



**The Institute for
SOFT TISSUE THERAPISTS**

Important Safety Information for Massage and Soft Tissue Therapists

- Contraindications
- Cautions
- Red Flags
- Writing to a client's GP
- Informed Consent
- Treating Minors and Vulnerable Adults

Compiled by Mel Cash & Anna Maria Mazzieri. September 2023



Contraindications

Can be defined as conditions or circumstances that suggest or indicate that a particular intervention should not be used in the case in question.

Cautions

Can be defined as a change or adaptation of a treatment to ensure a condition is catered for.

Red Flags

Are signs and symptoms which raise suspicion of possible serious underlying conditions requiring further medical intervention.

Not all contraindications are Red Flags and not all Red Flags are contraindications.

Examples



Contraindication which is not a Red Flag:

Client comes for treatment a few hours after sustaining an acute ankle injury with all cardinal signs present.

The ankle area is contraindicated for soft tissue treatment but this is not a Red Flag.



Red Flag which is not a contraindication:

Client presents with lower back pain and a history of prostate cancer.

History of cancer with back pain is a Red Flag and the client should be told to see their GP for further investigation. But it is not a contraindication and they can receive soft tissue treatment.



Red Flag which is also a contraindication:

Client presents with lower back pain and radiating pain down one leg and also reports of having changes in bowel and bladder control.

This is a Red Flag and a contraindication.



The following tables contain information about the more common general conditions you may be presented with. This is not a definitive list because there are many other specific conditions not included here but will usually fall into similar categories regarding contraindications. Therapists should always carry out their own research using the latest available information about a client's medical condition to determine the contraindication risks as well as the best treatment approach.

Contraindications

Contraindication	Signs and Symptoms	Reasons why it is a contraindication	Type	Referral
Flu	Visual and Client's History	Cross contamination risk	Total	None unless there are other red flags present
Fever	Hot to the touch on the chest and back	Body is fighting an infection. Risk of cross infection.	Total	None unless there are other red flags present
Alcohol & Drugs	Client's behaviour	Client not able to give valid informed consent, potential danger for therapist	Total	None unless there are other red flags present
Areas of Acute, Active Inflammation	Cardinal signs of inflammation: Swelling, Heat, Redness, Pain, Reduced motion	The tissues need to start their repair process. Leave alone for at least 6 hours.	Local	None unless other red flags are present
Open Wounds	Visual, pain, client history	Risk of introducing bacteria into the system	Local	None/ Special caution with diabetic people
Fractures	Pain, swelling and lack of movement. Clients history	Bone tissue needs to repair which normally takes around 6 weeks	Local	None unless other red flags are present
Varicose Veins	Protruded veins, clients history	The walls of varicose veins are very fragile. Deep pressure can damage them. They are also a risk factor for DVT.	Local	None unless other red flags are present
Skin Diseases: Viral, Bacterial, Fungal, Unknown rashes	Visual and Client's History	Cross contamination risk, and for skin diseases there is the danger to introduce bacteria and create an infection	Local	None unless other red flags are present
Diagnosed Stress Fracture	Client's history	Working on the area will be painful	Local	None unless there are other red flags present

Cautions

Cautions	Signs & Symptoms	Reasons for the caution	Recommended action
Pregnancy	Visual, Client's history	Pregnancy is not a pathological condition; however, be aware of increased risk factors for certain conditions including DVT, pre-eclampsia. Also be very aware that some back and MSK pain may be a sign of something happening to the pregnancy	Be aware of the increased risk factors for certain conditions including DVT, Pre eclampsia. If clients presents with Lower Back pain advice to discuss the pain with their pregnancy care team (GP or/and Midwife) Position client as they are comfortable in side-line while being aware to not compromise venous return on leg and pelvic areas
Neurological Disorders (MND, Parkinson's, MS)	Client's history	Soft tissue treatment may interfere with medical care programme	Client to discuss this with their medical team
Diagnosed Cancer or within cancer treatment	Client's History	Each person responds to cancer and their treatment differently and we need to ensure our intervention doesn't contradict with medical programme	Client to discuss with the Oncology Team the intention to add our soft tissue treatment into care programme
Bleeding disorders/blood thinning medications	Client's history	Increased risk of capillaries damage and unnecessary bleeding	Apply gentle touch, avoid deep pressure, avoid compressing tissues against bony prominences, avoid tape
Diabetes	Client's History	Diabetes comes with several risk issues: decreased sensitivity in limbs due to effected neuropathy Decreased healing ability of the tissues Massage may affect blood-sugar levels in similar way to exercise.	Pay careful attention pain response and work more gently around distal limb areas.
Cold	Visual, Client's history	Cross contamination risk	Use strict hygiene and infection control procedures like wearing a mask

Red Flags

If a client comes to you for treatment for musculoskeletal pain which is accompanied by some of the signs and symptoms listed below then it should raise your suspicion that there could be a more serious underlying issue which requires further medical investigation or intervention.

Condition	Red Flag Signs	Reason for Red Flag	Risk Factors	Referral
DVT	<ul style="list-style-type: none"> • Throbbing or cramping pain in 1 leg (rarely both legs), usually in the calf or thigh but can occur in the arm or abdomen. • Swelling in 1 leg • Warm, red or darkened skin around the painful area • Swollen veins that are hard or sore when you touch them • Feeling generally unwell, lethargic or tired. 	<p>These are signs of Deep Vein Thrombosis (DVT) and if not treated urgently it can lead to Pulmonary Embolism (PE) which is a life threatening condition</p>	<ul style="list-style-type: none"> • Over 60 • Overweight • Smoking • History of DVT • Taking the contraceptive pill or HRT • Cancer or heart failure • Varicose veins • Hospitalisation – especially following surgery or prolonged immobility or confined to bed • Long journey (more than 3 hours) by plane, car or train • Pregnancy up to 6 weeks post part 	<p>Urgent GP app or call 111 with the symptoms described. If on top of these symptoms there is breathlessness and/or chest call 999 or go straight to A&E</p>
Infection	<p>Fever, Night sweats, Pain at night, Swelling, heat on a joint</p>	<p>It could be an indication that there is an infection around the body which may involve the joint/ bone.</p>	<p>People with current or past history of immunosuppressive drugs like steroids. People during cancer treatment Invasive surgery like Knee replacement</p>	<p>A&E referral due to the potential of tissue necrosis and sepsis</p>

Red Flags continued

Condition	Red Flag Signs	Reason for Red Flag	Risk Factors	Referral
Cancer	History of cancer, irrespective of how long.	Some cancers spread through metastases into bone especially the spine so a client coming with pain in the back (or other joints) who has a history of cancer needs to be investigated further.	Especially breast, lung, kidneys, prostate and thyroid	Treatment can take place but client must seek GP consultation to investigate their pain to ensure it is not connected with their history of cancer.
Night and unrelenting Pain	Pain that wakes the person up at night. Pain that doesn't change with rest or movement	Unrelenting pain at night that doesn't change with movement or rest is a red flag for different conditions including cancer, inflammatory conditions, and infectious conditions.		Treatment can take place if suitable but client must seek GP consultation to clear any red flags and ensure the source of the Pain is nothing more serious
Thoracic Pain	Thoracic pain which doesn't have a clear specific source	Thoracic pain which doesn't have a specific source should be considered a Red Flag especially if other risk factors as trauma, history of cancer and osteoporosis are present. This is because metastasis and osteoporotic fractures are distributed mainly on the thoracic vertebrae	Trauma, history of cancer and osteoporosis	Treatment should not take place and referral to GP should be made
Cauda Equina	<ul style="list-style-type: none"> • Unilateral or bilateral neural symptoms in legs • Bladder disturbance • Bowel disturbance • Reduced anal tone/ absent squeeze • Sexual disturbance 	Compression of the Cauda Equina needs to be addressed surgically within a time frame of around 48 hours to prevent long term damage to the nerve and life changing consequences	Disk herniation Bone metastatic disease on the spine	This is an immediate and urgent referral to A&E

Red Flags continued

Condition	Red Flag Signs	Reason for Red Flag	Risk Factors	Referral
Neurological Symptoms	Changes in sensation, Motor control, Bilateral pins and needles Dizziness Double vision Headaches	Neurological signs and symptoms may indicate a serious Neurological condition		Urgent referrals to GP and if life threatening call 999
Inflammatory disorders	Stiffness first thing in the morning lasting more than 30 min Pain at night, especially second part of the night.	These signs can be indicative that there is an inflammatory source to the pain	History or family history of inflammatory diseases like Rheumatoid Arthritis, Crohn's, Lupus etc.	Urgent referral to GP as they need to be referred to Rheumatology for investigation and medication
Cervical Arterial dysfunction	Neck pain with Dizziness or feeling light-headed when turning the head to the left or right	This could indicate a restriction in the cervical artery.		This is an immediate and urgent referral to A&E

Recognising Red Flags is NOT diagnosing them

Recognising Red Flags does NOT mean diagnosing them. It means you are identifying some signs which are NOT consistent with minor or chronic musculoskeletal issues and therefore you need to refer on. You must not assume the nature of the Red Flag. This is not your role but one for the medical practitioner who will investigate and then diagnose.

So you must be careful what you say to a client, and how you say it. Remember that most people who present with signs of a Red Flag turns out to be a normal musculoskeletal issue. But it is not up to us to make that differentiation, we keep our threshold of referral low and leave the medical professionals to take it forward.

When you discuss with your client the need to see the GP be mindful to mention the reason why you are referring without passing clinical judgement. Some example below:

What NOT to say: “Due to the Pain waking you up at night and not changing when you move position I think this may be rheumatoid arthritis so I need you to see the GP to be tested.”

What to say instead: “Due to the Pain waking you up at night, and not changing when you move position, I would advise you to contact your GP and discuss all the symptoms with them”

What NOT to say: “I noticed you have history of cancer and as you have come with a frozen shoulder I will refer you to the GP because in fact your frozen shoulder can be cancer coming back”

What to say instead: “Have you been to your GP already for your shoulder pain?” If they say no then “while I can certainly work with massage and movement to help the pain and range, the shoulder issues you are having must also be fully assessed by your GP.”

Writing to a client's Medical Practitioner

Medical practitioners will not give you any information without their patient's consent so it is best if their patient makes the request.

Example

Client/patient completes these details, sign and sends it to the doctor.

Therapist name (letters/title etc.), clinic name, address, contact details
 From:
Client/patient's name and date of birth
Address
 To
Doctors name
Clinic address

Dear **Dr**

I have requested to have massage (or Soft Tissue) treatment from the above named therapist to help me with:

Therapist or client: Briefly state their musculoskeletal symptoms.

Note from the therapist, ...*name*...

Evidence has shown how well massage (*or soft tissue*) therapy can help reduce musculoskeletal pain as well as the stress that is often experienced by patients suffering with medical conditions. All the soft tissue techniques I apply are inherently very safe and used within a biopsychosocial approach to care, the treatment I give could greatly benefit *patient's name*.

I understand that he/she has been diagnosed with ..*condition*.. which requires me to ask if you consider there to be any contraindications or cautions I need to be aware of in this particular case.

This is just a general example but you can go into more detail relevant to the condition

I trust that you will find this letter appropriate and in respect of your workload I attach a proforma letter which I hope you could quickly complete and forward on to the therapist *name*....

With kind regards
Sign
Date

For the doctor to complete and return to:

Therapist name, address (email),

Dear *Therapists name*

Re: *Client/patient's name and DoB*

Tick one

<input type="checkbox"/>	I can see no reason why this patient should not receive massage (or Soft Tissue) Therapy from you.
Proviso or directions (optional)	
<input type="checkbox"/>	I regret that I do not consider massage (or Soft Tissue) therapy to be beneficial to this patient at this time.
Reason (optional)	

Dr

Sign.....
 Date.....

Client's Informed Consent

Informed consent means that the client is able to consent to treatment having been presented with all necessary information and were able to consider all the options.

Even when your soft tissue treatment is clinically correct, if you have not obtained the client's consent you could be considered guilty of malpractice or even assault.

Following the initial consultation and before starting any soft tissue treatment you must:

- Explain the benefits of treatment you are aiming to achieve
- Explain the possible side-effects of treatment
- Allow the client the opportunity to ask questions
- Tell the client what area(s) of the body you intend to treat and why
- Explain what benefits you will be aiming to achieve with the treatment
- Tell them what clothing (if any) you would like them to remove.
- Never remove or adjust a client's clothing without asking their permission first.
- They must indicate that they freely consent to all this before you begin the treatment.
- During the treatment you may learn more about the client's condition and want to treat other related areas of the body but you must obtain their consent before doing so.

- When applying deep techniques which can be painful you must ask the client if this is acceptable. Encourage them to relax and take deep breaths to help them cope better with painful techniques and ask them at regular intervals to confirm that it is tolerable for them. Because some clients may have received poor quality 'brutal' sports massage in the past they may be under the false belief that massage is supposed to be extremely painful and you may have to explain that this is not correct.

We recommend to add the following paragraph to your consultation form for the client to sign and date:

"The information I have given in this form is correct to the best of my knowledge. The effects, benefits and risks associated with treatment I have been explained and I have had the opportunity to ask any questions about the process, and all of my questions have been answered to my satisfaction. I consent for treatment to take place and understand that I can withdraw my consent at any time."

Treating Minors or Vulnerable Adults

The age of consent in the UK is 16, so minors are those who are under 16 years of age.

Vulnerable adults are those who lack the ability to give consent because their mind is impaired in some way. This could be due to a severe learning disability or mental health disorder, dementia or Alzheimer, or under the influence of alcohol or drugs.

The UK law does not describe any set procedure to follow when treating minors or vulnerable adults. Instead we have to consider what is the best practice in each situation. Under the normal environment that most therapist work in we consider the following to be the best practice:

- The minor or vulnerable client must be accompanied by a third-party (chaperone).
- That person should ideally be the parent or guardian but otherwise must be a responsible adult.
- If the chaperone is not the parent or guardian, then one of them must give written consent.
- Treatment should only be given if the client appears to be freely willing to receive it.