

LETTER TO THE EDITOR

DEBORAH K. MAYER, PhD, RN, AOCN®, FAAN—EDITOR

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Oncology Massage Therapists Need Education and Support

I read “Oncology Pain and Complementary Therapy: A Review of the Literature,” by Running and Turnbeaugh (Vol. 15, pp. 374–379), especially because the research was about massage during treatment. As an oncology massage therapist with more than 10 years’ experience at Memorial Cancer Center, I was disappointed to see the side effects mentioned: bruising, swelling, and temporary muscle pain. Many massage therapists are taking the required training to ensure massage modifications prevent the side effects listed. The article would have been a perfect venue to show that massage is safe and cost effective with trained massage therapists who understand the special considerations for massage modifications before, during, and after cancer treatment.

As a national continuing education provider, I am passionate about training therapists because I have personally witnessed the benefits massage has offered for cancer survivors. I educate survivors, healthcare personnel, and therapists every day using the research that says massage is safe when done by a qualified massage therapist. Oncology Nursing Society Putting Evidence Into Practice research showed that massage is *likely to be effective* for anxiety (Sheldon, Swanson, Dolce, Marsh, & Summers, 2008). In addition, Kendall, Hansen, Oakland, Collins, and Parry (2011) found that, with training and credentialing with-

in their cancer center, massage is an important part of supportive care. Injuries can happen, but with training, and verification of that training, Memorial Cancer Institute has never caused any harm. This specialty of massage is no different than pregnancy massage; obstetricians and gynecologists would never send their patients to an untrained massage therapist.

Any article that talks about massage for patients with cancer needs a strong warning that massage therapists must take oncology massage classes. However, many hospital-intensive classes are expensive and not practical for the self-employed or spa therapists. If a hospital wants to set up a program and pay for the hospital-intensive class, that is wonderful. An alternative is a basic class to give therapists the training to work with the normal side effects of cancer treatment in a nonclinical setting. After that, more training can be continued.

Because low platelet counts are a possibility, pressure is always a consideration, and deep pressure is never an option. Normal restrictions are site, pressure, and positional. Hand-foot, chemotherapy-induced peripheral neuropathy, and

other skin reactions also are explained in a well-taught class.

I believe that oncology massage truly is helping patients and needs to be clarified for patients, massage therapists, and the healthcare community. My goal now is to train community spas and verify with cancer centers that their patients have a healing environment that can treat their special concerns within their communities. Although most hospitals do not have the finances to create imaging centers, spas with training can fill that niche.

Author Contact: Antoinette Muirhead, LMT, can be reached at tonimuirhead@aol.com, with copy to editor at CJONEditor@ons.org.

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Antoinette Muirhead, LMT, is an oncology massage continuing education unit provider in the outpatient cancer centers at Memorial Cancer Institute in Hollywood and Pembroke Pines, FL. The author takes full responsibility for the content of the letter. The author did not receive honoraria for this work. No financial relationships relevant to the content of this letter have been disclosed by the author or editorial staff.

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