Clinical Practice Guideline: **Therapeutic Touch Therapy**

Date of Implementation: **June 21, 2007**

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers therapeutic touch as unproven because there is insufficient evidence in the literature to establish clinical effectiveness.

For more information, see ASH *Techniques and Procedures Not Widely Supported as Evidence Based (CPG 133 – S)* clinical practice guideline.

Patients must be informed verbally and in writing of the nature of any procedure or treatment technique that is considered experimental/investigational or unproven, poses a significant health and safety risk, and/or is scientifically implausible. If the patient decides to receive such services, they must sign a *Member Billing Acknowledgment Form (*for Medicare use *Advance Beneficiary Notice of Non-Coverage form*) indicating they understand they are assuming financial responsibility for any service-related fees. Further, the patient must sign an attestation indicating that they understand what is known and unknown about, and the possible risks associated with such techniques prior to receiving these services. All procedures, including those considered here, must be documented in the medical record. Finally, prior to using experimental/investigational or unproven procedures, those that pose a significant health and safety risk, and/or those considered scientifically implausible, it is incumbent on the practitioner to confirm that their professional liability insurance covers the use of these techniques or procedures in the event of an adverse outcome.

DESCRIPTION/BACKGROUND

According to the NIH National Cancer Institute, Therapeutic Touch is "a form of complementary and alternative medicine based on the belief that vital energy flows through the human body. This energy is said to be balanced or made stronger by practitioners who pass their hands over, or gently touch, a patient's body. Therapeutic touch is a type of energy therapy. Also called healing touch." Based on proponents of this therapy, the focused intention of the practitioner is considered to be crucial to the therapy's effectiveness. This therapy is practiced almost exclusively by nurses and is popular in hospital settings as well as other clinical arenas. Therapeutic Touch has four basic components: centering, assessing, intervention, and evaluation. Centering is an internal preparation by the practitioner for treatment, using breathing, imagery, and similar techniques to focus one's 'energy.' Assessing involves holding one's hands between 2 and 6 inches from the patient while moving them through the patient's 'energy field.'

Intervention involves clearing and rebalancing the patient's 'energy.' Evaluation is the use of informed and intuitive judgment to determine when to end the session, being careful not to overwork an 'energy field.'

Therapeutic Touch (TT) therapy was developed by a nursing professor in the 1970's who was inspired by the work of a therapist and clairvoyant. One becomes a Therapeutic Touch practitioner by completing a 12-hour workshop on the technique. The principles of quantum physics are often invoked to explain the mechanisms of this technique, but no coherent connection between these two disciplines has been established.

As TT does not involve direct physical contact with a patient, there is little reported danger of safety. It has been hypothesized by supporters of Therapeutic Touch that it may be possible for an ill practitioner to transfer a harmful 'energy' to patients, but there is no scientific basis for this concern.

EVIDENCE REVIEW

There is a wide range of literature on Therapeutic Touch. Rosa et al. (1998) evaluated the scientific mechanism of Therapeutic Touch and the abilities of its practitioners. Rosa et al. tested under blinded conditions whether a TT practitioner could sense the "energy field" of a person's hand. None of the practitioners tested passed this test and the results showed an even lower correct response rate than is usually expected by pure chance. Some RCTs have demonstrated positive findings with TT however methodology limitations preclude confirmation of these results (Gordon et al., 1998; Movaffaghi et al., 2006; Peck 1998). Others found that Therapeutic Touch was no better than placebo or controls in improving objective measures (Blankfield et al., 2001; Giasson and Bouchard 1998; Smith et al., 2002).

Systematic reviews of TT have also been published. Easter (1997), Ireland and Olson (2000), O'Mathuna (2000), O'Mathuna and Ashford (2003), Spence and Olson (1997), and Winstead-Fry and Kijek (1999) all found that there was not sufficient evidence currently to support the use of Therapeutic Touch. Although this finding was occasionally couched in positive terms such as "research indicates a positive regard for the use of Therapeutic Touch" (Easter 1997) the efficacy of Therapeutic Touch could not be supported by the research findings evaluated. The systematic reviews have consistently identified that the overall quality of TT clinical trials has been poor.

Monroe (2009) sought to better understand how TT can be used in the health care arena by reviewing articles published from 1997 to 2007. Of the 7 studies conducted, only 5 were included as pertinent. Monroe suggested that given there are no identified risks to TT as a pain relief measure, it is safe to recommend despite the limitations of current research and should be considered among the many possible nursing interventions for the treatment of pain. Coakley and Duffy (2010) tested the efficacy of TT on pain and biobehavioral

markers in patients recovering from vascular surgery. Twenty-one patients were included in this study. Measures of pain and cortisol were taken. Participants who received TT had lower levels of pain and cortisol than those who did not receive TT. Authors suggest that evidence supports TT as a beneficial intervention with patients. Future research on TT is still needed to learn more about how it functions.

O'Mathúna (2016) completed a Cochrane review on therapeutic touch for healing acute wounds. All randomized or quasi-randomized controlled trials, comparing the effect of TT with a placebo, another treatment, or no treatment control were considered. Studies which used TT as a stand-alone treatment, or as an adjunct to other therapies, were eligible. No new trials were identified for this update. Four trials in people with experimental wounds were included. The effect of TT on wound healing in these studies was variable. All trials are at high risk of bias. Authors concluded that there is no robust evidence that TT promotes healing in acute wounds.

Garrett and Riou (2021) synthesized the most recent evidence investigating the effectiveness and safety of therapeutic touch as a complementary therapy in clinical health applications. Twenty-one studies covering a range of clinical issues were identified. Eighteen of the studies reported positive outcomes. Only four exhibited a low risk of bias. All others had serious methodological flaws, bias issues, were statistically underpowered and scored as low-quality studies. No high-quality evidence was found for any of the benefits claimed.

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