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From: Michelle Campbell <michellejcampbell@gmail.com>
Sent: Friday, October 18, 2024 1:45 PM
To: Nevada Board of Massage Therapists
Subject: NAC 640C-340

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October 18, 2024

To Whom it may concern,

I am writing due to concern about the changes taking place to the Massage Therapy State Regulations in Nevada, specifically NRS 640C-340. My name is Michelle Campbell, I am a Physical Therapist here in Nevada and have been treating oncology patients, primarily patients with breast cancer, for the past 17 years. I am also a Certified Lymphatic Therapist (CLT) through the Dr. Vodder School International.

In my practice and training it is imperative to treat the skin of the breast tissue, mastectomy site, and/or reconstructed breast tissue when working with individuals who have gone through breast cancer treatments. Manual lymph drainage (MLD) which is a skin stretching technique is vital for these patients for post-surgical recovery, especially those with lymphedema and can not be performed through a drape. Lymphedema is a chronic lifelong condition that needs daily work and maintenance. Other impairments of scar tissue adhesions, radiation fibrosis, myofascial restrictions and daily functional limitations also affect breast cancer patients for the rest of their lives. While physical therapy is excellent for these patients it is often limited by the number of visits per insurance policies and not structured to treat patients for the rest of their lives. That is where massage therapy is a vital part of continued emotional and physical healing aiding in the recovery of these patients and enhancing their ability to perform activities of daily living and improve their quality of life. I frequently refer patients to massage therapy as a transition from physical therapy and as an option for continued treatment for years to come.

Massage therapists who perform breast and post-mastectomy massage are trained specifically in this work and adhere to strict medical and ethical guidelines. It is imperative that they have the ability to treat the undraped breast/post mastectomy tissue to provide the service needed. Having Informed Consent for the clients allows individuals to make personal health decisions in their recovery process and provides autonomy. Taking away the ability to treat an undraped breast/reconstructed breast/mastectomy site will lead to further impairments with this patient population.

I propose that Massage Therapists with the appropriate training or certification in lymphedema management, along with an informed consent signed by the client be allowed to continue to treat an undraped breast to provide this much needed service to cancer survivors.

Thank you for your time and consideration,

Michelle Campbell PT, DPT, CLT