

## Manual Lymphatic Drainage for Anterior and Lateral Chest

### Preamble

As stated in the Massage & Myotherapy Australia (Association) Position Statement, the Code of Ethics and Standards of Practice<sup>i</sup> governing Association members apply MLD when treating the anterior and lateral chest. This is particularly true with respect to assessment, risk and therapeutic relationship requirements around communication, consent and professional boundaries.

### Aim

These Guidelines serve as a context to therapists for appropriate manual therapy practice and a platform from where the National Education and Ethics Committees can make an informed determination in relation to any complaints that arise.

The Guidelines should be read in conjunction with the Code of Ethics and Standards of Practice<sup>ii</sup>, the Anterior and Lateral Chest Position Statement and Guidelines and in combination with the practitioners' level of education and the practitioner's own scope of practice. It is intended to work alongside current formal training in remedial massage, advanced diplomas and degree levels of musculoskeletal and myotherapy education. It endeavours to provide an outline of the principles of manual lymphatic drainage to the anterior and lateral chest region, to ensure greatest protection for both clients and therapists.

The Association Board of Directors serves to protect both the membership and the public by adopting these Guidelines which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice<sup>iii</sup>.

### Guidelines

The following guidelines have been developed to assist the therapist specifically in the treatment of the anterior and lateral chest using manual lymphatic drainage (MLD) techniques.

#### Communication and Consent

At all times, the Therapeutic Relationship<sup>iv</sup> guidelines must be adhered to.

The therapist shall not advertise in a manner which is false or misleading or inappropriate to the resolution of breast pathologies.

Following a subjective and objective consultation, the therapist should discuss the proposed treatment for the session with the client. This discussion should include the MLD techniques to be applied and, at this time, declare that the treatment techniques chosen are within their scope of professional practice. A conservative approach to the application of soft tissue techniques should be taken.

The client should sign an 'informed consent form'<sup>v</sup> if they understand and agree to receive the treatment as discussed, and this form should specifically state that consent is given for treatment of the anterior and lateral chest<sup>vi</sup>. The signed form should be filed with the client's file.

The therapist should discuss with the client any referral to an oncologist or medical general practitioner (GP) where adjunct treatment options pertaining to breast pathology may be required.

### Therapy Guidelines

Effective and appropriate draping is an essential component of the comfort of the client during treatment of the anterior and lateral chest region<sup>viiiviii</sup>.

The therapist must have training adequate to the demands of the practice:

Prior to the application of MLD techniques in the treatment of the anterior and lateral chest, the therapist must be familiar with the anatomy pertaining to the region, including the breast, which includes:

- Endocrinology (glands)
- Myology (muscles and accessory structures)
- Physiology (function)
- Pathophysiology (disease)

The therapist must be trained in, and use, methods for differential diagnosis of, and pathology of, breast tissue and the overlying skin in order to decide the best approach to treatment that will be of greatest benefit to the client.

Unless there is an assessed pathology of the breast, there is no need to perform soft tissue treatment of the breast.

Where there are symptoms of breast lymphoedema, the practitioner should not attempt to treat the breast unless they have undertaken an appropriate training program in lymphoedema management.

### The therapist has the right not to provide treatment

If the therapist is not comfortable with providing treatment at any time, they should decline to do so and provide the client with referral options. Professionalism must be maintained in communication with the client.

### Technical Guidelines

The approach to treatment of breast pathologies or breast pain will depend on consideration of a range of factors which may contribute to breast pain. These may include but are not limited to:

#### Surgical:

- Radical mastectomy
- Partial mastectomy
- Mastitis (un-infected)
- Mastitis (infected)
- Traumatic injury
- Breast reduction
- Mastopexy (breast lift)
- Augmentation
- Reconstruction
- Tattoo/piercing/branding

**Hormonal:**

- Premenstrual pain/congestion
- Polycystic ovarian disease
- Fibrocystic disease
- Fibromyalgia
- Idiopathic cyclic oedema

**Psychological:** requiring psychological or psychiatric consultation

- Body dysmorphia
- Grief (loss of a breast)

**Physical:**

- Posture
- Heavy breasts

**MLD Anterior and Lateral Chest Treatment Guidelines**

To apply soft tissue techniques to the breast, the therapist must comply with the Association guidelines for Anterior and Lateral Chest Massage.

- The client must be informed as to the process of breast massage
- The client must be informed about what they should expect to feel during breast massage
- The client must be informed on what they should expect to feel immediately after breast massage.
- The client must understand this treatment does not attempt to improve sagging breasts or address inverted nipples
- Treatment of a post breast cancer breast is beyond the scope of Association members. If the breast has been treated for cancer AND the therapist has not taken post graduate training in lymphoedema management, the therapist should refer the client to an appropriately trained allied health provider registered with an approved lymphoedema association eg. [www.lymphology.org.au](http://www.lymphology.org.au)
- Written consent must be obtained by the therapist prior to commencing breast massage
- The therapist must keep the breast covered during treatment of the anterior and lateral chest that does not involve treatment of the breast
- Verbal consent should be reiterated before the breast is uncovered for treatment

The Associations recommendation is that in all treatment applications the nipple and areola are to be avoided.

**Contraindications to MLD treatment of the breast:**

- Infection, including infected mastitis, infected surgical or traumatic wounds, piercing, tattoos or branding
- Untreated breast malignancy
- Unhealed radiation burns
- Severe sunburn
- Recent surgical wounds (prior to suture removal)
- When drains are present (such as after lymph node dissection)
- Un-diagnosed breast pain
- Un-diagnosed breast oedema

If at any time the client feels uncomfortable with the treatment, the therapist should stop the treatment and re-drape the breast. The breast cannot then be uncovered/treated again unless a further verbal consent to do so is obtained.

Should there be any breast pain or reddening of the breast skin during the treatment, the therapist must stop the process and refer the client to their health professional for assessment.

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<sup>i</sup> Code of Ethics & Standards of Practice

<sup>ii</sup> *ibid*

<sup>iii</sup> *ibid*

<sup>iv</sup> [http://www.ohsu.edu/xd/outreach/occyshn/training-education/upload/DevelopingTherapeuticRelationships\\_Ch10.pdf](http://www.ohsu.edu/xd/outreach/occyshn/training-education/upload/DevelopingTherapeuticRelationships_Ch10.pdf)

<sup>v</sup> Massage & Myotherapy Australia Informed Consent form

<sup>vi</sup> Massage & Myotherapy Australia Informed Consent - Anterior and Lateral Chest Massage

<sup>vii</sup> Massage & Myotherapy Australia Draping Essentials

<sup>viii</sup> Massage & Myotherapy Australia Anterior and Lateral Chest Guidelines - page 8