NANMT NEWS

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Volume 6, Issue 2 **Spring 2006**

NURSES WEEK 2006

"Nurses: Strength, Commitment, Compassion" is the national theme for the 2006 National Nurses Week, celebrated May 6-12 each year.

NANMT PRESIDENT'S MESSAGE
Arlene Frederick, EdD, RN, LMT

The other day I attended a presentation that included the history of nursing from Florence Nightingale's time to the present. The presenters even dressed up in vintage nursing attire while they spoke of the accomplishments of specific individuals who have impacted the role of nursing and changed its image. Their message, as we celebrate National Nurses Week May 6-12th, was one we should all aspire to: enhance the professional image, educate the public about nursing and expand our knowledge base to keep pace with the changes we are experiencing. As nurse massage therapists we are in a unique position to capitalize on patient trust and the essence of nursing = caring as we go about our specialized practice.

In a Gallup poll 1000 Americans were asked which professional they trusted the most and the answer, by a huge margin, was nurses. Not a day goes by that I am not asked my opinion regarding the health care my clients are receiving. I try to explore options with them to include complementary modalities of which they may not be aware. This is a role I take seriously. I have spent the last ten years studying and providing Massage, CranioSacral Therapy, and Lymph Drainage Therapy and have been amazed at how few people really know about these modalities. They are very effective in reducing stress, eliminating headaches, edema, etc. without a drug regimen. People leave feeling better, relaxed, and in an enhanced state of health. While I have been involved in nursing education for more that thirty years, it was not until I added the massage specialty to my repertoire of skills that I have truly come home to nursing.

Is it time for you to get involved to mentor a colleague, voice opinions on legislation before congress and become active in your professional association with NANMT? We have added our collective voice with 40 other nursing organizations to advocate for increased funding from Congress to address the nursing shortage. We are all aging, and unfortunately, so is our current supply of nurses. We need replacements and while we are living longer, we need specialists who can care for our changing needs as we age. NANMT has started to address this issue with our continuing education offerings, regional and national, that include information on geriatric massage and the debilitating illnesses that seem to be more prevalent in the aged population. With your added voice we can have a greater impact on the health of all.

NANMT CONTINUING EDUCATION CONFERENCE
Registrations Still Being Accepted
MAY 19-20 2006-Orlando FL
"ATTUNING to the ELDER PATIENT: QUALITY OF LIFE for the QUALITY YEARS"

NANMT SUPPORTS THE ANA COMPETENCE IN AGING PROJECT
16.9 nursing hours approved by American Nurses Credentialing Center's Commission on Accreditation (#12,893), 17.0 hours approved Florida Massage #50-14-06 course 20-100046, NCBTMB Category A provider (#pending).

$250 register and pay online at www.nanmt.org click on Conference
or mail check to 6749 Willow Creek Dr, Huber Hts OH 45424 with registration form last page of this newsletter

HOSPITALITY EVENING THURSDAY MAY 18TH 7PM
ANNUAL MEMBERS' MEETING LUNCHEON SATURDAY MAY 20th

We have had a very nice response from members who will be attending this conference, as well as many non-members, both nurses and/or massage therapists. We hope you will consider joining us. If you need further details, please see your last newsletter, or go to the ***nanmt.org*** website, click on conference, or call the office 800.262.4017.

The American Nurses Association's **Nursing Insider**, offers current news on nursing and health care issues directly to your email box, is now graphically enhanced and designed in an easy-to-read Web format for your convenience.
Nursing's Most Popular and Informative Website http://NursingWorld.org

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GERATRIC FOCUS

Visit ***www.GeroNurseOnline.org*** and select from the Geriatric Topic menu.
Here are 2 examples of information you will find.

Do you know about the prevalence of pain and older adults?
More than 80% of older adults have chronic medical conditions that are typically associated with pain, such as osteoarthritis and peripheral vascular disease. Pain has major implications for older adults' health, functioning, and quality of life. If unrelieved, pain is associated with depression, sleep disturbances and exacerbation of cognitive impairment, among other problems.

Do you know about substance abuse and older adults?
While persons over 65 make up only 14% of the population, they are prescribed more than 30% of all prescription drugs and non-medical use of prescription drugs is increasing in persons over 60. Approximately 11% of women over the age of 59 misuse psychoactive drugs. An older adult who suddenly discontinues consuming more than 10 ounces of alcohol a day for a week or more is likely to experience more symptoms of withdrawal in greater duration than younger persons.

Do you know about palliative care for older adults?
Persons over age 80 have fewer interventions for symptom management and older palliative care patients are more likely to suffer and die from chronic illnesses preceded by lengthy period of decline and functional impairment. They are also at a higher risk for developing multiple chronic, life-threatening diseases (cancer, stroke, heart disease, respiratory diseases).

GERIATRIC FOCUS

RESOURCE ON HIGH BLOOD PRESSURE AND OLDER AMERICANS

This is an important CLINICAL ADVISORY and announcement of a NEW INTERNET RESOURCE on HIGH BLOOD PRESSURE AND OLDER AMERICANS from the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

According to the NHLBI, systolic blood pressure - the top number of the blood pressure reading - is a much better predictor of future heart disease and strokes for middle-aged and older adults than the more widely regarded diastolic pressure (the bottom number). For more information about how this affects the identification, assessment and treatment of hypertension among older Americans, please go to the National Heart, Lung, and Blood Institute's web site at www.nhlbi.nih.gov/.

At the NHLBI web site, click on the "Highlights" note marked, "Your Guide to Understanding High Blood Pressure." This will take you to our website pages full of information about how to identify, assess and treat hypertension in older Americans for:

- HEALTHCARE PROFESSIONALS, providing the advisory, clinical practice guidelines, tips on increasing patient compliance, and more;
- CONSUMERS, with tips and tools on how to control blood pressure, engaging interactive quizzes, recipes, sample fitness plans, descriptions of commonly prescribed medications, and profiles of five adults and the strategies they use to stay heart-healthy;
- COMMUNITY ORGANIZATIONS, with educational materials about high blood pressure and its impact on public health; and,
- MEDIA, offering news releases and background information.

While at www.nhlbi.nih.gov/, we hope you will also take a few moments to check out other popular features, such as, "Aim for a Healthy Weight," the National Center for Sleep Disorders Research site, asthma management model, and our interactive cholesterol site.

As a federal agency, our content on these websites is within the public domain. You may reprint this information without permission. Please cite NHLBI as the source for materials and mention our website address as a source additional information for those seeking more on hypertension and other heart, lung, blood, and sleep health disorders.

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GERIATRIC FOCUS

Avoiding hospitalizations for cellulitis
Source: *Geriatrics* By: Fredrick T. Sherman, MD, MSc Originally published: August 1, 2001

Patients can enjoy a foot massage while you help protect them from skin infections. Periodically, I ask my older patients to take off their shoes and socks or stockings during an office visit. I watch them do it and help only if they request it or seem to be having difficulty. Initially I am assessing their functional status, including hip and knee flexion, vision, and hand and finger dexterity. If they can remove and replace their shoes and stockings, I can safely say they are independent in dressing. Then I examine their feet for signs of venous insufficiency, peripheral vascular disease, and ulcers-especially in diabetics. I am also looking for poor foot hygiene, onychomycosis, and dry skin. Dry skin (ie, xerosis or xeroderma) is very common in older adults, increasing in prevalence and severity during the winter months in colder climates when indoor heating leads to low ambient humidity. Xerosis, if untreated, can lead to pruritus, inflammation, and eventually cellulitis, especially of the lower extremities.

After diagnosing xerosis, I always tell my older patients that their skin looks like the surface of a dried, cracked desert floor or of cracked porcelain. They seem to understand my simplistic explanation that bacteria (ie, Streptococcus pyogenes and Staphylococcus aureus) can enter through the cracks and cause infection and cellulitis. I tell them that applying an emollient (ie, a cosmetic or therapeutic moisturizer), especially after bathing to help the skin retain moisture, will improve their appearance and help prevent infection. I discuss using a mild soap and caution against the use of bath oil, which can make the bathtub slippery, perhaps leading to a fall. I give all these suggestions both verbally and in a written handout.

After asking permission, I put on gloves and demonstrate how to apply an inexpensive cosmetic moisturizer (such as Vaseline Intensive Care brand lotion or its equivalent)or a more expensive therapeutic moisturizer (such as Aquacare or Lac Hydrin brands) to one foot and lower extremity, below the knee. I have never met an older adult who did not enjoy my applying lotion to his or her foot. I start with the heel-which is often the driest, most neglected part of the foot-and move forward to the toes and then to the ankle, and calf. I then ask them to apply the lotion on their other foot, watching their ability to dispense the lotion and apply it, starting with the heel and moving forward between the toes, then to the ankle and up the calf, once again assessing their functional status.

How many times have you had to hospitalize an older patient or given daily IV outpatient therapy for lower extremity cellulitis? Demonstrating how to prevent and treat xerosis by a simple foot massage and ensuring that the older adult has the functional capacity to do it could reduce the probability of hospitalization for an avoidable condition.

Avoidable hospital conditions have been studied in older patients and are indicators that reflect the adequacy of ambulatory care (ie, timely and appropriate ambulatory care of certain conditions will prevent subsequent hospitalization). A review of trends of avoidable hospitalizations from 1980 to 1998 shows that cellulitis is the third most common avoidable hospital condition in older patients, trailing only congestive heart failure and pneumonia.

Certainly, we have made significant strides in preventing or shortening hospital admissions for congestive heart failure and pneumonia. Now, in your office, with each of your older adult patients, you can prevent and treat xerosis, a condition that if adequately managed in the ambulatory setting can prevent hospitalization. Try it. They'll like it.

Bibliography
Gilcrest BA. Aging of the skin. In: Hazzard WR, Blass JP, Ettinger WH, Halter JB, and Ouslander JG (eds). Principles of geriatric medicine and gerontology (4th ed.) New York: Mc-Graw-Hill, 1999:577-78.

Kozak JK, Hall MJ, Owings MF. Trends in avoidable hospitalizations, 1980-1998. Health Aff 2001; 20(2):225-32.

Weissman JS, Gatsonis C, Epstein AM. Rates of avoidable hospitalization by insurance status in Massachusetts and Maryland. JAMA 1992; 268:2388-94.

nanmt.org WEBSITE

Register and pay online for our Orlando National Conference.

Click on the *Nursing Resources* button where you be able to select a topic and read information provided through Med-Wire Research. Massage will be added as a topic soon.

Click on *LINKS* for resources, media reviews, Latest News, etc.

See photos of the Board of Directors, and other news.

OTHER INTERESTING WEBSITES

All begin with www.

cmbm.org Center for Mind-Body Medicine
aliveandhealthy.com
hippocreteshealthinstitute.com
geronurseonline.com
nccam.nih.gov/news/newsletter
(National Center for Complmentary and Alternative Medicine)
preventdisease.com
nursingspectrum.com
healthcarejobbank.com
nursingworld.org
rosalynncarter.org (caregivers program)

"Live with intention. Walk to the edge. Listen hard. Practice wellness. Play with abandon. Laugh. Choose with no regret. Continue to learn. Appreciate your friends. Do what you love. Live as if this is all there is."
Maryanne Radmacher-Hershey©'96

WELCOME NEW MEMBERS

Mary Smith	Memphis TN
Veronica Weeks-Basham	Hillsboro OR
Sandra Peterson	Oldsmar FL
Enrico DiMauro	Grantsville UT
Kathleen Scheidt	Baltimore MD
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Alyn Steinberg	Richboro PA
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Kathy Enz	Lake Wales FL

If you need to reach one of these new members, please visit our website online member listing, or call us at 800.262.4017 for the information.

We welcome all new members and are gratefiul to our renewing members. If anyone has an article they would like to have published in the newsletter, please send it via e-mail to nanmtbusiness@att.net

STANDARDS OF PRACTICE

Every member of NANMT receives a copy of the *Standards of Practice for the Nurse Massage Therapists.* This specialized document was written in 1993 by Bonnie Mackey MSN, ARNP, CMT and Barbara E. Harris RN, BA, LMT.

The Board of Directors at their Annual Meeting will be reviewing the document to determine if an addendum is necessary. If anyone has comments they would like to make regarding this document, please send an e-mail to us at nanmtadmin@att.net.

QUOTES:

"I have seen bodywork do wonders for the minds and spirits as well as the bodies of older people." Andrew Wiel, MD, pp201-2 Healthy Aging

"In the future, let's hope for a TV commercial that says, 'stay in touch with your feelings, keep in touch with a loved one, be treated by a massage therapist, and be well'." Bernie S. Siegel, MD, Massage Therapy Journal

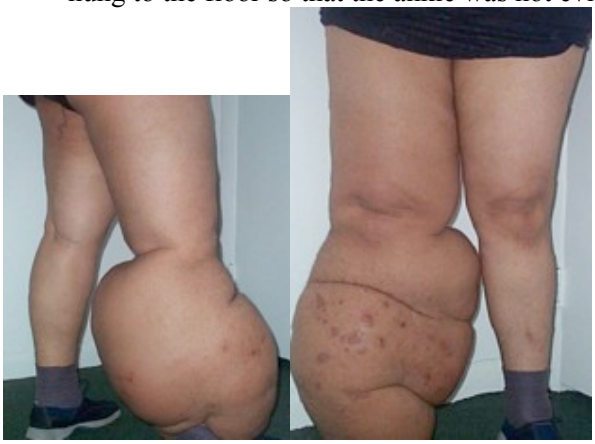
A Hand Saves A Leg

By Renee Romero RN, MS, CLT-LANA

The magic in our hands! How our society underestimates the power we have in our hands and finger tips. When a practitioner is properly trained and the technique effectively applied, lymphatic drainage (MLD) can save a limb, improve a life and change a lifetime. The following case illustrates how lymphatic drainage, compression therapy and education can make a profound difference in the quality of life for an individual.

History: The patient is a 26 year old female with primary Lymphedema of the right leg since the age of 11. As she matured, her leg progressively increased in size because of repeated bouts of cellulites. During 2001-2002 she was having cellulites every other month and was becoming progressively more incapacitated, until she could no longer attend college and could not walk any long distances. Her lymphoscintigraphy demonstrated blockage in the area of the popliteal and pelvic lymph nodes There were very scant vessels through the right leg and dilated lymph vessels. The valves were incompetent, resulting in backflow of the lymphatic fluid.

Physical Appearance: Her right leg was very edematous, with the majority of the edema between the knee and the foot. The skin was taut with the pores distended and lymph fluid leaking. The calf was hard and fibrotic and extended out so far that it appeared as a shelf. There were multiple folds over the foot that hung to the floor so that the ankle was not evident.



Primary Lymphedema of the right leg

Plan of Care: Initially, 30 Lymph drainage treatments were scheduled, but after further evaluation and palpation of the tissues, it became evident that more treatments were needed.

Treatment: A total of 60 treatments were given. For three weeks therapy was every day, then reduced to three times a week. After 55 treatments, therapy was scheduled 2 times a week with emphasis on self- massage, self bandaging, skin care, home care and prevention of infections.

Manual Lymph Drainage was done to open the lymph nodes of the neck, groin and abdomen. The massage took about 1 _ hour and included working on her upper leg, then lower leg. She reported feeling sick and nauseous after the treatment as many toxins were circulating in her body from her leg. After the Manual Lymph Drainage, her limb was bandaged with multilayered bandaging for 23 hours or until the next treatment.

Bandaging Therapy: Before the bandages were applied, the skin was treated Aquaphor to reduce the risk of infection under the bandages. All the folds were padded with soft cotton material.





Multiple layers of foam padding were used for added compression, then short stretch bandages were applied.



Rosidal Soft padding



Full leg bandage

As the folds on the bottom softened and emptied, the problem became lifting the folds so they did not touch the floor. Special bandaging techniques were used to hold and provide shape to the softening tissues.



Softening folds



Crescent to lift fold



Pad to soften hard areas on calf

It then became easier to bandage her on her stomach as the folds fell backward and were easier to wrap. Again, creative bandaging techniques were employed to not let the folds pull the bandage down .





The patient stood to complete the rest of the bandaging.

As the limb has reduced, she was able to walk, and ride a stationary bicycle. The exercise increased her flexibility and strengthened her leg muscles as well as promoted lymphatic and venous flow.

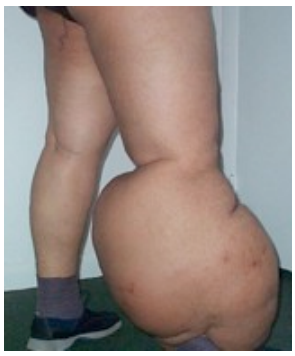
Her leg as well as her weight reduced exceptionally well. In a few more months, the skin folds will hopefully reabsorb and her leg will continue to reduce. She left back to her country excited that she could now pursue her life, returning to college and spreading the word how lymph drainage changed her life and saved her leg.



Before therapy



After 50 treatments. Folds empty



Side view



After therapy

Measurements		
	Before	After
Foot	27cm	25.3 cm
Ankle	Not visible	27.8cm
Fold over ankle	75cm	35cm
Mid calf	98cm	52cm
Below knee	92.5 cm	54.6cm
Knee	61cm	50.2cm
Mid thigh	72cm	68cm
Thigh	80cm	78cm

As nurse massage therapists, we have an obligation to our patients to know the available resources within our community and refer patients to the appropriate practitioner so that all patients can obtain the help they need. Information about Lymphedema is available from the Lymphedema Institute of America, Inc, (800-638-5843), National Lymphedema Network, (www.lymphnet.org), e. lymphnotes (www.lymphaware.com), Lymphedema People (www.lymphedemapeople.com), Lymphedema Support Group (www.lymphedemasupport.org)

NANMT CONTACT INFORMATION

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wisehealthresources.com	Diana Risse
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NOTE: To reach Jennifer Absey about the Book Review in the last newsletter please use rnjabsey@socal.rr.com

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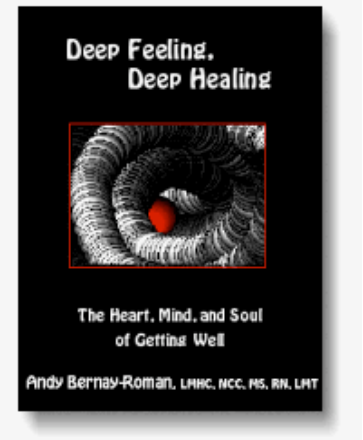
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