

Protocol for Hand Massage

Definition of Terms:

Stroking: A massage stroke that glides over the skin without attempting to move the deep muscle masses. The therapist hand is molded to the part, moving with firm and even pressure, usually upward. The purpose is to disperse lubricant, offer a passive stretch to the tissue and soothe.

Kneading: A massage stroke that attempts to move a muscle mass gently. The tissue is pressed and rolled under the therapist's hands.

Friction: A massage stroke that permits deeper work with the tissue. It is performed by small circular movements with the tips of the fingers, the thumb or heel of the hand according to the area covered. Friction occurs when the fingers move the tissue under the skin, not the skin itself.

Phalanx (phalangeal): The bones of the fingers.

Thenar eminence: The bulge at the base of the thumb.

Metacarpal phalangeal: The bones in the body of the hand between the fingers and the wrist.

Protocol: In the following protocol, all strokes are repeated three times. Each hand is gently massaged for 5-8 minutes.

Greet the client and establish a therapeutic rapport. Place the client in a comfortable position with the forearm and hand easily accessible to the therapist. Explain the procedure to the client and clarify any questions or concerns. Hold the client's hand between your hands to establish contact. Request that the client report any sensations that are not comfortable to him/her as you massage the hand.

Place the client's forearm and hand in a palm up position with thumb abducted. The therapist collects a small amount of lubricant in his/her hand and rubs the hands together to disperse and warm the lubricant. The lubricant is then evenly applied to the palm and dorsal surfaces of the client's hand.

The therapist's dominant hand supports the client's hand. The non-dominant hand grasps the radial half or the thumb side of the hand at the palm near the fingers. Using the thumb, the therapist strokes up the midline of the palm around the base of the thumb (the thenar eminence) to the wrist. The fingers pass up the midline of the dorsal surface of the hand to join the thumb at the wrist with a squeeze-out movement. Repeat this movement across the

entire surface of the palm. Each time the hand returns with a superficial stroke over the hand surface.

The therapist uses the thumbs to knead the same area where stroking took place. Small circular movements of the thumbs over the tissue produces the kneading effect on the muscles. Reposition hands to have the therapists non-dominant hand support the client's hand. The dominant hand grasps the ulnar half (the little finger side) of the patient's hand at the metacarpophalangeal joint line, where the fingers join the palm. The thumb then passes up the midline of the palm around the hypothenar eminence (the fifth or little finger edge of the hand) to the wrist. The fingers pass up the midline of the dorsal surface of the hand to meet the thumb at the wrist with a gentle, squeezing, kneading movement. The hand returns with a superficial stroke. Repeat over the entire surface of the hand.

Support the client's hand in the therapist's dominant hand while the thumb of the non-dominant hand strokes over the each of the following areas: the thumb edge (thenar eminence) from the first metacarpophalangeal joint to the wrist; the interosseous and lumbrical muscles (the muscles of the palm of the hand) from the metacarpophalangeal joints to the wrist; and the fifth finger edge (hypothenar eminence), from the fifth metacarpophalangeal joint to the wrist. The thumb returns with a superficial stroke after each movement. Repeat over the entire surface of the hand. Pressure is gentle and adjusted to the comfort of the client.

The thumb pad is kneaded in small circles over the same areas and in the same order as indicated earlier, returning each time with a superficial stroke.

The entire palm surface of the hand is massaged with light, circular strokes. Before massaging the dorsal surface of the hand, stroke lightly with several long motions toward the heart.

Dorsal Surface:

Turn the client's hand palm down. In effect, the therapist will be stroking in the spaces between the metacarpals, with pressure directed toward the tissue forming the spaces between the bones in the back of the hand.

The client's hand is supported by the therapist's non-dominant hand. The thumb of the dominant hand strokes over the ulnar side of the first metacarpal, the little finger, just proximal to the intraphalangeal joint, continuing to the wrist. The thumb pad then returns with a superficial stroke along the radial side of the second metacarpal to the first joint; it strokes over the same area to the wrist. This repeated over the entire posterior surface of the hand.

Supporting the hand massage all surfaces of each finger and the thumb, starting at the point where the finger connects to the palm and move towards the tip of the finger. Pressure should be gentle to avoid any unnecessary pressure on the finger joints.

Finish the massage by stroking the surface of the hand, wrist to fingertip with a feather-like stroke three times. Tell the client you are moving to the other hand and repeat the entire procedure on the opposite hand. Gently break physical contact with the client, using long gentle strokes toward the head, and reposition the hand in a comfortable position.

This protocol can be found in the following articles:

Kolcaba, K., Schirm, V. & Steiner, R. (in press). Effects of Hand Massage on Comfort of Nursing Home Residents. Geriatric Nursing.

Kolcaba, K., Dowd, T., Steiner, R. & Mitzel, A. (2004). Efficacy of hand massage for enhancing comfort of Hospice Patients. Journal of Hospice and Palliative Care, 6(2), 91-101.