Cardiovascular Condition Case Studies

A Webinar with Tracy Walton, MS, LMT

Part 6 of the Common Cardiovascular Conditions and Massage Webinar Series

Background

- Author
- Educator
- Researcher
- Massage Therapist
- Specialist in massage therapy and cancer care

Tracy Walton

Webinar 1: Blood clot symptoms & signs,
Webinar 2: Blood clot risk
Webinar 3: Hypertension and hypotension
Webinar 4: Angina, heart attack
Webinar 5: Congestive heart failure

Today's Webinar: Cardiovascular Case Studies
Learning Objectives

• What to ask your clients about these conditions
• Safety principles for working with common cardiovascular conditions
• When and how to get help from a client’s physician

Pretest

1. Which of these lines of “follow-up” interview questions is the best to ask of a client with hypertension and no known history of heart disease?
   a. The Medication Questions
   b. The Liver Questions
   c. The Heart Attack Questions
   d. The Angina Questions

2. In which of the following settings/scenarios should a massage therapist follow a more conservative approach for a client with a cardiovascular condition?
   a. When there is limited opportunity for dialogue with a client’s physician
   b. When seeing a one-time or first-time client in a high-volume setting, such as a resort or vacation spot
   c. When working in a facility with little or no documentation or charting
   d. All of the above suggest a more conservative approach for a client with a cardiovascular condition
Pretest

3. Regarding a client with end-stage heart disease, which of the following is the best massage therapy approach?
   a. Use gentle pressure, simple communication, and be alert for nonverbal cues
   b. Offer a circulatory massage to enhance venous return from the legs
   c. Avoid repositioning the client during or after the session
   d. Ask the client to dictate the overall pressure, and work deeply (level 3 and above) if requested

Pretest

4. When working with a pregnant client on bedrest, which of the following is the safest approach?
   a. Follow the Plaque Problem Principle for the duration of the pregnancy
   b. Offer a circulatory massage to enhance venous return from the legs
   c. Use focused work on reflexology points on the feet to stimulate labor
   d. Follow DVT Risk Principle 1 for the duration of the bedrest restriction

Pretest

5. Suppose your new client reports a heart attack 4 weeks ago. Which of the following describes the most productive exchange with his physician?
   a. Ask the client’s physician for a letter giving written permission for the client to receive massage therapy
   b. Request that the client bring a prescription for massage therapy, then keep a photocopy of it on file
   c. Describe your massage techniques and ask the physician if the client’s condition is stable enough to receive them
   d. Call the client’s physician and ask for permission to massage the client once the client’s condition has stabilized
Pretest

6. What is the best course of action when a client shows strong DVT risk factors and multiple DVT symptoms?

a. Offer massage of both legs at pressure level 2
b. Urge the client to call or see her physician
c. Provide circulatory massage on the other leg
d. Use circulatory techniques on the upper body

Tools

General Principles
Activity and Energy Principle
Medication Principle
Stabilization of an Acute Condition Principle
Massage Setting/Continuity of Care Principle

Principles
Vital Organ Principle
Filter and Pump Principle
Cardiovascular Conditions
“Run in Packs” Principle
DVT Risk Principles
Plaque Problem Principle
Core Temperature Principle

...and more!
Interview Questions About Medications
- Activity and energy levels
- DVT symptoms
- DVT risk factors
- Blood pressure
- Angina
- Heart attack
- Heart disease complications
...and more!

Case Study 1, Caroline
- 70 year old woman
- Moderately active (does yoga)
- Smokes
- Breast cancer history (6 years ago)
- Minor skin surgery, 8 weeks ago

Focused Questions...for a client’s physician
Deciding the Massage Plan

• What are my concerns?
• How do I change the massage?
• What do I say to the client?

Case 1: To “DRP,” or Not to “DRP?”

Essentials Massage Therapy Guidelines

Follow DVT Risk Principles?

What Increases DVT Risk?
Specific Risk Factors

- Family hx of DVT or PE
- Inherited blood clotting disorders (Factor V Leiden, others)
- Central venous catheters
- Pregnancy, childbirth (last 6-8 wks)
- Obesity
- Oral contraceptives
- Estrogen replacement
- Some hormone therapies
- Disseminated intravascular coagulation (DIC)
- Nephrotic syndrome
- Ulcerative colitis, Crohn’s disease
- Lupus
- Sepsis
- Cigarette smoking
- High altitude (>14,000 ft)
- IV drug use

Red = Strong risk; Orange = Moderate risk factor; Green = Risk is slightly above normal. NOTE: This is a partial list. Sources disagree on ranking of risk factors. The above impressions are based on literature search. MTs are advised to research risk factors and consult client’s physician in each case.
What Increases DVT Risk?
Specific Risk Factors

- Major surgery, last 12 wks
- Trauma (esp. burns, multiple, SCI, fx of lower extremity)
- Immobility/bed rest (72+ hrs)
- Paralysis
- History of DVT, phlebitis
- Age (40+? 50+? 65+? 75+?)
- Prolonged sitting (4+ hrs), last 4 wks

Active cancer especially adv ca primary ca of lung, pancreas, GI
Cancer treatment (last 6 mos)
Congestive heart failure
Heart attack
Atrial fibrillation
Stroke
Atherosclerosis
Varicose veins

Red = Strong risk; Orange = Moderate risk factor; Green = Risk is slightly above normal. NOTE: This is a partial list. Sources disagree on ranking of risk factors. The above impressions are based on literature search. MTs are advised to research risk factors and consult client's physician in each case.

Is Surgery a DVT Risk Factor?

- Major surgery in last 12 weeks
- 45+ minute procedure

Case Study 1, Caroline

- Fell down several stairs 4 days ago
- Twisted ankle, sprain
- X-ray: no fracture
Deciding the Massage Plan

• What are my concerns?
• How do I change the massage?
• What do I say to the client?

Case Study 1, Caroline

• Not always clear cut when to follow DRPs, and when not to
• If unsure: follow DRP 1
• Massage changes as client history changes
• Ask questions about DVT risk factors

Case Study 2, Miriam

• 41 year old woman
• Pregnant with twins
• Complications developed
• Placed on full bedrest in 2nd trimester
Deciding the Massage Plan

- What are my concerns?
- How do I change the massage?
- What do I say to the client?

Case Study 2, Miriam

Blood clot risk factors present

Case Study 2, Miriam

- “Bedrest nurse”
- Advised against leg massage
Case Study 2, Miriam

**WHAT WE LEARNED**

- When there’s more than 1 opinion, choose the conservative one
- Value of nurses as well as doctors in considering DVT risk

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**Pregnancy & Postpartum**

**DVT Considerations**

- DVT risk ↑ over pregnancy
- Postpartum DVT risk ↑
- Clotting factors stay elevated 2-3 weeks postpartum
- Gentle pressure on thighs and legs
  - Especially medial
  - 6-8 weeks postpartum
- Osborne, C. *Pre- and Perinatal Massage Therapy*
Case Study 3, Angelina

- 36 year old female
- Severe varicose veins, support stockings
- 40 additional lbs. weight since pregnancy 1 yr ago
- Painful, swollen, warm, tender lower leg

Deciding the Massage Plan

- What are my concerns?
- How do I change the massage?
- What do I say to the client?

Case Study 3, Angelina

Massage Plan
- No pressure on legs
- Energy work, “tucking technique”
- Urgent medical referral
- Client resistance at first
- Diagnosis: phlebitis
- Treatment: blood thinners
Case Study 3, Angelina

**WHAT WE LEARNED**

- Combine DVT risk factors and DVT symptoms
- Immediate referral best
- At minimum: avoid contact on lower extremities (bilat)
- With blood thinners: overall pressure modification
- MT take a leadership role

Case Study 4, Al

- 54 year old male
- Stage 2 Hypertension
  - BP Uncorrected: 170/108
    (Stage 2: moderate HTN)
  - BP Corrected: 130/86
    (prehypertension range)
- Very active
- Mild diuretic (HCTZ)
- ACE inhibitor (Lisinopril)

Deciding the Massage Plan

- What are my concerns?
- How do I change the massage?
- What do I say to the client?
The Activity & Energy Questions

What is your activity level? Day to day/week to week?
What is your activity tolerance?
Describe your energy level.
Are there any medical restrictions on your activities? If so, describe.

The Medication Questions

How do you spell it?
What is it for?
Is it effective?
Side effects?

Blood Pressure and Massage

<table>
<thead>
<tr>
<th>Classification</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>Massage Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>≤120</td>
<td>&lt;80</td>
<td>No massage adaptation</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-129</td>
<td>80-89</td>
<td>Consider DVT Risk Principles</td>
</tr>
<tr>
<td>Stage 1 (Mild)</td>
<td>140-159</td>
<td>90-99</td>
<td>Consider DVT Risk Principles</td>
</tr>
<tr>
<td>Stage 2 (Moderate to Severe)</td>
<td>160+</td>
<td>100+</td>
<td>Follow DVT Risk Principles</td>
</tr>
</tbody>
</table>
Case Study 4, Al

WHAT WE LEARNED

- In hypertension (HTN), can consider DVT Risk Principles (DRPs), use as default
- Hypertension alone may not be a “deal-breaker” to follow DRPs
- Ask about other risk factors
- Consider diuretics, massage timing

Case Study 5, Helen

- 72 year old female
- Attending a one-time massage practice clinic
- Just diagnosed with angina (this week!)
- Taking warfarin
- Moderately active
- Distant history of breast cancer (20 years ago)

Deciding the Massage Plan

- What are my concerns?
- How do I change the massage?
- What do I say to the client?
The Angina Questions

How long since diagnosis?
Triggers? What relieves it?
Stable/unstable? Changes?
Symptoms? Duration?
Other atherosclerosis complications?
Treatment? Effects?
Rescue medication? Where?

Case Study 5, Helen

• DRP 1 (no chance for focused comm. w/MD)
• Plaque Problem Principle
• Overall pressure 1-2 (blood thinners)
• Gentle overall
  • Recent Dx
  • Still stabilizing?
  • Limited comm. w/MD
  • One-time client

Case Study 5, Helen

• Nitro stored in several layers
• Avoid moisture, heat
• Hard to get to quickly
Case Study 5, Helen

**WHAT WE LEARNED**

- Be more conservative in a setting without continuity of care
- Follow the DVT Risk Principle 1 indefinitely if there is limited opportunity for dialogue with the physician
- Follow the Plaque Problem Principle in angina
- Overall pressure is light if client takes blood thinners

Case Study 5, Helen

**WHAT WE LEARNED**

- Physician communication
  - Not just note from the doctor; “permission to massage”
  - Education about massage (pressure scale, strokes, etc.)
  - Focused question
- Find the nitroglycerin

Case Study 6, Juanita

- 90 year old client
- End stage CHF
- Living in nursing facility
- SOB; sleeps sitting up 90°
- Severe kyphosis
- Skin breakdown
- Difficulty moving/being moved
Deciding the Massage Plan

- What are my concerns?
- How do I change the massage?
- What do I say to the client?

Case Study 6, Juanita

**WHAT WE LEARNED**

- End stage illness is not a time to leave aside massage contraindications
- Work especially gently

Case Study 6, Juanita

**WHAT WE LEARNED**

- Don’t avoid repositioning
- Simple communication
- Companionship is enough
The Vital Organ Principle

If a vital organ is compromised in function, use gentle massage elements; do not place too much demand on the client’s body.

Massage Therapy Guidelines
- Contact
- Lubricant
- Pressure
- Joint Movement
- Friction
- Position
- Site of massage
- Draping
- Speed
- Rhythm
- Session length
- Session timing
- Session intent
- Medical consultation
- Medical referral

The Vital Organ Principle

Which of these massage elements needs to change?

How should it change?

Depression
- Affects 15% of patients with cardiovascular disease
- Affects 20% of patients after CABG (bypass)
Summary

• Not just about “working gently”
• Knowing when not to work gently
• Steps
  – Interviewing—thoughtfulness, building in redundancy
  – Assessing when to apply the principles
  – Massage planning
  – Communication with client
  – Focused, specific communication with physician
• Massage therapy adapted for contraindications and indications

Inner Preparation

• Clear out safety concerns
• Make room for presence
• Companions for the journey
• Chance to learn from clients
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Thank you!
Questions?

Find out more at www.tracywalton.com

Just released!
Medical Conditions and Massage Therapy: A Decision Tree Approach.
Description and link at www.tracywalton.com

Complete description at www.partnersinhealing.net

Find out more at www.tracywalton.com
Blood Clots, Blood Pressure, and Heart Disease
Common Cardiovascular Conditions and Massage

Other Webinars in this Series
1. Blood Clot Symptoms and Massage Therapy
2. Blood Clot Risk and Massage Therapy
3. Hypertension, Hypotension, and Massage Therapy
4. Angina, Heart Attack, and Massage Therapy
5. Congestive Heart Failure and Massage Therapy
6. Cardiovascular Condition Case Studies
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