

## *Louisiana State Board of Nursing*

### **DECLARATORY STATEMENT REGARDING THE ROLE AND SCOPE OF PRACTICE OF REGISTERED NURSES PERFORMING HOLISTIC NURSING PRACTICE AND COMPLEMENTARY THERAPIES**

Pursuant to questions posed to the Louisiana State Board of Nursing (Board) relative to the role of registered nurses performing complementary and touch therapies, the Board established a Focus Group in May, 1998 to study the science and art of touch therapies as it relates to the Law Governing the Practice of Nursing and the Board's rules and regulations.

#### Authority

Pursuant to L.R.S. 49:963 and LAC 46:XLVII.3321, the Board is authorized to issue declaratory statements in response to requests for clarification of the effect of rules and regulation or L.R.S. 37:911 et seq. as re-enacted and amended, 1997.

#### Process

The Focus Group on the Role and Scope of Practice of Registered Nurses Performing Touch Therapies convened on October 19, 1998, January 4, 1999, April 6, 1999, and July 19, 1999 to: identify the parameters of touch therapies relative to nursing practice and the nursing process; review the literature relative to holistic nursing practice, specifically complementary and touch therapies; review of the Board's previous opinions and the rules and regulations of other disciplines such as Massage Therapist and Chiropractors relative to scope of practice.

The Law Governing the Practice of Nursing requires registered nurses to practice within the scope appropriate to the individual's educational level, knowledge, skills, and abilities and allows for registered nurses to perform additional acts which are recognized within standards of nursing practice and which are authorized by the Board. For example, the Board has recognized that acupuncture, moxibustion, hypnosis and massage therapy are within the registered nurse's scope of practice. Pursuant to the Law, R.S. 37:3553 as amended in the 1997 legislative act, if the registered nurse uses the title "Massage Therapist", the said registered nurse must hold a current massage therapy license.

The literature documents as early as 1815 that massage therapy was established as an integral part of health care (Claire, 1995). The Art of Massage, A Practical Manual for the Nurse, the Student and the Practitioner written by John Harvey Kellogg, M.D. was published in 1895. With the advent of antibiotics, massage as medical therapeutic modality gradually declined; however, nursing incorporated "touch" as a practice to convey caring and understanding in the mid-1960s. The 1970s rekindlement of the human potential movement and the pioneering work of Delores Krieger, PhD, RN and Dora Kunz, a natural healer, on Therapeutic Touch served as an impetus for nurses to conduct research documenting the effectiveness of touch therapies within the framework

of nursing practice. Therapeutic touch is currently taught in major hospitals and universities in the United States and Canada (DiLima & Painter, 1998). In 1991 the University of Miami Medical School established its Touch Research Institute to evaluate the therapeutic benefits of touch (Claire, 1995).

The Focus Group members identified the following salient points:

Holistic nursing practice allows registered nurses to integrate complementary therapies into the nursing process that promotes and/or enhances health and well being while managing prescribed care directed toward the prevention of healthcare problems and complications of illness or treatment measures.

Touch therapies refer to non-invasive modalities that promote preventive or restorative outcomes; not to be confused with Delores Krieger's coined term, Therapeutic Touch.

Touch therapies are taught in basic nursing continuing education and graduate nursing education programs. The Board recognizes that many complementary therapies have had their origin outside nursing but with continuing nursing education these therapies are integrated into holistic nursing practice.

To include the definition of simple, restorative, light touch therapies holistic nursing practice and complementary therapies within the context of the statement.

#### Board's Response

The Board reaffirms its previous position that it is within the scope of practice for registered nurses to perform complementary therapies: acupressure, moxibustion, hypnosis, and massage therapy provided the registered nurse has the knowledge, skills, and abilities to perform the said modalities. The Law Governing the Practice of Nursing authorizes registered nurses to provide care supportive to or restorative of life and well-being. The Board believes that touch therapies are a part of complementary therapies which are supportive to or restorative of life and well-being and that it is within the scope of practice for registered nurse to perform touch therapies, provided that said nurse has the necessary knowledge, skills, and abilities with documentation to the said nurse's file.

Furthermore, in accordance with LAC 46:XLVII.3703 & 3901-3915 registered nurses may employ and initiate complementary therapies for patients seeking such therapies as part of an overall plan of nursing care to meet nursing and patient goals such as comfort, relief of pain, relaxation, improved coping mechanisms, reduction or moderation of stress, and increased sense of well-being provided the patient has granted informed consent. In all practice settings, written policies must be in place that provide for the registered nurse to perform such modalities.

Definition of Terms for the Purpose of this Document

Complementary Therapies--refers to a broad domain of healing resources that allows registered nurses to integrate such therapies into the nursing process and/or to interface with traditional medical and/or surgical therapies to promote and/or enhance care supportive to or restorative of life and well-being.

Holistic Model of Nursing--refers to the incorporation of a philosophy of nursing practice that involves recognition of the individual as an integrated whole interacting with and being acted upon by internal and external environments. It involves studying and appreciating the interrelationship of the bio-psycho-social-spiritual dimensions of the person (The Commonwealth of Massachusetts, 1997).

Simple Touch Therapy--refers to the application of a modality that arouses or sedates the integumentary, circulatory, lymphatic, and neuro-muscular-skeletal systems by means of stroking, kneading, tapotement, and friction movement to the skin, muscles, and joints with intent to establish contact, rapport, relaxation, or decreased anxiety; no soft tissue outcome is expected. Swedish-effleurage, petrissage, friction, tapotement are examples of this modality.

Restorative Touch Therapy--refers to the application of a modality that arouses or sedates the integumentary, circulatory, lymphatic, and neuro-muscular-skeletal systems by hands on application of advanced restorative touch therapies which have been incorporated into the nursing process with the intent of affecting soft tissue (skin, muscle, tendon, ligament) outcome(s). Myotherapy/Swedish massage, lymphatic drainage, neuromuscular therapy, myofascial/deep muscle therapy, structural integration, acupressure, infant massage, Oriental massage (Shiatsu, Do-In), Esalen, Feldenkrais, Hellerwork, Lomilomi are examples of this modality.

Light Touch--refers to the application of an energy based therapeutic nursing intervention applied with the intent to influence the energy system by light touch to the body and/or energy field to balance an energy disturbance, to establish contact or rapport, to facilitate relaxation, relieve pain, decrease anxiety, to accelerate wound healing or promote a sense of well-being, thus affecting physical, emotional, mental and spiritual outcomes. Krieger-Kunz Method/Therapeutic Touch, Healing Touch, Reiki, Touch for Health, Jin Shin Jyutsu, Craniosacral, V-Spread Technique are examples of this modality.

#### References:

Claire, Thomas (1995). *Bodywork: What Type Of Massage To Get - And How To Make The Most Of It*. New York: William Morrow and Company, Inc.

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Hodge, P. & Ullrich, S. (1999). Does your assessment include alternative therapies? *RN Magazine*, 62:6, 47-49.

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