

Medical Conditions in Massage Practice: Intake Forms and Questions, Parts I-III

By Tracy Walton, LMT, MS



Tracy Walton, LMT, MS, consults to hospitals and massage schools, and teaches "Caring for Clients with Cancer" courses offered nationally for massage therapists. She was named AMTA Teacher of the Year for 2003, and is currently working on a textbook, *Medical Conditions in Massage Therapy*. She can be reached through her Web site, www.tracywalton.com, which includes current research and resources on cancer and massage.

Whether massage therapists call it "medical" massage, "therapeutic" massage, or "relaxation" massage, we work with people with many complex medical conditions. No matter which setting we work in - spa, private practice, sports or medical settings - we see a range of health conditions that ask us to investigate appropriate contraindications.

In this three-part series, I'd like to offer my thoughts on interviewing for those contraindications. The purpose of this series is twofold: to support therapists in their work with people and to invite dialogue in the field. I'll begin this installment with observations of the intake process for massage therapists then offer a sample question for the health history. Each subsequent article will feature one or more health history questions and ideas for how to use the client's answers.

In my work with therapists with different backgrounds and working in different settings, I've discovered a common theme: most are much more comfortable providing the massage than interviewing clients for contraindications. When I ask why this is, most tell me the language of their hands is their chosen language. After using my hands for 15 years in massage practice, I must agree. My hands engage in wordless, soundless and sometimes sacred exchanges with clients. The interview, in contrast, can seem like mere business.

But massage therapists tell me there's more to this than a simple preference for hands-on work; most say they did not get solid schooling in conducting an intake interview. The most acute gap for many of them is in interviewing for medical history. Fifteen years ago when I graduated from massage school, we could purchase commercially available, preprinted health history forms for massage therapy. I remember them on heavy paper, four pages, lists of medical questions, and questions about diet and nutrition, all very comprehensive. I suspect the form was borrowed from a medical setting, as many of the questions were way out of the scope of the average massage therapist. Still, seeing little else in the massage literature, I dutifully purchased a stack of them to begin my practice.

There was a small problem with this approach: I had not the slightest idea how to use them. I knew how to ask the battery of questions on the form, but I didn't know what to do with the answers. How would it change my massage to know that my client followed a certain diet, that he drank four to six alcoholic beverages per week, that she had had most of the common childhood diseases, that there was a family history of heart disease? In a nostalgic mood recently, I dug the form out of cold storage and marveled at its length. I can't believe I got through so many interviews without being asked, "Why are you asking me this?" before I switched to designing my own intake forms.

Mind you, I had graduated from a strong, two-year massage therapy program with many hours of training in hands-on work, communication

New Patient Intake Form Today's Date: _____

Name: _____ Sex: _____ Birthdate: _____
Address: _____ Marital Status: _____ Married: Single: Divorced: Widowed:
City, State, Zip: _____ Race: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
Emergency Contact: Name & Phone: _____
Reason for visit today: _____ Have you had acupuncture before? Yes No Chinese herbal medicine? Yes No
How long have you had this condition? _____
Is it getting worse? _____ Does it bother you? Sleep Work Other (what)? _____
What seemed to be the initial cause? _____
What seems to make it better? _____
Are you under the care of a physician now? Yes No (If yes, for what? Physician's Name: _____)
Other concurrent therapies: _____
Health Insurance Info: _____
Insurance Co. Name: _____ Policy # _____
Address: _____ City, State, Zip: _____
Insurance Co. Name: _____ Policy # _____
Address: _____ City, State, Zip: _____
Family Medical History: _____
Your Past Medical History: _____
Your Diet: _____
Average Daily Menu: _____
Your Lifestyle: _____
General Symptoms: _____
Head, Eyes, Ears, Nose, Throat: _____
Respiratory: _____
Cardiovascular: _____
Gastrointestinal: _____
Musculoskeletal: _____
Skin and Hair: _____
Neuropsychological: _____
Genito-urinary: _____
Gynecology: _____
Other: _____

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skills and the sciences. The profession shared my interviewing uncertainty. In 1990, literature about massage contraindications was scarce. We had little shared understanding of what we had to know to massage safely, and a few alarmist stories about someone who had done something in a session somewhere and the client got sick afterward. We relied on this lore in the field, a very basic understanding of the body, and our wits to keep our clients safe and ourselves out of trouble.

Changes in the profession have made it much easier to identify client problems that we need to act on, avoid or treat with caution. Ruth Werner took our uncertainty in stride and produced *A Massage Therapist's Guide to Pathology*¹ the first widely available text from which we could finally draw some links between health conditions and massage contraindications. Many other useful texts appeared as well, including books on medications and massage,^{2,3} other rich pathology texts, and even some texts for massage specialties, such as massage in the hospital setting.⁴ Articles are appearing on work with a wide range of clients. Together we're getting our feet under us about individualizing massage for clients in all states of health. Together we're figuring out the information we need to practice safely.

But we still need to work on how we gather that information without interviewing the client all afternoon. What is important to ask about a client's health? And, more importantly, how do we use their answers in massage design? How do we find out what we need to know in a brief interview format? How do we follow-up on clients' answers?

I have designed intake forms for my own practice, a massage school with a large clinic, and a training setting where we run one-time clinics for clients with cancer-with some medically complex individuals. I have seen countless intake forms in the literature and at the schools I visit. There are some basic, all-purpose questions that bear asking. In this series of articles I will focus on a few of them: **"What is your activity level and the kinds of movement you do during the week," "Are you taking any medications,"** and **"Are you currently in a physician's care?"** I will also propose how to use our client's answers to these questions.

What is your activity level?

What are the types of activities you engage in during the week?

This question often elicits a guilt response: "I should be going to the gym more"; "I'm afraid I'm something of a couch potato"; or "I'm at a desk all day." But it still can lead to valuable information for massage therapy. First, it can lead to tension patterns produced by a client's activities. This conversation can go a number of useful places. Chronic telephone use: which ear? Chronic neck and shoulder tension on that side. Massage with focus on the neck, attachments at the occiput, shoulders and lateral pecs. Massage therapists know where to find these tension patterns and ease them. Questions like this provide an early tip-off to where the session might go.

Questioning about activity and movement can be helpful in other ways, too. For an elderly client, one with a systemic illness or in strong medical treatment, the activity level can help a therapist assess how well the client can tolerate massage. For example, in general, it is important to work conservatively with people in cancer treatment, starting with gentler work. It may be advisable to introduce stronger massage in small increments over weeks of monitoring the client's response. The activity level of the client can help you assess where to start and when to add increments.

One client in her late forties has been in ongoing treatment for metastatic breast cancer for several years. She has been building a deck, clearing her land, cycling long distances. Another client has pancreatic cancer and is in strong chemotherapy. She is 83, and beginning to find the stairway to my office a challenge. Both require specific massage adjustments to their treatments for complications such as lymphedema risk, bone metastasis, and several other factors. But the first client, after taking those into account, may tolerate a reasonably vigorous massage and benefit from it.



The second, older client, clearly weakened by complications of her disease and in strong treatment, requires a gentler session. **Tolerance of exercise can be used in assessing tolerance of massage therapy.** Activity levels provide useful data for the massage therapist who can then change the length of the session, the pressure used, or even how gently or vigorously to stretch or range a joint in a session. A more customized session is then possible, rather than a single protocol for a client who checks "yes" in response to the question about cancer history.

The activity level and the types of activities are useful information for the massage therapist. Answers to these questions can provide key information quickly. This is especially important in high-volume massage settings with limited time for interviewing and documentation. Interviewing has its challenges, but we've come a long way from preprinted forms and our empty, uncertain use of them. As the profession continues to develop and we share more information with each other, the process of interviewing will become clearer and easier for us all.

Thanks to better training and texts in the field, massage therapists tell me their knowledge of contraindications is growing. But many report gaps in knowing how to interview for contraindications and how to apply the answers in the session....The task of interviewing clients for contraindications feels easy for some therapists, harder for others. Some tell me they rush through it to get to the hands-on session; others like to take their time. The massage setting can also influence the interview. In private practice, we have as long as we are comfortable scheduling with the each client. **Many therapists allow an extra 15 to 30 minutes for a first-time session.** In contrast, most spa and other high-volume settings (on-site, sports events, fundraising walks, etc.) allow for very little information gathering. Years ago I worked in a spa where we were taught to limit our intake to one question on the way from the greeting area to the treatment room: "Is there anything I should know about your health?" Many spa practitioners tell me this is still the limit of their questioning. The problem with this question is that clients don't usually know what we're looking for or which health conditions are important to massage therapists. Indeed, some frustrated massage therapists tell me that they don't always know what they're looking for either. Our pathology and clinic training doesn't always prepare us for gathering information quickly, easily and thoroughly in a range of massage settings. From massage therapists I meet around the country, I am learning that given lists of contraindications, massage therapists don't always know how to interview for them. Given lists of interview questions, we are not necessarily taught how to use the answers.

As the profession develops, we will grow to understand our interviewing tasks more fully and be able to adapt them to the special challenges of different massage settings. I am confident that we will standardize brief, efficient interviews and protocols for higher-volume settings and more extensive intake practices for other settings. For now, here are some "umbrella" questions to ask every client, which should be added to any interview regardless of the setting in order to get a good health picture and design an appropriate massage for each person.

Are you currently (or have you recently been) in a physician's care?



For those in high-volume settings without forms or record keeping, this is a question to ask on the way to the table. Even if your setting allows forms and ample interviewing time, ask this of everyone. If your intake form includes a list of specific conditions, this is a good all-purpose question to catch any that are not listed. It might prompt a client to remember something he/she forgot to mention elsewhere on the form. Then you can apply appropriate massage contraindications. **This question leads to the first, most obvious follow-up question: "For what condition or complaint have you been seeing them?"** Here you are looking for the

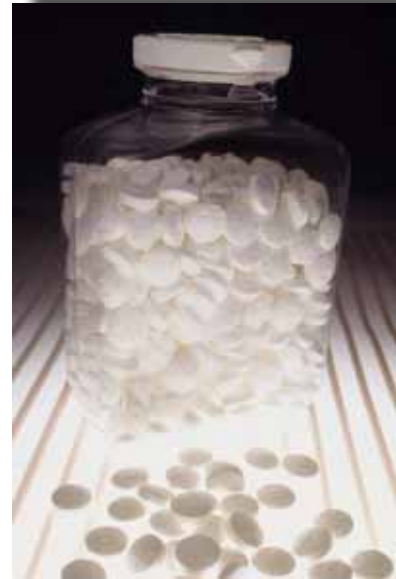
diagnosed condition to determine massage contraindications and for the complaint that may have brought the client to the physician in the first place. For example, suppose a client has chronic acid reflux or constipation for which she is seeing a physician. If there are no specific questions on your form about digestion and elimination, the physician question may capture this. Reflux might dictate a change in the massage position - a surface slightly inclined toward the head - or bolstering in the side-lying position. Constipation, depending on the cause, may indicate reflexology or acupressure techniques, or even gentle abdominal strokes or contact. **Another, broader follow-up question might be, "Are you seeing any health practitioner regularly?"** to spot conditions the client may be bringing to a chiropractor, acupuncturist or movement practitioner, for example. Here you might find out about his/her acupuncture treatment for headaches, dental treatment for TMJ, or chiropractic treatment for a chronic low-back injury. Answers can lead to collegial conversations with these professionals and to proper timing and coordination of treatments.

I know acupuncturists who ask their clients to let acupuncture "sit" for a day or two before following with other treatments such as massage. Massage therapy can be a useful adjunctive therapy for TMJ. The chiropractor would benefit from knowing the massage therapist's approach to the client's low-back issue. And in each of these cases, there might be contraindications or indications to massage therapy depending on the cause of each condition. If a number of diagnoses are possible, massage should be tailored to the most conservative of these: If doctors are looking at either arthritic changes or bone metastasis as a cause of pain in the low back, treat the area as though bone metastasis were the cause and avoid pressure and joint movement in the area until proven otherwise. **"What kind of diagnostic procedures are you undergoing (have you recently undergone)?"** is another direction to go. The diagnostics question is useful for several reasons. It tells us what the client's other health care providers are concerned about: tumor as a cause of headache; fibroids as a cause of low back pain; stress aggravating stomach ache. This information is useful without memorizing lists of diagnostic tests. Instead, ask the client what is being investigated, and why. While some clients are more knowledgeable about their care than others, this question may yield clear contraindications or indications to massage. **Massage therapists don't necessarily need to go to nursing school or medical school to understand their clients' medical status - they just need to figure out what other care providers are concerned about, then investigate their own field for any adaptations for massage.** Finally, a compelling reason to ask about a client's diagnostic procedures is simple interest in the client's life. Put simply, diagnostics are stressful. Sometimes painful, often requiring awkward positioning or holding still, some procedures aggravate muscle tension that we may be well equipped to relieve once we've followed suitable precautions. The long wait between test and result can be difficult, depending on the nature of the test and possible diagnosis. Our clients' experiences of their medical care can tell us not only where to avoid massage but also where to focus it and how to listen. I once worked with someone who had an MRI for a knee injury the day before. She was awaiting word on whether to have surgery. The MRI was hurried and the technician neglected to tell her when the test was starting. It began before she was comfortably positioned, and she had to hold perfectly still for 20 minutes. Already frazzled, this experience left her more worn out with tension in her hips and low back. The wait for the doctor's call was an anxious time. Careful massage of tense muscles and a listening ear helped her cope as she waited for word on her immediate future. **We handle the human body with care and attention, but we also interview with care and attention, which is as therapeutic as our hands-on services.** We ask about another's experience of their body. Questions about their health care tell us something about the texture of our clients' days. **These small questions ask, "What is it like to be you?" which can, in and of itself, be healing.** A client's answers are as useful to our massage design as our own palpatory cues. At the same time, they can deepen our understanding and the compassion we bring to our work.

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“Are you taking any medications?”

Now let's turn to a third all-purpose intake question, which follows the second question nicely: **"Are you taking any medications?"** Along with a few follow-up questions, this question yields useful information during an intake. Unfortunately, the information in this territory can seem cryptic: drug names are notoriously foreign-sounding and long (amoxicillin, amitryptiline), sound similar (celexa, celebex, cialis), and many of us misspell them. The good news is that massage therapists can use information about meds without having to go to pharmacy school. By asking a few follow-up questions for each medication and doing a little investigation, we can determine which massage contraindications or modifications to use. Below are some follow-up questions with some examples of how the MT might use the answers.



How do you spell that?

Correct spelling may come from the client or a little more investigation. Correct spelling is key to looking up a medication - perhaps not in the moment, but at some point for your learning. If the client can't provide the correct spelling ("It's those little yellow pills" or "The ones I use for thyroid"), it's still possible to get the needed information. But at some point determine the closest spelling possible. Search engines on the Internet can be quite forgiving with less than perfect spelling. For example, suppose you have a client with Crohn's disease on a medication that neither of you can spell correctly. If you type in "methatrexate" or even "methatrexate Crohn's disease," Google will return a kind message to you: "Did you mean methotrexate?" There are numerous sites about medications. One I use is www.drugs.com, which lists consumer information alphabetically by drug. **Many drugs also have their own Web sites**, including coumadin.com or prednisone.com. These sites have general information about the drug, including why it's prescribed and side effects.

What is the medication for? What is it designed to do?

This may unearth a medical condition to ask more about, especially if the condition affects tissue or organ function. Bringing it to light, the MT may need to follow contraindications for the condition itself. Suppose a client lists medications for hypertension and heart disease. The medication may not resolve the problem entirely but may just control it, and the disease is still present. **Hypertension or heart disease could require modifications in client position, pressure used on the legs in case of a risk of blood clots (DVT), and other modifications.** If the condition itself puts someone at risk for stroke, the massage therapist should not use pressure near the carotid artery or on any pulse points. If the client is taking ibuprofen or aspirin for the pain of an unstable injury, treat the area as unstable and avoid stretching or other strong passive movement in that area, and refer the client to his/her physician. Stronger pain medications, such as narcotics, interfere with perception and the ability to give the MT feedback about pressure. The practitioner should only use gentle pressure and joint movements to avoid causing injury.

Self-medication is vital information that comes from asking this question. Upon finding out that a client self-medicates for musculoskeletal pain, sleeplessness, headaches, etc., the massage therapist should suggest (**sometimes strongly**) for the client to see a physician or other health care provider for diagnosis and additional help.

Is the medication effective?

This question gets at over- or under-treatment, and there is some overlap with the question above. If a medication is not effective in reducing blood pressure, for example, treat the client as if he/she has high blood pressure and investigate massage contraindications accordingly.¹ If a medication is good at preventing blood clots it will probably cause easy bruising, so lighten the massage pressure. Coumadin, a blood-thinner (anticoagulant), is one such medication. It is commonly presented as a massage therapy contraindication, but only one element of massage - pressure - is contraindicated. Use follow-up

questions to determine how much pressure is too much. Some people experience mild bruising as the medication carries out its task; others have more severe problems as the right dose is determined over time. Other elements of massage therapy, including stroking, kneading, joint movement, etc., may be perfectly acceptable as long as they are carried out with gentle pressure.

Are there any side-effects or complications of the medication?

If so, other massage adaptations may be necessary for each side-effect or complication. This question has some overlap with the question above. If pain medication is so strong that it causes drowsiness in a client, he/she should not receive a vigorous massage. If it makes the client urinate frequently, he/she may need to get up during the session. If a drug (such as prednisone or other steroid medication) causes a change in fluid balance and produces swelling, massage should not attempt to shift fluids dramatically from tissue to vessels, or along vessels. A gentle session is in order. Some practitioners have advanced training and specialization in stronger work with pathologies, injuries, swelling, and scars, but most basic therapists should follow an important rule of thumb: a body adapting to strong medicine does not need the additional burden of adapting to a strong massage. More information on massage and medications is available from trainings and textbooks.^{2,3}

Looking back at the questions above, note that some overlap can occur in the information gleaned. This is as it should be. The best interviews give the client several ways to respond to the most vital information. If the client doesn't mention "easy bruising" after the third question, perhaps he or she will recall it after the fourth question. Avoid too many redundant questions that prolong an interview, but give clients more than one chance to recall and mention key information.

This series has provided three all-purpose questions for the interview: **1. What is your activity level and what are the types of activities you engage in? 2. Are you currently (or recently) in the care of a physician? 3. Are you taking any medications?**

Each question can spark longer conversation, and it takes skill to move the interview along in the right direction - toward the massage table for a safe, effective, thoughtful massage. Interviews are longer for some clients, shorter for others. In most cases, ideal intake interviews are brief but also allow for a thorough, efficient transfer of information. At times these goals seem at cross-purposes, but with experience interviewing becomes easier. Thorough interviews lead to safe treatment for the increasing number of people seeking massage therapy. In addition, a good interview enriches each massage session and the therapeutic relationship with each client.

References:

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Also note the training available at Day Break Geriatric Massage Institute. www.daybreak-massage.com.

Tracy Walton, LMT, MS
Cambridge, Massachusetts
www.tracywalton.com

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See www.massagetoday.com/archives/2005/06/04.html

and www.massagetoday.com/archives/2005/07/04.html.