

# Understanding Bodywork for the Patient With Cancer

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**B**odywork includes modalities from the domains of energy therapies, alternative medical systems, and manipulative and body-based methods defined by the National Center for Complementary and Alternative Medicine (NCCAM, 2004). However, bodywork is a term commonly used by touch therapy practitioners, or “bodyworkers,” to describe their work.

An understanding of common bodywork modalities and current research findings will help oncology nurses in three ways. It will increase the ability to assess current patient use of bodywork, provide evidence-based guidance for patients choosing bodywork, and facilitate communication among patients, physicians, and bodyworkers. This article describes 11 common bodywork modalities. Selected research studies of bodywork are summarized in Table 1. Many of the studies focused on symptom management and quality of life and found that bodywork has positive effects on these variables.

Massage is one of the complementary and alternative medicine (CAM) modalities included under the term “bodywork.” Multiple surveys have found that patients with cancer are using CAM modalities (Kao & Devine, 2000; Lengacher et al., 2002; Sparder et al., 2000; Yates et al., 2005). Massage therapy was used by 18%–27% of the respondents (Kao & Devine; Lengacher et al.). Yates et al. found that massage was one of the CAM modalities most frequently discussed with physicians. Meta-analyses of massage research found that it reduces anxiety, depression, and delayed assessment of pain (Moyer, Rounds, & Hannum, 2004) and may provide pain relief for patients with cancer at the end of life (Pan, Morrison, Ness, Fugh-

The goal of this article is to increase oncology nurses’ understanding of common bodywork modalities and the current research about them in the oncology setting. Bodywork is a broad term that incorporates massage and energy modalities. Eleven modalities are described. In addition, issues related to safety, licensure, making referrals, and nurses’ and bodyworkers’ roles are discussed. Better knowledge will increase oncology nurses’ abilities to assess and guide patients’ bodywork choices and facilitate discussions with patients, physicians, and bodyworkers to ensure that patients with cancer are receiving safe and effective care.

Berman, & Leipzig, 2000). Furthermore, massage is considered reasonable for physicians to accept and recommend for relief of anxiety and reasonable to accept for cancer-related pain (Weiger et al., 2002).

**Swedish massage** is one of the most popular and best known forms of massage. The primary goal is relaxation. It combines five types of strokes: effleurage (long strokes), petrissage (grasping, compression, and kneading), friction, tapotement (pounding, tapping, and cupping), and vibration (rhythmic shaking) (Ashton & Cassel, 2002). It can be done with any level of pressure from light to heavy and is easily adaptable to an individual’s needs and limitations.

**Aromatherapy massage** is the controlled use of essential oils to effect physical, mental, emotional, and spiritual health. Essential oils are aromatic essences distilled from plants. Oils may be used individually or in blends to achieve the desired effects (Perez, 2003). Although essential oils can be used by themselves in diffusions, baths, and compresses, they often are mixed into oils, lotions, or gels. Aromatherapy is easily combined with massage. Generally, practitioners who use aromatherapy provide clients

with a choice of oils (Hadfield, 2001). Research has focused on the role of aromatherapy massage in hospice settings (Soden, Vincent, Craske, Lucas, & Ashley, 2004; Wilcock et al., 2004; Wilkinson, Aldridge, Salmon, Cain, & Wilson, 1999). The Cochrane review of aromatherapy and massage concluded, “Massage and aromatherapy massage confer short term benefits on psychological wellbeing, with the effect on anxiety supported by limited evidence. Effects on physical symptoms may also occur” (Fellowes, Barnes, & Wilkinson, 2004, p. 1).

**Deep tissue massage** encompasses several modalities, such as neuromuscular therapy and trigger-point therapy, that target areas of muscle and connective tissue constriction to release chronic patterns of tension (American Massage Therapy Association [AMTA], 2005a; Decker, 1999; Holmes, 1999). They are done with heavy pressure applied by a practitioner’s fingers, hands, forearms, knees, and elbows. Recipients need to be in good health to withstand the heavy pressure. This, in addition to the risks associated with altered coagulation states and bony metastasis, make cancer a contraindication for deep tissue massage (MacDonald, 1999; Weiger et al., 2002).

**Athletic, or sports, massage** is designed to improve and maintain performance and to prevent and rehabilitate injuries. Practitioners use techniques that include assisted stretching and application of heat and cold (AMTA, 2005a; Ashton & Cassel, 2002; Decker, 1999). Although the techniques may

*Submitted January 2005. Accepted for publication May 21, 2005.*

Digital Object Identifier: 10.1188/05.CJON.733-739