

ATMS POLICY

Breast Tissue Policy

Preamble

Healthcare practitioners are required to make sound clinical decisions regarding the appropriateness of treating the following areas with massage and or another physical therapy based on the client's condition and presentation. Note that it is considered unethical and a breach of codes of conduct to touch the genitals and surrounding areas. It is considered unethical and a breach of codes of conduct to touch breast tissue and the underlying structures unless appropriately trained*.

**Appropriate training for a healthcare practitioner to treat breast is usually a post-graduate qualification in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent (see ATMS Lymphatic Drainage Policy).*

Scope of practice

It is essential that 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. Healthcare practitioners must understand that without appropriate training in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent, they are prohibited from massaging, palpating or touching breast tissue. A high level of awareness and critical decision making is required before massaging, palpating or touching (in any form or using any therapy) on areas 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

Note that a government Health Training Package Remedial Massage qualification does not include in its competencies massage to breast tissue or underlying structures. Some massage courses in Australia before 2002 included breast tissue massage. However, these courses are now superseded, and it is considered unethical to massage breast tissue regardless of prior massage training. Only those with appropriate qualifications* are permitted to massage breast tissue (see ATMS Lymphatic Drainage Policy). Massage may be beneficial for post breast cancer surgical clients; however it is beyond the scope of the majority of ATMS members. Clients who have had or currently have breast cancer should be referred to an appropriately trained specialist practitioner for treatment.

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 practicing as a registered health professional, the relevant AHPRA Board Code of Conduct. The ATMS Code of Conduct 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 other sensitive body areas can be severe, leading to imprisonment, financial penalties and/or clinical practice prohibition and membership removal or suspension from ATMS. Inappropriate touching 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 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 pectoralis major and minor. For example, some cases of shoulder and thorax dysfunction may cause circulation may be inhibited, as can be the case in thoracic outlet syndrome.

Client Consent

Healthcare practitioners are required to gain informed consent from their clients before and during treatment, as consent is an ongoing process that needs to be managed by the therapist 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. Clients requiring treatment of breast tissue or underlying structures must be referred to an appropriately qualified healthcare practitioner (i.e. a therapist with appropriate training* in manual lymphatic drainage, decongestive therapy, lymphedema management or equivalent). Healthcare practitioners must advise clients to inform them immediately if they feel uncomfortable with their 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 giving reason, which must be respected by the healthcare practitioner and again recorded in clinical notes.

Therapeutic relationship/ Professional boundaries/Intent

All 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 practising by courts and the HCCC and have received jail sentences when found guilty of sexual touching or sexual assault.

The intent of an ethical healthcare 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. If a client requests that a healthcare practitioner massage or physically touch breast tissue, and they are not appropriately trained* to do so, it is the healthcare practitioner's responsibility to maintain a professional boundary and discuss with the client what treatment they can provide or refer the client to an appropriately qualified* healthcare practitioner.

ATMS Policy

This policy needs to be read in conjunction with the preamble.

1. It is considered unethical and a breach of codes of conduct to touch breast tissue and the underlying structures unless appropriately trained*. The healthcare practitioner's hands or other body part, hot and cold packs and or electrical and non-electrical devices should **not** make contact with a male or female client's mammary glands, nipples or areola. To do so is a breach of the ATMS Code of conduct, potentially illegal and may lead to membership removal or suspension from the ATMS. In the case of a complaint evidence of training specific to treating breast tissue will be required.
2. Healthcare practitioners need to treat clients within their scope of practice at all times and at the level of their training and qualification. Healthcare practitioners must not treat or touch the breast tissue area of a male or female client unless they have appropriate training* and 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. Healthcare practitioners treating clients out of their scope of practice and level of training will be in breach of the ATMS Code of conduct leading to membership removal or suspension.
3. Healthcare practitioners must gain informed consent from the client before treating areas that may be considered sensitive by the client, by the industry and by the community. Ongoing consent is required during each treatment and subsequent treatments when treating areas surrounding the breasts. 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.
4. 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 area, the draping procedure (either anteriorly or laterally) 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.

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.