Integrative Bodywork in Hospice & Palliative Care

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Integrative Medicine for the Underserved
August 26, 2017
Feinberg Pavilion
Breakout session #33
2:00-3:00 pm
Beginnings

Palliative Care Division, Department of Medicine, Medical Director Mike Marschke, MD

University of Illinois studies - decline in pain and in pain medicine with massage therapy.

Funding by general Palliative Care and Hospice donations.
Beginnings

2012, Home Health Services approached the NorthShore Integrative Medicine Program.

Integrative Medicine put out invitation to staff.

Started service on the 5th floor Glenbrook Hospital in November 2012.
Growth

Started with one 3-hour shift on the 5th floor of Glenbrook Hospital.

NorthShore Hospice inpatients only and their families.

Worked on staff if there was time.
Growth

Added another 3-hour shift at the Palliative Care unit at Evanston Hospital.

NorthShore Hospice and Palliative Care consult patients and their families.

Worked on staff at Evanston Hospital if there was time.
Growth

Added another 3-hour shift for NorthShore Hospice residents at the Lieberman Center for Health & Rehabilitation.

And when time, for NorthShore Hospice and Palliative Care consults and their families at Skokie Hospital.

Worked on staff if there was time.
Growth

Added another 3-hour shift at Highland Park Hospital.

Inpatient Hospice and Palliative Care consults, and their families.

Worked on staff, if there was time.
Growth

Added a second massage therapist to the team.

Currently serve approximately 90 people per month.
Funding Stream

NorthShore Foundation funds were designated for Palliative Care and/or for Hospice use.

Greatest number of individual donations to the Foundation are for Palliative Care Integrative Medicine Services.
Program Administration

Administered through NorthShore Home and Hospice Services.
Challenges in getting started

- Identifying who was a Hospice patient at the Lieberman - solved with a new list in EPIC.
- Staff resistance
- Administrative resistance
- Family resistance
Typical Day

- Supplies, massage chair.

- Spend first 20-30 minutes reviewing 5 patient charts from a list of inpatients enrolled in NorthShore Hospice or who have had Palliative Care consults ordered.
Chart Work Up

- First team encounter
- Last team encounter
- Last nurse encounter
- Modifications – do no harm
- Symptoms/conditions where I can make a difference
- Things to know for patient/family confidence
Chart: conditions / modifications

- Cancer – location, metastases, ascites, small bowel obstruction, radiation therapy, chemotherapy, fractures, low platelets

- Cardiac: Hypertension, CAD, atrial fibrillation / blood thinners, congestive heart failure, peripheral arterial disease, deep vein thrombosis, edema
Chart: modifications

- Stroke, subdural hematoma, intracranial bleed
- Altered mental status, Alzheimers, dementia, Parkinsonism
- Brain shunt
- Non-responsive, minimally responsive, non-verbal
- Fibromyalgia syndrome
Chart: modifications

- Acute and chronic kidney disease
- Reflux
- Diabetes mellitus
- Gout
- Osteoarthritis
- Inflammatory arthritis
Chart: modifications

- Pacemakers
- Ports
- Catheters
- Cellulitis
- Sepsis
Make a difference

- Pain
- Anxiety
- Agitation
- Nausea


Pinar R, Afsar F. Back massage to decrease state anxiety, cortisol level, blood pressure, heart rate and increase sleep quality in family caregivers of patients with cancer: a randomized controlled trial. Asian Pac J Cancer Prev. 2015;16(18):8127-33.

Make a difference

- Shortness of breath
- Peripheral neuropathy


Things to know

- Chronic obstructive pulmonary disease
- Pneumonia
- Irritable bowel syndrome, colitis
- Open wounds
- Clostridium difficile infection
Things to know

- Family involved?
- Conflicts with pt/family/staff?
- What is the atmosphere?
- Special requests eg, request that the word “hospice” not be used.
- Language barriers
- Behavior: agitation, hostility
- Bed
- Personal alarms and restraints
Find a Patient

- No appointments
- Room to room
- Busy with docs, nurse,
- Getting physical therapy, radiation therapy, procedures,
- Toileting, bathing
- Waiting to go home
- Already passed
In the room

• Introduce self, what I can offer, what that looks like.
• Address patient, even if non-responsive
• Wash hands.
• Use lotion, no oil.
• No repositioning.
• Adjust bed height, bed rails, move stuff out of the way.
In the room

Be mindful of:

- Tubing, oxygen, ventilator
- IV's, catheters
- Chairs, walkers, wheelchairs
- Bed alarms, personal alarms
- Restraints
- Heel cushions, bandages, skin condition
- Ketchup packs
Be the deep stillness

“The calm state often achieved during integrative medicine treatments is similar to that seen during deep prayer or meditation. In so doing, patients may gain greater insight and find inner peace through simple, non-verbal approaches.”

In the room

• Warm lotion in hands.
• Make contact before contact.
• Check in, “How does that feel?”
• Listen within the stillness.
• Observe changes, be curious.
• Maintain eye contact.
In the room - observations

• Breath slows, deepens, quiets, evens out.
• Moans
• Sigh sign
• Face relaxes
• Smiles
• Eyes close or make connection
• Affect softens
• Body softens
After treatment

- Check in (if awake) – How do you feel? How is your pain?
- “Feeling better.”
- “Made my day.”
- “When will you be back?”
- What a wonderful service.”
- “This is the best hospital ever.”
Patient Cases

- 98 year old woman gets first “massage” ever.
- Young woman with intractable pain settles with craniosacral therapy.
- Older man skeptical, “I can’t believe I waited so long.”
- Family incredulous; deep, emotional gratitude.
After treatment

• Clean lotion bottle.
• Wash hands.
• Put everything back the way it was.
• Offer to family.
• Chart.
Thank you!