

# PUBLIC HEALTH

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PERSONAL AND  
CLINICAL HYGIENE AND  
SANITATION CONCEPTS  
AND GUIDELINES

Use a standard hand washing procedure

Avoid wearing jewelry while working

Keep fingernails clean, short and without polish

Keep hair clean and if long, tied back

Use clean linens for each client

Treat any substance that can not be identified as unsafe

Wear a clean uniform each day

Use a pump dispenser for massage lubricant

Wear gloves when appropriate

Do not perform massage when ill or when experiencing flu like symptoms

Avoid working under the influence of alcohol or recreational drugs

Avoid massaging clients who are ill

HAND WASHING

Wash your hands thoroughly with warm water and soap

(a) immediately, if contaminated with blood or other body fluids to which universal precautions apply, or potentially contaminated articles;

(b) between clients; and

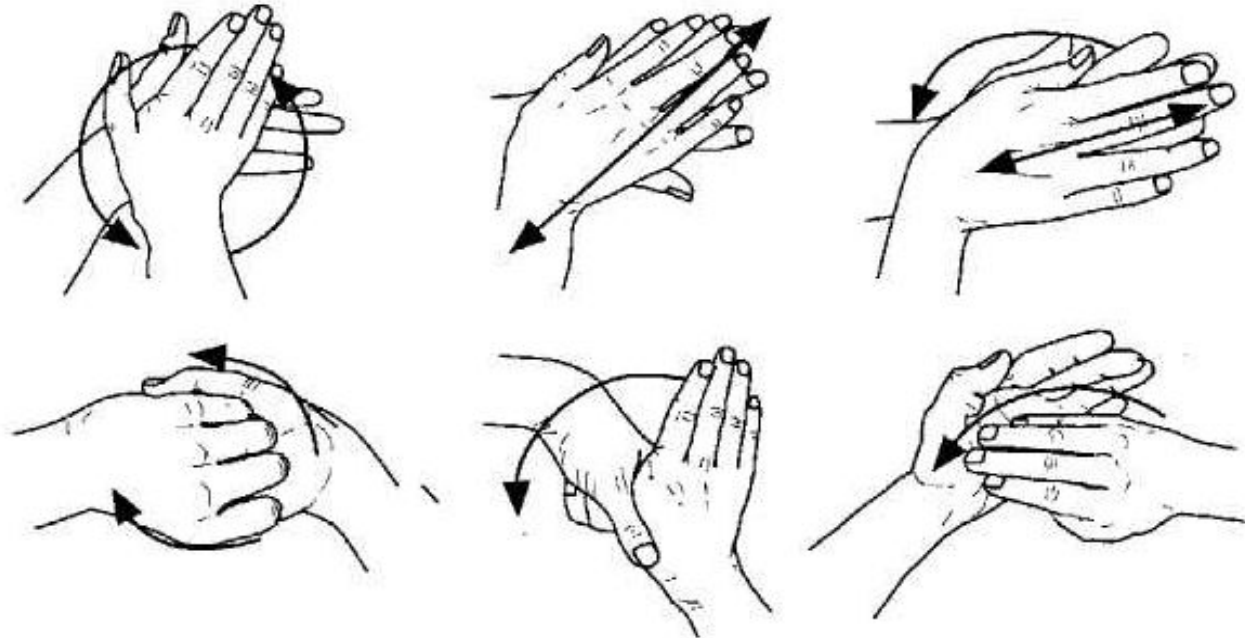
(c) immediately after gloves are removed, even if the gloves appear to be intact.

When hand washing facilities are not available, use a waterless antiseptic hand cleaner in accordance with the manufacturer's directions.

If you have an exudative lesion or weeping dermatitis, refrain from all direct client care and from handling client care equipment until the condition resolves.

THE RECOMMENDED PROCEDURE IS AS FOLLOWS:

## HAND WASHING PROCEDURE



PERSONAL  
PROTECTIVE  
EQUIPMENT

# GLOVES

Gloves are used in clinics to provide protection from chemicals and body fluids.

For this work glove choices include latex or vinyl, powdered or unpowdered, sterile or unsterile, sized or one size fits all.

Choose gloves that adequately protect from the hazard involved and meet comfort, fit, flexibility, abrasion resistance, grip, puncture resistance and tear resistance requirements for the type of manipulations performed.

For work with chemicals choose glove materials which provide an acceptable degree of resistance to permeation, review the MSDS (material data safety sheet) for the product check with the glove manufacturer, or refer to chemical permeation data tables.



# USE OF GLOVES

Inspect gloves for leakage before wearing- test rubber or synthetic gloves by inflating them

Remember that gloves do not take the place of proper hand washing, always wash your hands after removing gloves

Wash chemical protective gloves with water before removing

Practice glove removal techniques before handling infectious material- proper technique can prevent contact between the skin and the outer surface of the gloves.

Wear gloves when touching blood and body fluids containing blood, as well as when handling items or surfaces soiled with blood, as well as when handling items or surfaces soiled with blood or body fluids as mentioned above.

Wear gloves for all invasive procedures (ie. Intra oral massage)

Change gloves after client contact.

Wear gloves

- if you have cuts, scratches, or other breaks in the skin,
- in situations where hand contamination with blood may occur, e.g., with an uncooperative client

# REMOVING DISPOSABLE GLOVES

Remove the first glove by grasping it on its palmer surface just below the cuff, taking care to touch only glove to glove (figure 27-10). This keeps the soiled parts of the used gloves from touching the skin of the wrist or hand.

Pull the first glove completely off by inverting or rolling the glove inside out.

Continue to hold the inverted removed glove by the fingers of the remaining gloved hand. Place the first two fingers of the bare hand inside the cuff of the second glove (figure 27-11). Touching the outside of the second soiled glove with the bare hand is avoided.

Pull the second glove off to the fingers by turning it inside out. This pulls the first glove inside the second glove. The soiled part of the glove is folded to the inside to reduce the chance of transferring any microorganisms by direct contact.

Using the bare hand, continue to remove the gloves, which are now inside out, and dispose of them in the refuse container (figure 27-12)

Wash hands



# LAB COATS

To be worn when cleaning up clinic or after a biological or hazardous spill

Wear knee-length fully closed lab coats, snap closures are preferred over buttons for quick emergency removal

Remove lab coats, gowns or aprons when leaving the clinic

Remove protective clothing in the event of visible or suspected contamination.

# UNIVERSAL PRECAUTIONS

Universal precautions apply to blood and body fluids containing visible blood.

They also apply to body tissues and to the following specific body fluids: Vaginal secretions, seminal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid and amniotic fluid

Universal precautions do not apply to feces, urine, nasal secretions, sputum, saliva, sweat, tears, or vomit unless they contain visible blood.

# LAUNDRY

Handle soiled linen as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.

Place linen soiled with blood or body fluids in leakage resistant bags at the location where it is used.

Separate from other laundry.

# BLOOD SPILLS

Use a chemical germicide that is approved for use as a hospital disinfectant to decontaminate work surfaces after there is a spill of blood or other applicable body fluids.

In the absence of commercial germicide, a solution of sodium hypochlorite (household bleach) in a 5% dilution poured around the affected area then wiped with disposable towels.

COMMUNICATION /  
PUBLIC HEALTH  
STANDARD 5



## **Risk Identification and Management for an Outbreak of Infectious Diseases**

### **Conditions:**

Given an infectious disease has been identified as a public health risk by the Chief Medical Officer of Health in the community.

### **Task:**

Interview the client to determine their risk of exposure to the infectious diseases.

### **Standard:**

#### **Quality / Technical:**

- So that you are aware of the symptoms of the infectious disease
- So that you use a screening tool to identify clients at risk of carrying or at risk from exposure, if available
- So that you use protective barriers if the status of the client is unknown
- So that you clean the clinic area with approved antiseptic cleansers
- So that you follow any directive issued by the Province or local public health unit

#### **Quality / Interpersonal:**

- So that the client is informed of the reason for screening and precautions
- So that you provide the client with an opportunity to ask questions

### **Safety:**

- So that clients who are at risk of carrying or at risk from exposure are not treated or are treated in isolation with all surface areas of the clinic area cleansed appropriately directly after treatment to reduce spread of the disease.
- So that a client is not discriminated against if they are from an identified at risk population.

### **Timing:**

- Prior to the client entering the clinic space, if possible
- Prior to providing treatment

COMMUNICATION /  
PUBLIC HEALTH  
STANDARD 3

*Wash Your Hands and Any Skin Surface that Will/Has Come in Contact with the Client*

**Conditions:**

Given that the treatment area and the client are ready for treatment

**Task:**

Wash your hands and any skin surface that will/has come in contact with the client

**Standards:**

**Quality / Technical:**

- Ensure that soap and water or alcohol based hand sanitizer is used to clean skin surfaces by washing for a minimum of 10 seconds, including all surfaces.

**Timing:**

- Immediately before and immediately after each client treatment.

Reference: Infection Control for Regulated Professionals

COMMUNICATION /  
PUBLIC HEALTH  
STANDARD 15

Conditions:

- Given a client or a therapist with a recognizable contagious condition that might be spread by contact or inhalation during the massage therapy treatment
- Given a client who requires intra-oral treatment as part of their treatment
- Given a client or therapist with non-intact skin, or open or healing lesions that would be vulnerable in the course of providing massage therapy treatment

Task:

Perform the massage therapy treatment:

- Without spreading infection,
- While using personal protective equipment

Standard:

Quality / Interpersonal:

- So that you explain why the use of gloves, masks or suitable alternative or other barrier is necessary or recommended
- So that the client is given an opportunity to ask questions

Quality / Technical:

- So that all requirements of communicable disease control as defined by the Infection Control for Regulated Professionals document are met.
- So that the affected area on the client is avoided as much as possible
- So that the affected area of the therapist's arm, hand, and/or fingers is totally covered to prevent contact.
- So that in the case of an airborne infectious disease both the therapist and the client wear a mask before, during and after treatment.

Safety:

- So that if these options are not possible or available that the treatment be altered, terminated, or postponed.
- So that the risk of allergies has been discussed and identified

Timing:

- Before the treatment begins or as soon as the situation arises during treatment.

# ROLE OF HEALTH INSPECTORS

# STATEMENT OF PHILOSOPHY

As members of the institute we believe:

1. That we have an obligation to maintain professional competency
2. That we have an obligation to maintain the highest standards of professional conduct.
3. That we should, at all times, attempt to maintain the integrity of the profession.
4. That we should endeavor to keep the public/our employers aware of the importance of maintaining the high quality environment.
5. That all decisions made in the course of professional practice shall be based on the best available scientifically valid data.
6. That effective environmental management can only be achieved through a multi-disciplinary approach to resolving environmental issues.

# STATE OF MISSION

To advance, promote and uphold the profession of public health inspection and to ensure that the attainment of the highest professional standards of practice for its members – and in so doing – to facilitate the achievement of optimal health for all persons who live, work or visit in Ontario by promoting excellence in environmental management through education, advocacy and research.



# DUTY TO INSPECT

1. Every medical officer of health shall inspect or cause the inspection of the health unit served by him or her for the purpose of preventing, eliminating and decreasing the effects of health hazards in the health unit.
2. The duty of every medical officer of health under subsection (1) includes, but is not limited to, the duty to inspect or cause the inspection of the following:
  - a. Food premises and any food and equipment thereon or therein.
  - b. Premises used or intended for use as a boarding house or lodging house.

# DEFINING COMMUNITY AND NEIGHBORHOOD COMMUNITY SUPPORT

Definitions of the term “community” often fall into two categories

- Traditional communities
  - They encompass places like cities, towns, and villages, identifiable geographical entities
  - These communities are characterized by residences, shared living space, and some array of businesses that serve the needs of those who live here

Traditional definitions of community usually have several common components.

The first is that a community occupies a shared physical space (it has defined boundaries). We can mark these boundaries on a map and they clearly separate one community from another.

A second component of the definition is social interaction (community members interact with each other differently than they interact with people outside the community). Typically the interactions occur frequently and face-to-face.

A community’s third component is a shared sense of identity (community members often form a strong affiliation and identity with their community)

Of course for some residents, the sense of identity is stronger than for others, newcomers often do not feel the same degree of identification with a community as those who have lived there all their lives.

- Nontraditional communities
  - An example is the legal community or the social work community.
  - These communities are also known as “identificational communities”.
  - Members of these communities share common interests and may carry out some of the same functions as place communities.

# FUNCTIONS OF COMMUNITIES

# WHAT DOES A COMMUNITY DO FOR PEOPLE?

1. **The first is socialization, defined as the transmission of values, culture, beliefs, and norms to new community members.** Values are those principles a group considers important. Culture includes customs and ways of doing things. Beliefs are ideas that members assume are true, but may not be verifiable, such as a belief in a supreme being or belief that all police are biased. Norms are a community's expectations for how its members should act. Socialization occurs through laws, rules, and procedures adapted by a community's legal bodies and through other community members' comment or reactions.
2. **A second function of communities is the production, distribution, and consumption of goods and services.** All communities provide a variety of services and products consumed by residents. This includes housing, food, and perhaps banking and street maintenance.
3. **Social control is another community function.** This involves setting limits on behavior by creating and enforcing laws via police and other official bodies.
4. **Mutual support, means that community members take care of one another.** Such as, giving directions to strangers, to providing social services for identified groups of citizens.
5. **Each community provides for the participation of its residents.** This means that residents have the opportunity to interact with others through recreation, talking, church-going, and other forms of socializing.

COMMUNITY  
RESOURCE SYSTEMS

Informal resource systems include family members, co-workers, friends, neighbors, and others who provide emotional, social, or more tangible types of support.

Formal resource systems include social or fraternal organizations in which people hold memberships.

Societal resource systems are institutionalized organizations or services, such as private and public social service agencies, family service agencies, and libraries. These resource systems are established to provide specific kinds of assistance to community residents.

An important lesson in understanding your community is that learning is a continuous process.

Knowledge of a community's various resource systems is essential if you are to help individual clients or groups of clients with similar problems.

Learning about a community often requires more than simply reading a community resource directory, however, most communities have local gathering places where certain groups meet.

MENTAL HEALTH

# ANXIETY DISORDERS

Is experienced as a chronic general sense of uneasiness and fear

Usually there is a lack of clear specific cause for these emotions

Clients with this disorder tend to startle easily

Can experience chronic fatigue and headaches

Tend to be hereditary

Can also be related to minor cardiac problems

Fear tends to be specific but not necessarily rational

When this person is exposed to their fear their anxiety levels increase and anxiety disorder is triggered



# PANIC ATTACKS

Are much more abrupt and intense compared to anxiety disorder

Severe anxiety including a sense of impending disaster or death is experienced along with other symptoms including:

- Heart palpitations, tachycardia, throbbing chest pain, tightness in chest
- Shortness of breath, hyperventilation, dry mouth
- Hot flashes, chills, sweating
- Gastrointestinal disturbances, nausea, diarrhea, frequent urination
- Muscular tension leading to headache, low back pain, muscle spasms,
- General weakness and fatigue
- Sense of apprehension
- Woman, possible change in menstrual cycle

Attack may last for a few seconds to ½ hour

Frequency is variable in

These types of attacks are more common than once thought

The causes are similar to those of general stress, except for the result is a stronger physical response

# POST TRAUMATIC STRESS DISORDER (PTSD)

It is considered an anxiety disorder

It can occur after one feels physical vulnerability and then experiences a traumatic event that produces an intense emotional response

This disorder differs from others in the fact that the person has been exposed to a recognizable stressor serious enough to evoke an extreme response

Physiological trauma may or may not include physical injury

The person repeatedly experiences flashbacks to the traumatizing event

There are attempts to avoid anything that reminds them of the trauma

Other symptoms may include increased SNS firing which contributes to headaches, intestinal problems, decreased appetite, sweating, palpitations, muscle spasms, fatigue, insomnia, anxiety or depression

There can also be unpredictable outbursts of aggressive behaviour, difficulty completing tasks and problems concentrating

Duration of this disorder is variable

Those that have this condition should seek professional help

Some treatment techniques are relaxation strategies, massage, counseling, and sometimes medication

# COPING WITH STRESS

Body can respond to physical or emotional stress by actively engaging in the stress response or by passively accepting the situation

It is sometimes better for the person to ignore the situation, therefore suppressing the fight or flight instinct

Increasing ones ability to cope with stress specifically by improving the ability to relax

Lifestyle changes include decreasing stimulants, getting adequate sleep, healthy diet, regular exercise

Anticipating a potentially stressful event is useful since the person can then attempt to control the response

# STRESS AND MASSAGE

Massage has a positive impact on reducing the effects of stress on the body

Massage has been found to reduce the levels of cortisol (indicates an increase in SNS firing) and decrease a person's perceived stress and anxiety levels

It increase the person's awareness of tense areas in the body which enables the person to develop more relaxed posture and better breathing

# CONTRAINDICATIONS

Aggressive stimulating techniques

Pressure on the abdomen

# TREATMENT

<p>Induce relaxation &amp; Decrease SNS firing</p>	<p>The stress reduction massage is the base of every massage, regardless of the condition being treated</p> <ul style="list-style-type: none"><li>Treat the whole body</li><li>Minimize the movement of the client</li><li>Apply soothing rhythmical strokes to induce a relaxation state</li><li>Try to keep a pattern when treating each area ( do the same to each arm)</li><li>Predictability aids relaxation</li><li>Educate the client on diaphragmatic breathing</li></ul>
<p>Reduce pain &amp; muscle tension</p>	<p>Using deeper strokes is permitted but try to intersperse light strokes in between to maintain the relaxation focus</p> <ul style="list-style-type: none"><li>Use a less invasive way of treating trigger points</li><li>Hot hydrotherapy can be used as well</li></ul>

# SELF CARE

Educate the client on diaphragmatic breathing

Encourage stress reduction activities

Encourage exercise and stretching

Refer the client is necessary

BASIC PSYCHOLOGICAL  
CONCEPTS FOR  
MASSAGE THERAPY



# PSYCHOLOGY OF SELF ESTEEM AND CREATING VALUE

1. Instinct to be integral, to be whole in all aspects of our being and to express this wholeness.
2. Instinct to connect and relate to others. Deep seated need to love and to be loved.
3. Instinct to make a contribution to life. To make a difference and become part of a greater spiritual purpose which provides us with meaning and significance.

Many people live the greatest portion of their lives not liking themselves and not even realizing that this is the case - LACK SELF ESTEEM

Often we feel stuck or have experienced pain in life and wonder why there is not more. French Existentialist Philosopher - Jean Paul Sartre quotes - We experience other people as hell. Other people often hurt us, frustrate us, let us down and reject us. We believe that if only we could change others, change the world, things would be different. But we know in truth as "Life Streams" -creators and facilitators, the world isn't going to change, so it is up to us to become agents of change in our lives.

# WHAT IS IT ABOUT US THAT NEEDS TO BE CHANGED?

The answer is usually how we feel about ourselves.

We have to believe in ourselves, and value who we really are.

If and only if we are able to value ourselves can we make a sincere commitment to any given belief or value system.

If I believe I have no value and I am worthless, where is my incentive to keeping commitments?

Human experience tells us - it is much harder to disappoint someone we like and respect, as opposed to someone we merely tolerate or dislike.

If you value yourself, you have a fundamental investment in living up to your value system.

*I DON'T WANT TO LET ME DOWN. I COUNT WITH ME.*

With this step in place I can begin to behave ethically from a sincere foundation of commitment and responsibility.

*I STAND FOR ME – MY VALUES STAND FOR ME – COMMITMENTS I  
MAKE STAND FOR ME.*

It's important to try and internalize value as opposed to paying lip service to it and support laws and regulations, because you sincerely understand and believe in their value (CMT0), as opposed to fearing the consequences for failure to do so (punishment and retribution.)

ETHICS IS REALLY ABOUT VALUE AND VALUE

BEGINS WITH SELF!

FORMULA FOR INTEGRITY

SELF ESTEEM + COMMITMENT + RESPONSIBILITY

= VALUE

# POSITIVE SELF – TALK

Everyone has inner conversations, that little voice that chats back and forth, helping to weigh the pros and cons of an issue or decision. Can you believe up to 77% of that talk is negative. You know the talk; my slip is showing, *is my fly open, I have the wrong clothes on for this eve, what I just said sounded so stupid.* No matter the root, cause or reason, that much self-depreciation has a wearing down effect. How do we manage to carry on, all of this is a self-fulfilling prophecy for failure. For every one negative thing we say or have said, it takes four positive statements to overcome this mental flogging. The following exercise helps to balance the talk and maintain self-esteem.



Healthy people take care of themselves. The more you manage your inner self, the more you enjoy life and those around you.

Take a minute, think of an issue in your life, and ask yourself.

- Is there a better way now to take care of me?
- Is there a better way now to involve the other person?
- Is there a better way now to take care of both of us?

Identify ways you take care of you on a regular basis.

# SELF EXPRESSION

## *Each of Us Has Certain Assertive Rights*

Part of becoming assertive requires figuring out and believing that we are valuable and worthwhile people. It's easy to criticize ourselves from our mistakes and imperfections. It's easy to hold our feelings in because we're afraid that we will hurt someone else's feelings or that someone will reject us. Sometimes feelings that are held in too long will burst in an aggressive tirade.

A basic principle for self expression is that each individual is a valuable human being. Everyone, therefore, has certain basic rights. The following may be taken as some of your assertive rights.

**1. You have the right to express your ideas and opinions openly and honestly.**

Even if your opinion is in direct opposition to the majority, when expressed in a professional and respectful manner, it should be taken into consideration. Everyone has the right to be heard without fear of sarcasm, humiliation or condescension

2. *You have the right to be wrong. Everyone makes mistakes.*

No one is perfect at what they do 100% of the time. If the mistake is genuinely acknowledged, then others should realize that this was not intentional. In order to balance the picture, however, it is important to note that genuine regret for the mistake includes altering attitudes and behaviors so that the error is less likely to occur in the future. Once you have acknowledged your mistake you must forgive **YOURSELF** as well.

*3. You have the right to direct and govern your own life.  
In other words, you have the right to be responsible for  
yourself*

Every independent adult has the right to conduct their lives in the way they deem best. This is a tremendous freedom and an immense responsibility. If your convictions move you to act in a certain manner you have the right to do so and to bear the consequences of those actions, either in the positive or negative.

4. *You have the right to stand up for yourself without unwarranted anxiety and make choices that are good for you.*

This concept is linked to the first in the list. Your choices and opinions should be heard. Your actions are your right and responsibility, your choices for your life should be for your positive improvement, as you see it.

*5. You have the right to make requests or to refuse them without feeling guilty.*

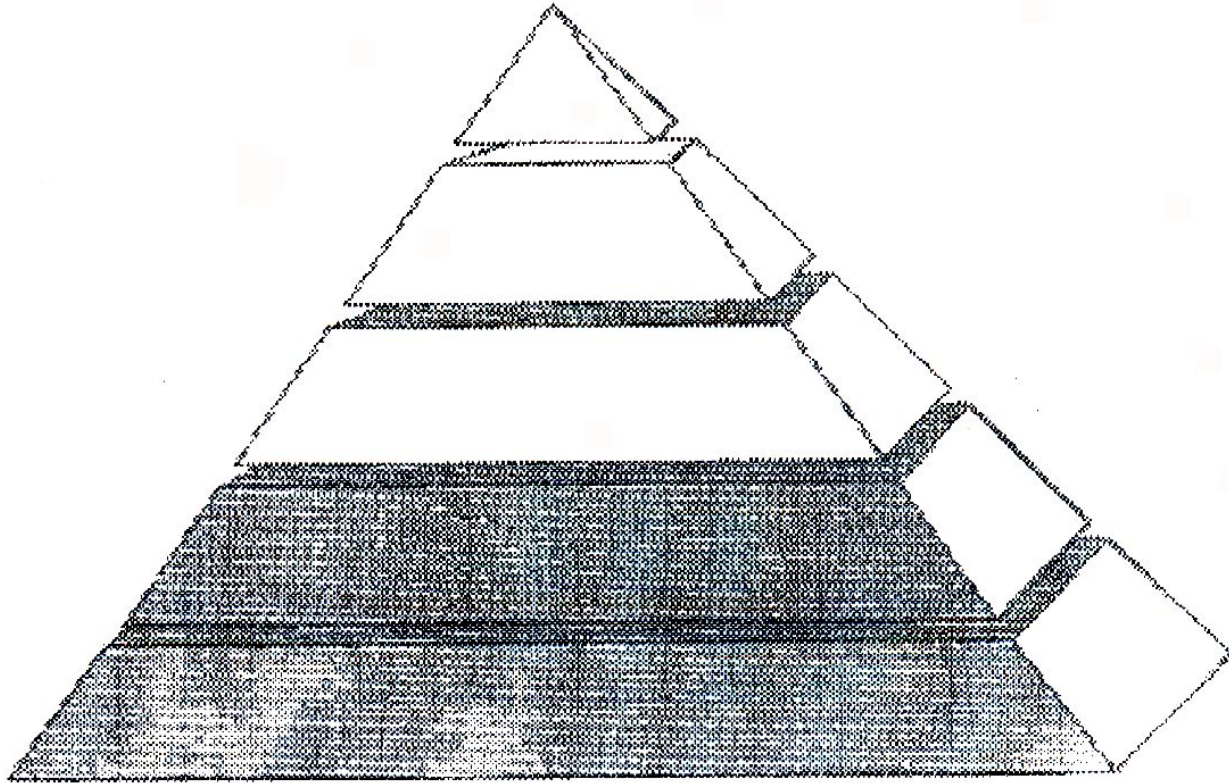
Often you will ask for help from people who may be able to assist in your activities. Others will ask the same of you. Each individual has the right to respectfully ask or refuse as a choice that seems good to them. It would be inappropriate to feel guilty for giving an answer contrary to the expected one. Likewise, it would be inappropriate to attempt to make someone else feel guilty for denying your request.

6. *You have the right to ask for information if you need it.* There are certain personal piece of information that you have the legal right to access (eg your credit rating) You also have the right to ask for information that is necessary for you to complete your job tasks, improve your life. Remember that information that you desire may also be safeguarded under new privacy regulations and hence not accessible to you. If however the information you seek is necessary and available, it should be provided to you without humiliation (Don't you know that?!) or aggression.



7. *You have the right not to exercise your assertive rights*  
This may seem like a contradiction in terms. However it links with point number 3. The choices that you make and that seem good to you at the time are your responsibility and right. If you wish to wave your rights for a cause that seems good to you, that too is your privilege and responsibility

# MASLOW'S HIERARCHY OF NEEDS



It would seem that a key ingredient to emotional and mental health is to take responsibility for your state of balance. If all is equal, there is no pathology, no psychopathology, no one else can make you happy. Only you can take care of you. This does not mean unconditionally, or at another's expense. But, it is up to each individual to take the responsibility to take care and be happy.

For example, if you see your body image as the Goodyear blimp and really want to be a Twiggy, you could be setting yourself up for repeated failure. A realistic view of body size and type and comfort level is what is healthier both physically and mentally.

OR

Setting very high goals, only getting A+, considering work pressures, family commitments, full school load, social life, community involvement, can set you up to fail. Somewhere between an A and a C would maybe make life more liveable for you and everyone around you. It is necessary to set goals, but they need to be achievable and realistic. You need short-term ones and long-term ones.

There is a need to identify who you are and come to like that person.

PSYCHOLOGICAL  
DISORDERS AFFECTING  
MASSAGE THERAPY

# MOOD DISORDERS

A number of clients may present with a mood disorder. Mood disorders are a category of the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – current edition) which involve disturbances in mood that do not seem to be a reasonable response to circumstances. These disorders include;

a) **Major depressive disorder** in which the person is extremely sad and discouraged and displays a marked loss of pleasure from usual activities. Clinically depressed people often have severe problems sleeping and experience weight loss and lack of energy. Individuals with depression often report a negative belief (cognitive) triad of thoughts about the future, the world around them and themselves. They tend to see themselves as worthless, helpless to change the events in their lives and hopeless about the future. Other thinking errors are over-generalization, all or nothing thinking and arbitrary inference (drawing a conclusion on the basis of skimpy evidence – He did not smile at me, therefore he dislikes me.



b) **Mania** - which is a condition in which a person seems extremely elated, more active and in less need of sleep, and displays flights of somewhat disconnected ideas, grandiosity (an illusion of personal importance that can lead to inappropriate behavior) and impairment in functioning.

c) Severity of mood disorders can vary in **bipolar** conditions both depression and mania are exhibited.

# ANXIETY DISORDERS

Anxiety is the predominant disturbance in this group of disorders. Individuals who suffer from an anxiety disorder may experience excessive fear, worry or apprehension.

- A person can have a fear of a specific object or situation, called a *phobia*, which usually leads to avoidance of the feared stimulus.
- In other anxiety disorders people may not be aware of the reasons for their extreme feelings of anxiety or they may exhibit *obsessions* (recurrent, intense thoughts ) or *compulsions* (strongly repetitive behaviors), which when not performed, cause overwhelming distress.
- Individuals may also experience a lingering anxiety reaction to extraordinarily traumatic events -*acute stress disorder and post traumatic stress disorder*.

Individuals with anxiety disorders may have episodes of high negative behaviors (affect) associated with a sense of uncontrollability and a shift in attention to a focus primarily on the self or a state of self-preoccupation. The sense of uncontrollability is focused on future threat, danger or other negative events. Some individuals may have their condition escalate into a panic attack. This is defined as a period of intense fear or discomfort accompanied by shaking, chest pain, fear of dying or going crazy or losing control.

# DEMENTIA

Dementia, a deterioration of mental capacities, is typically irreversible, and is usually associated with Alzheimer's disease, stroke, several other medical conditions, and substance abuse.

It presents as a loss of ability to remember, think and / or reason.

# SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

- These disorders constitute some of the earliest recognized by mental health workers.
- The disorders known as *schizophrenia* are marked by severe debilitation in thinking and perception.
- People with schizophrenia suffer from a state of *psychosis* or a loose contact with reality.
- They often lose the ability to care for themselves, relate to others, and function at work.
- Speech may be incoherent, and the person often suffers from *delusions* such as believing that someone has placed thoughts in his or her head, *hallucinations*, such as hearing voices, *loose associations*, (unconnected pieces of thought ) and *inappropriate behaviors* such as giggling when discussing sad events like someone's illness or death.
- Essentially people in a psychotic state have lost contact with the world and with others.

# BENEFITS OF MASSAGE ON MENTAL HEALTH

Medical school students (*at the University of Medicine and Dentistry of New Jersey–New Jersey Medical School*) who were massaged before an exam showed a significant decrease in anxiety and respiratory rates, as well as a significant increase in white blood cells and natural killer cell activity, suggesting a benefit to the immune system.

Preliminary results suggested cancer patients had less pain and anxiety after receiving therapeutic massage (*at the James Cancer Hospital and Research Institute in Columbus, Ohio.*)

Women who had experienced the recent death of a child were less depressed after receiving therapeutic massage, (*according to preliminary results of a study at the University of South Carolina.*)

(*Studies funded by the National Institutes of Health (NIH) have found*) massage beneficial in improving weight gain in HIV-exposed infants and facilitating recovery in patients who underwent abdominal surgery.

(*At the University of Miami School of Medicine's Touch Research Institute*), researchers have found that massage is helpful in decreasing blood pressure in people with hypertension, alleviating pain in migraine sufferers and improving alertness and performance in office workers.

An increasing number of research studies show massage reduces heart rate, lowers blood pressure, increases blood circulation and lymph flow, relaxes muscles, improves range of motion, and increases endorphins (enhancing medical treatment).

Although therapeutic massage does not increase muscle strength, it can stimulate weak, inactive muscles and, thus, partially compensate for the lack of exercise and inactivity resulting from illness or injury. It also can hasten and lead to a more complete recovery from exercise or injury.

Office workers massaged regularly were more alert, performed better and were less stressed than those who weren't massaged.

Massage therapy decreased the effects of anxiety, tension, depression, pain, and itching in burn patients.

Abdominal surgery patients recovered more quickly after massage.

Premature infants who were massaged gained more weight and fared better than those who weren't.

Autistic children showed less erratic behavior after massage therapy.



TEST 3 NEXT CLASS

PHIA AND Mental Health