

# ATMS POLICY

## Lymphatic Drainage Policy

### Preamble

It is considered unethical and a breach of codes of conduct to touch breast tissue and the underlying structures unless appropriately trained (see ATMS Breast Tissue Policy). (Note that it is considered unethical and a breach of codes of conduct to touch the genitals and surrounding areas.) Appropriate training would normally comprise post-graduate training in manual lymphatic drainage, decongestive therapy lymphedema management or equivalent.

ATMS acknowledge that many massage therapists have an effect on lymphatic drainage in the course of their remedial massage treatments. This policy is not intended to prohibit the usual practice of remedial massage, but rather to delineate differences in the scopes of practice between those with remedial massage qualifications and those with appropriate training in the specialist areas of manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent.

### *Touching breast tissue*

It is essential that lymphatic drainage therapists fully understand that massaging, palpating or touching the chest area and surrounding tissues can be complex ethically and legally for the healthcare practitioners and emotionally challenging for the client. A high level of awareness and sound critical decision making is required before massaging, palpating or touching (in any form or using any therapy) the area of the chest and surrounding tissues, including:

- Breast Tissue and underlying structures
- Areas surrounding breast tissue
- Mammary glands
- Chest/anterior or lateral wall
- Rib cage /intercostal muscles
- Anterior thoracic spine
- Pectoralis minor and major
- Clavicle
- Sternum
- Xiphoid process/diaphragm
- Serratus anterior
- Upper rectus abdominis
- Latissimus dorsi

### *Codes of Conduct*

ATMS members must at all times adhere to the ATMS Code of Conduct, the government legislated Code of Conduct for Unregistered Practitioners and if in a registered profession the relevant AHPRA Board Code of Conduct. The ATMS Code of Conduct, the ATMS Lymphatic Drainage and the ATMS Breast Tissue Policy are to be read, understood and adhered to by all ATMS members (i.e. accredited and life members, student members and associate members).

### *Legal Penalties*

Legal penalties for inappropriate touching or treatment of any kind to breast tissue, or genitals or surrounding areas can be severe, leading to imprisonment, financial penalties and/or clinical practice prohibition and membership removal or suspension from ATMS. Inappropriate touching of breast tissue, genitals or surrounding areas with or without informed consent may be seen as sexual touching and/or sexual assault by the police and the legal system. Legal matters are outside the jurisdiction of ATMS. Such cases are generally handled by the Health Care Complaints Commission (HCCC), relevant state authorities and/or the police. Most complainants making such allegations formally to ATMS are referred to the police or HCCC and the matter is monitored by ATMS.

### *Breast tissue and surrounding areas*

Breast tissue comprises of glands, ducts and subcutaneous fat supported by connecting skin, fascia and ligaments. The breast area varies in size, width and weight but typically extends from the second to the six rib and centrally through to the sternum. Mammary tissue may also extend to the lower edge of the clavicle and over the sternum, the upper area of the rectus abdominis and the anterior edge of the latissimus dorsi. Blood and lymph supply to breast tissue is vulnerable to manual compression. In cases of shoulder and thorax dysfunction circulation may be inhibited, as can be the case in thoracic outlet syndrome. In the treatment of a number of conditions affecting the chest, shoulders, neck and head it may be necessary to treat structures of the anterior and lateral chest regions, including musculature under the breast tissue and pectoralis major and minor. Any massage, palpation or touching in these areas or other surrounding tissues by appropriately qualified healthcare practitioner must adhere to the ATMS Lymphatic Drainage Policy.

### *Client Consent*

ATMS members who are accredited in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent are required to gain informed consent from their clients before commencing treatment and during treatment, as consent is an ongoing process that needs to be managed by the healthcare practitioner and adequately recorded. When clients require treatment of the chest area and surrounding tissues it is highly recommended that healthcare practitioners explain in detail to the client how the treatment is to be applied before seeking their consent. Written client consent is always preferred when working near such sensitive areas, however for clients requiring treatment of breast tissue or underlying structures written client consent is highly recommended as is a doctor's referral before commencing treatment. Healthcare practitioners must advise clients to inform them immediately if they feel uncomfortable with the

treatment, at which time the treatment should cease. The healthcare practitioner and the client can then discuss how to proceed with treatment. It must be fully understood that clients have the right to withdraw consent at any stage without given reason, which must be respected by the healthcare practitioner and again recorded in clinical notes.

*Scope of Practice /Qualifications /Referral*

It is essential that all healthcare practitioners treat clients within their scope of practice. Scope of practice refers to actions, procedures and techniques that a healthcare practitioner is permitted to perform as a result of their professional level of training. Note that government health training package courses for massage do not include breast massage as part of the scope of practice. A government Health Training Package Remedial massage qualification would not include in its competencies massage to breast tissue or underlying structure treatment, however postgraduate courses in manual lymphatic drainage, decongestive therapy, lymphedema management, myotherapy or equivalent may. Some massage courses in Australia before 2002 included breast tissue massage. However, these courses are now superseded and for massage therapists holding these qualifications it is considered unethical to massage breast tissue unless that have undertaken appropriate training in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent. It is considered that lymphatic drainage is within the scope of practice of ATMS members who hold ATMS accreditation in this modality.

*Therapeutic relationship/ Professional boundaries/Intent*

Healthcare practitioners need to make a clear distinction between personal and therapeutic relationships. Healthcare practitioners treat clients with the ethical intent to therapeutically assist them to recover from a condition or injury and to promote health. On the other hand, in personal and sexual relationships the breast tissue and surrounding areas are associated with intimate physical contact. Professional boundaries incorporate presentation, attitude, intent and treatment procedures and it should be entirely clear that the healthcare practitioner is building a sound professional therapeutic relationship that provides safety and a sense of trust for the client. Inadequate attention to these important parts of professional boundary setting, inadequate draping and/or failure to obtain informed consent may give the impression to the client that they are not respected, that the treatment is invasive and that their personal boundaries are being violated. There have been numerous cases where massage, palpation or touching of breast tissue and surrounding areas and/or inadequate draping has led to allegations of sexual touching or sexual assault. Sexual touching and sexual assault are serious complaints and considered criminal offenses. Healthcare practitioners have been prohibited from practicing by courts and the HCCC and have received jail sentences when found guilty of sexual touching or sexual assault.

The intent of an ethical practitioner is to uphold the therapeutic relationship at all times and avoid having their own personal needs met at the expense of the client. Healthcare practitioners may perceive a sense of power in the therapeutic relationship and all care needs to be taken to manage this sense by upholding and demonstrating professional boundaries.

**ATMS Policy**

*This policy needs to be read in conjunction with the preamble and is intended for ATMS members who are accredited in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent.*

1. ATMS members who are accredited in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent need to treat clients within their scope of practice at all times and at the level of their training and qualification. Healthcare practitioners treating clients out of their scope of practice and level of training may be in breach of the ATMS Code of conduct leading to membership removal or suspension. Only those healthcare practitioners with appropriate training are permitted to touch the breast tissue area of a male or female client and they must be able to therapeutically justify why any such treatment in the breast tissue area has been performed. This would include providing clinical reasoning to justify the choice of treatment.

Clinical indications for treating breast tissue by an appropriately qualified healthcare practitioner may include:

**A. Post-surgery, when a client has undergone**

- Mastectomy
- Breast reconstruction, reduction or augmentation
- Lumpectomy

**B. Clients with cancer**

- When a client with breast cancer feels discomfort during a cancer treatment or during rehabilitation of the treatment for cancer

**C. Scarring or adhesions causing pain, discomfort and or restriction**

- Surgeries indicated above
- Cancer treatment
- Burns or any other type of injury or accident to breast tissue area

**D. Lymphatic system interruption**

- Swelling of breast tissue and surrounding area
- Surgeries indicated above
- Cancer treatment
- Fibrocystic breast conditions
- Primary or congenital lymphedema

2. Informed consent is required before touching the chest, breast tissue and or surrounding areas. Ongoing informed consent is required during any single treatment when touching or making contact with sensitive areas that may make the client feel uncomfortable or vulnerable. Written

informed consent is preferred and must be adequately recorded for all treatments (i.e. the initial treatment and all subsequent treatments). Healthcare practitioners must be aware that the client has the right to withdraw consent at any time. Withdrawal of consent from a client determines that the treatment must cease immediately. Should this situation arise the healthcare practitioner must discuss with the client their preferred treatment approach and whether the treatment should continue.

3. Clients must be adequately draped at all times. In all treatments, only the part of the client's body that is being treated is exposed and only for the time the area is being treated. The client should be re-draped immediately after treatment to a particular area is completed. Draping during treatment provides the client with a sense of privacy, safety and respect. When a healthcare practitioner is treating the chest or breast tissue the draping procedure (either anteriorly or laterally draping) should be recorded in the client's clinic notes. Informed consent is an essential ongoing requirement for draping and should occur at every treatment, even with clients of long standing. This is particularly important when treating the anterior and lateral chest wall.

Male and female clients should be given the same considerations and draped in the same manner. At no time should the client's anterior chest area or breast tissue be uncovered unless an area is being directly treated. At no time should both sides of the anterior chest or breast tissue be exposed or undraped.

With the client supine, drape a folded towel or sheet across the breast area. The client may hold the draping in place or prefer to have the draping tucked under the sides of their body. Female clients should always be advised to leave their bra on if they prefer. Giving the client this option should be noted in the client's clinical notes.

With the client in a side-lying position the same draping should apply, ensuring that the breast tissue area is fully covered at all times, including when treating the posterior aspect of the rib cage or latissimus dorsi. Advise the client to hold the draping in place. The client may be asked to place their opposite hand over their breast and depress the breast inferiorly to allow the healthcare practitioner better access to the sternum and ribs if required.