



## Physician's Permission Form for Massage

Dear \_\_\_\_\_,  
*Physician's Name*

Your patient, \_\_\_\_\_, has expressed an interest in receiving massage therapy during the course of his/her cancer treatment. This document will:

1. Outline some common cautions used when working with people in cancer treatment
2. Seek your input on which cautions should be in force with this client

### Techniques

With most clients, kneading and stroking techniques and applied compression to the tissues with hands are used. Passive stretching and range of motion may also be used. A range of pressures, from just moving the skin (like "lotioning") to deeper muscular work can be applied.

### Common Adaptations for Clients in Cancer Treatment

**Sites** affected by surgery, radiation therapy, IV's, drains, skin conditions, pain, edema, or bone involvement: *Pressure and frequent contact are avoided at these sites. If there is any nodal involvement with risk of lymphedema, minimal pressure on the distal extremity and gentle pressure on the trunk quadrant will be used. If needed, the limb will be elevated during the massage.*

Low platelet levels; easy **bruising**: *Gentle strokes that displace skin and other superficial tissues will be used; no deep muscle layers will be used.*

**Side-effects** of treatments such as chemotherapy and radiation therapy: *The therapist will work gently in order to avoid aggravating fatigue, nausea, etc., and will adapt other elements of the session to any presenting side-effects.*

Any risk of **deep vein thrombosis**, secondary to malignancy, inactivity or cancer treatment: *The massage therapist will avoid the use of pressure on areas at risk of thrombosis in those areas.*

\_\_\_\_\_ has my permission to receive the relaxation massage described above.  
*Patient Name*

I have read through the common massage therapy adjustments above. I have circled any concerns for this patient. If I have any additional concerns for the massage practitioner, I have described them below:

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\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician's Printed Name*