, LMT, OTR has more than 30 years experience with elders in facility care, persons with disabilities and the dying, using both her skills as a massage therapist and occupational therapist. She is the executive director of the Center for Compassionate Touch LLC, an organization that provides Compassionate Touch training for massage therapists and other health professionals and consulting services for elder-care and hospice organizations. Published in the Nov/2010 issue of *Massage Today*,

Fueling Your Success – cont'd

(Continued from page 3)

would that look like? How would that feel in your body, mind, and emotions? How would you experience yourself with a full tank of energy that does not come from coffee or another stimulant? How would

you be different at work helping others if you were in balance? Take a few moments and get in touch with your vision. Write it down and claim it for yourself. Take the steps necessary to realign with the energy to support your passion and success. Affirm that "I am a vibrant

being. Filled with energy, love, and passion to fulfill my goals and ensure my success. I make healthy choices everyday to support my path to success." Take some time to breathe these affirmations into each chakra and smile on your road to success.

Nursing and Massage From The Past—con't

(Continued from page 1)



Judi Calvert has been in practice for more than 27 years and is a recognized authority in the history of massage. Judi along with her late husband Robert Calvert, author of *The History of Massage*, dedicated their lives to being ambassadors of massage.

Judi is the CEO of the Hands On Trade Association, which provides thousands of therapists, estheticians, cosmetologists and nail technicians with the tools they need to share their gifts. She is a practicing massage therapist, and remains committed to promoting the power of touch. For more on Judi, www.handsontrade.com.

Macafee broke down massage into seven general movements: two light movements and five that were heavy and deep. She concluded that giving firm deep pressure over a motor point produces a stimulating effect. Continued pressure has a sedative effect. She taught that if nurses use heavy effleurage with their palms, then they should go in a centripetal direction. If they're working on sprains, they should always use both hands as it gives a greater action upon the circulation and economizes the work. Many of these techniques are familiar to modern therapists: effleurage, friction, kneading or petrissage, percussion and vibration. Macafee also had a subdivision of kneading called fulling. It was given with the thumbs and the ends of the fingers of both hands used alternately.

Nurses back then often performed massage movements when giving an alcohol rub.

Nurses would sometimes give a 45-minute treatment while their patient was in bed. Treatments could be shorter, depending on the disease, as well as the patient's size and condition. Nurses regularly used massage lubricants like solidified albolene, coconut oil, or a rather thin cold cream.



I can't help but think that bending over a bed to give a massage treatment over time must have been hard on the nurses' bodies.

Did I mention that nurses are angels?

The nurses were taught about contra-indications for massage. One of those was that massage was contra-indicated in pregnancy.

One of the most useful massage treatments handed down through this book is a head treatment used to calm down patients at night. Wouldn't it be great for patients of today if instead of drugs doctors would order massages for patients? Drug companies would not want to hear that now, would they?

One of the trickiest techniques they used was, are you ready for this? Ironing. That's right, they would literally iron the patients back. They would use a hot iron, cover the back with an old

blanket and iron the entire back. They had to be careful not to scorch the flannel. The trick was to keep the iron moving constantly without any pressure and stop when the skin became red.

But that's all in a day's work for a nurse back in the 1920's. So I hope you have enjoyed stepping back in time to learn more about the history of nurses and massage.

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Register at www.energytransformations.org/workshops.html or call Dawn Fleming, Director, 480-456-8904. Questions can be addressed to reikidawn@yahoo.com or by phone.

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I want my information to appear in the NANMT public online referral directory at www.nanmt.org Yes No (For Active, Elder and Supporting Members with Nurse Massage Therapy Professional Designations currently offering services.)

How did you find NANMT? ? Web ? School ? Book ? Referral ? Friend ? Other _____

I testify that all this information is true and correct. I understand I am responsible for notifying NANMT if any changes in this information occur. _____

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? **ACTIVE:**(one vote) A licensed nurse who holds NCBTMB certification or a state license to practice therapeutic massage/bodywork, or has completed a minimum of 500 hours verifiable instruction in massage and/or bodyworks. **Please send proof of status by mail, fax or email. This is required to process Active Members.** \$100 yearly dues

? **As an active member, I am interested in a leadership role within NANMT.**

? **STUDENT:** (non-voting) One of the following applies: a licensed nurse enrolled in a massage therapy/bodywork program which will qualify him/her to take a state massage licensing exam or the NCBTMB exam; a nurse massage therapist enrolled in a graduate level nursing program; a practicing massage therapist who is enrolled in an accredited school of nursing . **Please send proof of school enrollment by mail, fax or email. This is required to process Student Members.** \$55 yearly dues

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The Power of Touch...

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