

Anterior and Lateral Chest Massage

Preamble

The Massage & Myotherapy Australia Anterior and Lateral Chest Massage Position Statement and the Code of Ethics and Standards of Practice governing massage therapy apply to anterior and lateral chest massage. This is particularly true with respect to assessment, therapeutic relationships, communication, consent and professional boundaries.

Massage of the anterior and lateral chest region can be personally and ethically complex for the client and the therapist. A high level of professionalism, self-awareness and interpersonal skill is required. The associated risk attached to incorrect, or poorly applied process and technique, can be serious for both the client and the therapist.

The following guidelines have been developed to assist the therapist specifically in the delivery of treatment of the anterior and lateral chest wall and the surrounding musculature and fascial structures.

Aim

These Guidelines serve as a context for therapists to work within an appropriate manual therapy practice. They provide a platform for the National Ethics Committee (NEC) and National Education Committee (NEdC) to make an informed determination in relation to any complaints that may arise.

These Guidelines should be read in conjunction with the Massage & Myotherapy Australia Code of Ethics and Standards of Practiceⁱ, the Anterior and Lateral Chest Massage Position Statementⁱⁱ and the Massage & Myotherapy Australia Draping Guidelinesⁱⁱⁱ.

The Company Board of Directors serves to protect both the membership and the public by adopting the Guidelines which are resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice^{iv}.

Principles of Practice

Massage of the anterior and lateral chest is often included as part of the massage sequence taught by a Registered Training Organisation (RTO) within the Health Training Package (HLT) in the Certificate IV and the Diploma Remedial Massage qualifications. It is also included in specific modalities at more depth so as to address specific musculoskeletal and lymphatic disorders as well as in traditional Eastern sequences. Full verbal and signed written consent must be obtained from the client following a full explanation of why an anterior chest or lateral chest massage is required and what techniques will be used in any treatment session.

Clinical Indications for Anterior and Lateral Chest Massage

- Congestion and oedemas
- Education in self-examination^v
- Lymphoedema
- Myofascial, bony and muscular restrictions
- Post-cancer treatment
- Post-surgical treatment
- Trauma or damage
- Wound adhesion and scar reduction

Contraindications for Anterior and Lateral Chest Massage

Despite the great variety of applications, there are a number of factors which are contraindicated for this therapy.

- when there is an open wound
- during active radiotherapy
- in the presence of chemotherapy ports
- where there is any metastatic or systemic malignant condition
- where there is acute inflammation (caused by bacteria, viruses or foreign bodies)
- where there is any thrombosis at risk of causing an embolism
- where there is bone fracture
- client has not consented or withdraws consent
- client / therapist boundaries have not been established

Modifications to the treatment plan may be required if the following conditions, but not limited to, are presented:

- bronchial asthma
- chronic inflammation
- diabetes
- hypotension
- oedema following carcinoma treatment
- oedema caused by cardiac decompensation should not be drained manually, as this may exacerbate such decompensation
- thyroid dysfunction

It is Massage & Myotherapy Australia's position that remedial massage therapists must have further specialised training in lymphoedema management, other than the training received within the National Health Training Package (HLT)ⁱ before performing anterior and lateral chest manual lymphatic drainage (MLD) on clients who present with lymphoedema of the trunk, breast or upper limbs.

Professional Management

The therapist is required to follow certain guidelines to protect them self and their client.

As with all health care relationships, trust and rapport needs to be developed between therapist and client. This can take time and may be best achieved through open and honest discussions involving the client in their health care plan. Respectful behaviour toward the client at all times is paramount and will provide a level of comfort and security and an environment that will benefit the treatment received.

On greeting the client in the reception area and showing them to the treatment space, the entire process to be followed should be clearly explained to, and discussed with, the client prior commencement of the anterior and lateral chest massage. This includes the consultation and assessment process, the treatment session itself, the take home self-care information to collecting payment and re-booking another appointment, if required.

Communications with the client must include the possibility that a massage of the anterior and lateral chest may invoke emotional reactions or painful memories.

Written and/or verbal consent must be obtained from the client prior to treatment commencing and recorded in the client's notes.

Effective and appropriate draping is an essential component of the comfort of the client during treatment of the area.

Special consideration must be given to the client post-surgery or in the event of painful breasts. Lying prone and, at times, in side-lying may be too painful or uncomfortable for the client.

It is Massage & Myotherapy Australia's position that under no circumstance is the nipple or areola to be touched or intentionally stimulated regardless of the gender of the client.

Communication and Consent

At all times, the Client / Therapeutic Relationship boundaries must be observed.

Massage & Myotherapy Australia recommends client consent^{vii} (refer Massage & Myotherapy Australia informed consent form) be received for every treatment session.

The client will respond best to trustworthiness and common sense in the practitioner:

These qualities allow the client to form an opinion about the therapeutic relationship and context in which they are consenting to receive anterior and lateral chest massage.

The client requires time to consider anterior and lateral chest massage:

The client needs to be able to engage in dialogue with the therapist about treatment. Reluctance to discuss treatment may indicate that the client is inadequately informed^{viii}. Information materials and options within the treatment protocols should be provided for the client prior to treatment commencing so the client can make an informed decision in their treatment session.

Anterior and lateral chest massage should not proceed until good communication and client/therapist trust is established:

Both the client and the therapist need to be comfortable about the provision of treatment.

Anterior and lateral chest massage cannot automatically be included in other massage therapy protocols:

Anterior and lateral chest massage is a type of treatment which must be consented to separately and specifically. The client must clearly understand they have the right, at any time, to alter or discontinue the treatment. Consent for anterior and lateral chest massage should be renewed prior to every session and documented accordingly.

Male therapists:

Male therapists are undoubtedly more closely scrutinized for behavior and intent when working with female clients, and more so when providing anterior and lateral chest massage treatment. Being excluded from performing a massage treatment on a gender alone basis, however, is not appropriate.

If a male therapist has been selected by a female client to include anterior and lateral chest massage in the treatment session then, providing the therapist has undertaken specialised training and has qualified, has followed the outlined protocols and has obtained written informed consent from the client, the massage treatment can proceed.

If a male therapist is uncomfortable or unsure of the treatment techniques to be applied in this region, it is highly advisable to recommend the client see a suitably qualified therapist. Referral options should be made available to the client.

Therapy Guidelines

The therapist has the right not to provide treatment:

If the therapist is not comfortable with providing treatment at any time they should refuse and provide the client with referral options. This must be communicated in a manner that does not judge or shame the client.

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

In the context of anterior and lateral chest massage this should include scope of practice within the HLT Diploma/Advanced Diploma Myotherapy/Bachelor Musculoskeletal training, high levels of communication skills and therapeutic relationship skill building. It may also include advanced training in handling more emotional complex situations.

The therapist who cannot achieve best professional boundaries should not provide treatment:

The therapist must make every attempt to monitor themselves and the client for any changes within the nature of the treatment that might jeopardise the integrity of the therapeutic relationship. During the treatment, the therapist is to avoid creating an atmosphere that could be misinterpreted.

The therapist must not sexualise the anterior and lateral chest massage treatment:

The therapist must refrain from using language about breasts or making statements about the client's breasts, either sexual or anecdotal. The therapist is to avoid touching, or in any other way, stimulating the areola or nipple. The client has the right to request the treatment stop immediately where there is any indication they find the treatment arousing (physically or emotionally).

Technical Guidelines

There are conditions that require the therapist to touch breast tissue and the underlying musculature. Modalities that can be applied include Kahuna Bodywork or Lomi Lomi, lymphoedema management, MLD, and remedial techniques such as, but not limited to, myofascial release techniques (MFR), muscle energy technique (MET), positional release techniques (PRT) and trigger point therapy (TrPT).

These techniques should only be applied if the therapist has the relevant qualification in the specific modality or competently trained with the various remedial techniques. The client is entitled to request to view evidence of qualifications.

The therapist needs to be familiar with the risks, adaptation and techniques for treating clients with cancer and their considerations. It is required the client has written consent from the treating physician prior to any massage treatment commencing.

Although more rare, men can develop the benign and malignant conditions women do, so the same considerations must be applied.

Massage & Myotherapy Australia's recommendation is that in all treatment applications the nipple and areola are to be avoided

Anterior and lateral chest treatment will be most effective when it is preceded by the relaxation of surrounding muscles:

This refers to the pectoralis major and pectoralis minor muscles in particular, but may also include anterior deltoid, subscapularis, serratus anterior, latissimus dorsi, intercostals, scalenes, sternocleidomastoid (sternal), sternalis, and subclavius. These muscles can refer pain to either the anterior chest or lateral chest.

Kahuna Bodywork or Lomi Lomi

Massage therapists will have different procedures depending on how and where they are trained. Regardless of whether you have trained in Hawaiian or Balinese styles, it is important to communicate that these massage styles generally incorporate anterior chest (breast) massage. Before commencing the session, sarong and towel draping styles should be explained to the client in detail.

Lymphoedema Management

Treatment of lymphoedema requires a greater understanding and training than manual lymphatic drainage (MLD) taught in undergraduate programs. It requires the therapist to complete specialised training in lymphoedema management either through the Australian Lymphology Association (ALA) recognised training programs or directly with the providers of MLD techniques such as Vodder, Földi, Chikly or Casley-Smith.

Indications for anterior and lateral chest massage may include lymphoedema which is a complex lymphatic condition arising after some traumas or cancer treatments. Rarely, some lymphoedema presents as a primary hereditary condition but it is usually associated with lower limb lymphoedema.

Massage & Myotherapy Australia recommends that remedial massage therapists who do not have specialised training in lymphoedema management refrain from performing MLD on clients who present with lymphoedema. Massage & Myotherapy Australia recommends that you refer your client to an appropriately trained lymphoedema management therapist.

Manual Lymphatic Drainage

Manual lymphatic drainage (MLD) is a light, rhythmical form of massage intended to stimulate movement of the lymphatic fluids.

Only qualified therapists specifically trained in the technique of MLD should provide this treatment. MLD can be a very effective treatment during pregnancy, pre and post-surgery to reduce swelling in the case of breast augmentation, and in cases of mastectomy or other breast pathologies. MLD may not be indicated for the client diagnosed with cancer or an immune deficiency and a referral from their physician or oncologist should be sought prior to MLD treatment. If the client is requesting MLD then the need for, and the specifics of the treatment of the breast, should be discussed with the client. Consent from the client must precede treatment. Full details of how and where any breast tissue will be touched, how draping will be used and positioning on the table during treatment, should be provided before treatment commences.

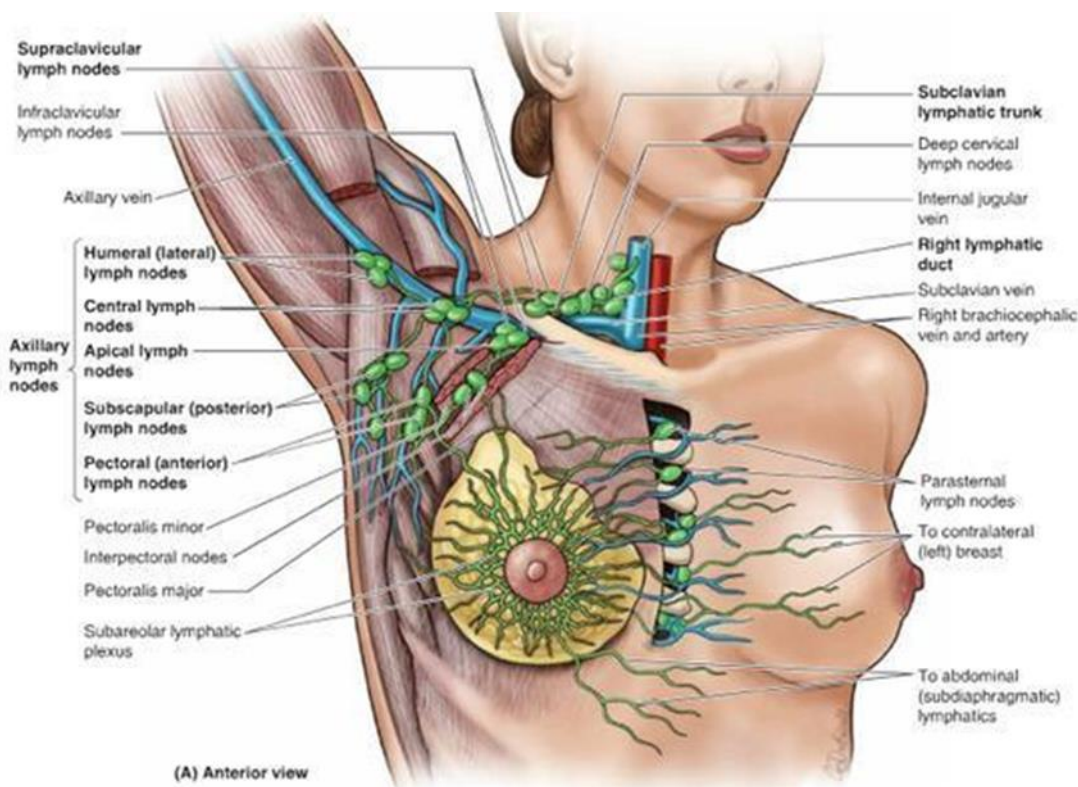


Fig 1 Lymph Nodes and Pectoralis major and minor. Source: <http://veryshareimg.com/axillary-lymph-nodes-male.html> - Image ID: 1477631796898, extracted 31 March 2016

Myofascial Release Technique

Myofascial release (MFR) is the manual massage technique used to stretch fascia and to release any adhesions that may exist between the fascia and integuments, muscles and bones. The goal is to reduce or eliminate pain, increase range of motion (ROM) and balance the body. The fascia is manipulated by gently applying sustained pressure, directly or indirectly, to an area of dysfunction or inflexibility, enabling elongation of the fascia^{ix}.

Muscle Energy Technique

Muscle energy technique (MET) is a direct, non-invasive manual therapy used to normalize joint dysfunction and increase range of movement. The primary areas of dysfunction are assessed with the affected joints positioned in such a way that gentle isometric contractions can be performed by the client.

Positional Release Techniques

Positional release techniques (PRT) as used in manual therapy settings involve the unloading of tissues. By placing tissues into a position of comfort may encourage a number of beneficial changes to emerge including reduced pain perception and reduced inflammation, greater local muscular strength, and reduced fascial stiffness^x.

Myofascial Trigger Point Therapy

Myofascial trigger point therapy (MTrPT) is used to relieve muscular pain and dysfunction through pressure applied directly to the active trigger point referring pain and through stretching exercises. The localised points are found where the muscles and connective tissue is highly sensitive to pain when compressed and refer pain to other specific areas when compression is applied.

Musculature and Fascia

Breast tissue is made up of glands, ducts and subcutaneous fat supported by ligaments, connecting skin and fascia. Varying in size and width, the breast typically extends from the second to the sixth rib and centrally through to the sternum (Fig 3), though observations demonstrate mammary tissue extending to the lower edge of the clavicle, over the sternum, upper fibres of rectus abdominis and the anterior edge of latissimus dorsi^{xi}.

The blood supply to the breast is vulnerable to compression from the musculature, and where there are shoulder and thorax dysfunctions, circulation may be impaired, as is the case for thoracic outlet syndrome (TOS). Therefore, in the treatment of many of the problems of the head, neck and shoulder regions, it may be necessary to release the structures of the anterior and lateral chest regions.

This includes the muscles that are situated beneath the breast tissue - pectoralis major and minor. Other muscles in the region that refer pain to the anterior and / or lateral chest may require treatment and include the anterior deltoid, subscapularis, serratus anterior, scalenes, sternocleidomastoid, subclavius, sternalis, intercostals (internal and external) and latissimus dorsi. The connective tissues in the region may require stretching and at times the ribs, 1-7, require mobilisation.

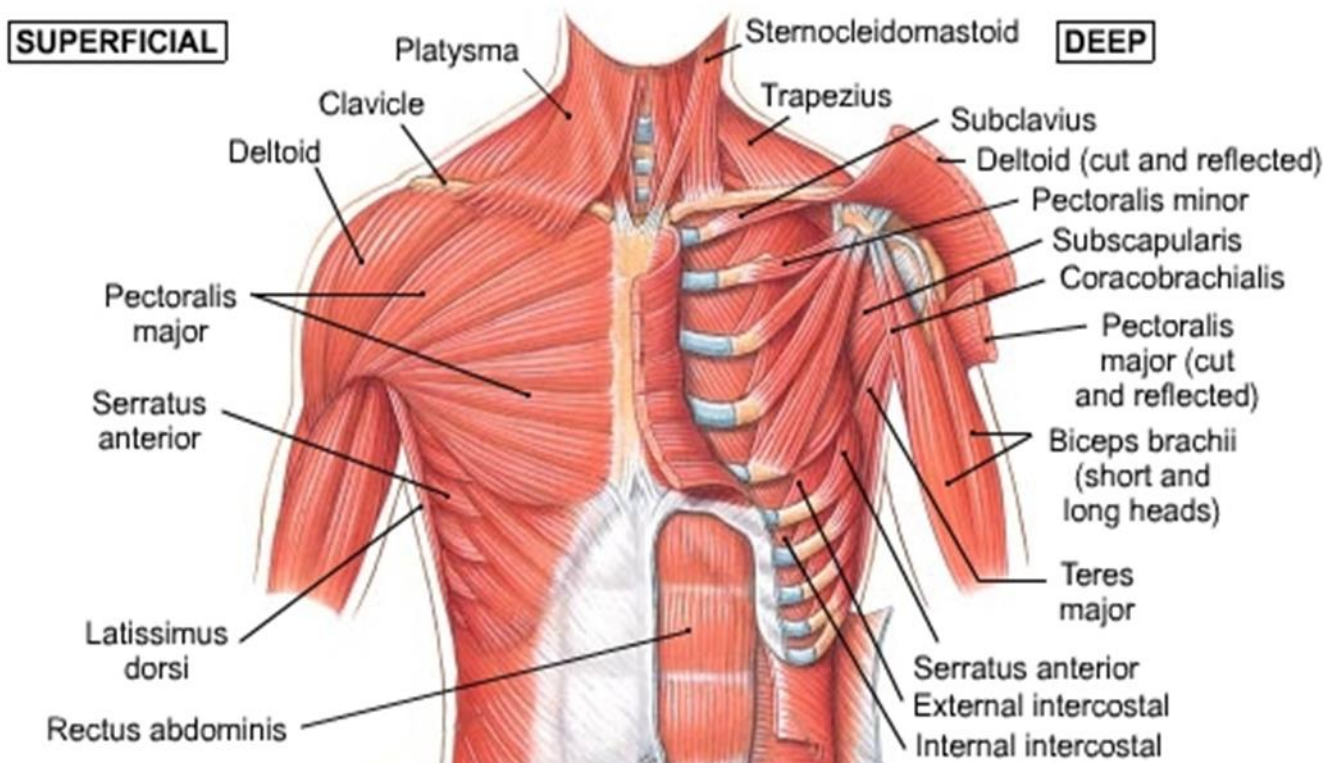


Fig 2 Musculature of the anterior and lateral chest. Source: <http://www.oustormcrowd.com>, extracted 31 March 2016

Informed Consent^{xii}

The client should be fully informed of the process of the treatment session. At every appointment, consent must be obtained from the client by signing and dating the consent area of the consent or treatment form. Each time a modification is made to the agreed treatment plan, the treatment must stop and the reason to change, or add, be explained to the client. Verbal consent from the client is practical and supported here, but the 'verbal consent' must be noted in the client's clinical notes at the completion of the session, along with details of the modification to the treatment plan.

Draping

Effective draping is an essential component for treatment of the area. Drape men and women exactly the same way^{xiii}.

Draping includes full cover of the anterior and lateral chest when not being treated. Use towels, sheets or sarong, or your client can wear a singlet or bra. Sports bras or crop tops are discouraged unless they are the only form of appropriate apparel or at the client's request, as they reduce the capacity for the therapist to treat the region effectively. At no time should both sides of the anterior chest be exposed. The appropriate use of draping to cover the other side, and to maintain warmth for the client, is important. The client may use their other hand (opposite to the treatment side) to hold the draping in place for added personal protection and a feeling of safety (Figs 3 & 4).



Fig 3 Placement of draping with client supine

Source: Biel, A: *Trail Guide to the Body*, ed 3, Boulder, 2005, Books of Discovery



Fig 4 Placement of draping with client side lying

Source: Biel, A: *Trail Guide to the Body*, ed 3, Boulder, 2005, Books of Discovery



Fig 5 Use of client's hands to depress tissue

Source: Fritz, S: *Mosby's Fundamentals of Therapeutic Massage*, ed 3, St Louis, 2003, Mosby

Other steps can be used to assist in accessing the muscles of the chest. It is advisable to have the client use their hand (opposite side of treatment) to assist in the positioning of the breast tissue during treatment. The client is requested to place their opposite hand over their breast and to depress the tissue towards the abdominal region so that the therapist may better access the underlying muscles, sternum, clavicle and ribs, if required. The therapist may place their own hands on top of the client's hand to apply compressive or traction techniques to assist in freeing up soft tissue restrictions or to assist in removal of waste products (Fig 5).

Post-Surgery

If the client has, or has had breast cancer, the massage therapist needs to be familiar with the risks, adaptations and guidelines pertaining to massage therapy for the person with cancer. Massage & Myotherapy Australia recommends therapists undertake specialised oncology massage training if your clientele includes those with cancer.

Standard post-surgical guidelines apply when treating a client who has recently had breast surgery. Therapists should be aware of the following:

Infection complicates tissue healing and can delay recovery. The therapist should exercise the usual hygienic precautions with careful consideration given to the use of lubricants around the site.

Local circulatory problems such as hematoma, thrombosis, aneurysm, ischemia, and excessive oedema should be noted as these are contraindicated to massage. Refer the client to their physician if observed.

A few days of intense *pain* following most surgical procedures can be expected. The therapist should be aware that analgesic medications may impair the client's ability to provide accurate feedback. Refer the client to their physician if excessive or unusual pain is evident.

Prolonged fatigue following surgery, especially following mastectomy, may be the result of physical and emotional reasons. Clients should be encouraged to take all the rest they need and not have the expectation of treatment timelines placed on them.

Tissue numbness following breast surgery is quite common. Your questioning at the time of consultation will determine this. Therefore, be aware that the client may not provide accurate feedback in relation to pressures and temperature. In this case, the therapist should be acutely aware of the feedback from palpation and observation of the tissues to determine an appropriate treatment^{xiv}.

The manual treatment techniques selected should ensure avoidance of early over-stressing scarring and repairing tissues^{xv}.

Recording Assessment, Treatment and Outcomes

Gathering relevant information so the therapist can best assist the client requires subjective inquiry and objective measuring. The use of a client history form enables the therapist to follow a standardised system of history taking, assessment, evaluation, and leading to a treatment protocol, it allows for critical thinking and reflective analysis of the treatment and its outcomes.

Reasons for gathering information are:

- To determine the client's need and expectations for massage
- To evaluate whether massage is appropriate for the client's condition
- To assist in what particular techniques are most appropriate for best client outcomes.
- To consider the indications and precautions for massage therapy to enable a safe and effective treatment strategy
- To promote the client to explore their physical and emotional wellbeing
- To note changes from previous sessions
- To identify any contraindications that may preclude massage therapy
- To reveal where referral to an appropriate health professional is necessary^{xvi}

Clinic notes must be accurate and written in such a way as they can be interpreted by others if required. Where client files might be subpoenaed by a court of law, the judiciary will need to make sense of what has been written. Ensure your notes are complete and reliable. Future health care plans for the client will be determined from what is written^{xvii}.

As discussion is taking place, notations can be placed alongside the relevant area on the form. This will jog your memory at the end of the session when your notes should be written up fully

and in detail – either by hand or typed into a software program. It is always a good idea to write your notes up immediately following a session so you have fresh memory of what happened and why. In putting at least 15 minutes aside following a treatment, also means you have time to freshen up the room and to personally rehydrate and restore in preparation for your next client.

Client notes must be all filed in a secure area of the clinic but easily accessible in case you need to reference a file.

Warning signs of unethical behavior

- The therapist does not display appropriate certification in Remedial Massage Therapy training (as a minimum) and MLD if treating lymphatic specific conditions
- Referral to another therapist is not suggested by the therapist where the client presents with clinical issues outside of the level of training
- A clear explanation of the need for anterior and lateral chest massage prior to obtaining consent is not provided
- Evidence-based anterior and lateral chest massage techniques addressing the clinical indications for treatment are not provided
- Therapist does not take relevant client notes
- Written informed consent from the client is not requested on each occasion of treatment
- Modification to the original treatment plan during a treatment is not discussed with the client and is not consented to by the client
- The clinic is not private or comfortable
- Draping is inappropriate during treatment
- The nipple or areola is intentionally stimulated
- Communication at any time is inappropriate
- Therapist does not withdraw from treatment at any time the client requests treatment be stopped
- Comprehensive clinical notes including assessment, treatment plan, treatment techniques used, outcomes and home care information are not included with the client notes for each session
- Client notes are not stored in a confidential manner

Complaints^{xviii}

Massage & Myotherapy Australia has in place a formal process for the public or membership to raise any complaint in relation to therapist / client inappropriateness. Massage & Myotherapy Australia has policy and guidelines in relation to anterior and lateral chest massage and where an allegation of a breach occurs, Massage & Myotherapy Australia takes the relevant action. Most allegations of this nature are referred to the police and/or the Health Care Complaints Commission (Ombudsman) or both. Health Funds are also advised of any alleged breach.

Massage & Myotherapy Australia recommends the therapist provide clients with the relevant policy and guidelines and the appropriate education leaflets or brochures to assist their understanding of the process and selected treatment modalities.

Summary

- Ensure you are adequately trained to perform anterior and lateral chest massage
- Ensure you work within your scope of practice consistent with your level of training
- Display your qualifications on your clinic wall
- Ensure the client provides written consent to receive anterior and lateral chest massage from their medical practitioner or oncologist before consultation begins
- Refer to another therapist if the client presents with clinical issues outside of your scope of practice
- Explain to the client the consultation and assessment process. Ensure they understand and agree
- Review the client's health history, including past, current and family history and discuss with the client
- Provide a clear explanation to the client of the need for anterior and lateral chest massage
- Provide a clear explanation of the risks associated and any side effects they may experience from receiving treatment
- Explain the treatment session procedures, the areas and structures of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table for and during treatment
- Ensure privacy and comfort by appropriately draping throughout treatment
- Respect and respond to the client's right to decline or withdraw from treatment at any time
- Provide well-established treatment techniques to the anterior and lateral chest which address the clinical indications for treatment
- Never touch the nipple or areola
- Obtain written informed consent from your client on each occasion of treatment
- Document and store consent with the client notes
- Document comprehensive client notes that should include your assessment and findings; treatment plan as discussed and agreed on with the client, the treatment techniques to be used, the outcomes for each session and the home care information provided each session
- File all client notes in a secure manner and in a confidential area

References

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