

Submission ID #: 70026

Scriptwriter Name: Pallavi Sharma

Project Page Link: <https://review.jove.com/account/file-uploader?src=21357978>

Title: Therapeutic Massage for Psychological Well-being in Geriatric Oncology

Authors and Affiliations:

Xin Liu^{1*}, Shuaiyan Wang^{2*}, Yuxi Lv³, Juncheng Tong², Yue Hu⁴, Minghui Xia⁵, Xiaoli Yin⁶, Mingfei Zhou⁶, Dongsheng Wang⁷, Beidou Wang⁸, Jianhua Sun⁴, Longkui Jiang⁹, Yunchuan Wu^{3*}, Yuhang Wang^{3*}

*These authors contributed equally to this work.

¹The First Clinical Medical College, Nanjing University of Chinese Medicine

²School of Elderly Care Services and Management, Nanjing University of Chinese Medicine

³School of Acupuncture-Moxibustion and Tuina Nanjing University of Chinese Medicine

⁴Affiliated Hospital of Nanjing University of Chinese Medicine

⁵Affiliated Hospital of Nantong University, Nantong

⁶Nanjing Xiaohang Hospital

⁷Nanjing Red Cross Hospital

⁸Pizhou Chinese Medicine Hospital

⁹The Research Center of Chinese Medicine Culture, Nanjing University of Chinese Medicine

Corresponding Authors:

Yuhang Wang wangyuhang@njucm.edu.cn

Yunchuan Wu njwych@126.com

Email Addresses for All Authors:

Xin Liu	2567516340@qq.com
Shuaiyan Wang	3153186880@qq.com
Yuxi Lv,	1830358705@qq.com
Juncheng Tong	juncheng_tong@njucm.edu.cn
Yue Hu	1569196365@qq.com
Minghui Xia	417798466@qq.com
Xiaoli Yin	yinxli@163.com
Mingfei Zhou	zmfxx@126.com
Dongsheng Wang	349594141@qq.com
Beidou Wang	67699476@qq.com
Jianhua Sun	377201634@qq.com
Longkui Jiang	jianglongkui@njucm.edu.cn
Yuhang Wang	wangyuhang@njucm.edu.cn
Yunchuan Wu	njwych@126.com

Author Questionnaire

1. We have marked your project as author-provided footage, meaning you film the video yourself and provide JoVE with the footage to edit. JoVE will not send the videographer. Please confirm that this is correct.

✓ Correct

2. Microscopy: Does your protocol require the use of a dissecting or stereomicroscope for performing a complex dissection, microinjection technique, or something similar? **NO**

3. Software: Does the part of your protocol being filmed include step-by-step descriptions of software usage? **NO**

4. Proposed filming date: To help JoVE process and publish your video in a timely manner, please indicate the proposed date that your group will film here: **04/21/2026**

Current Protocol Length

Number of Steps: 13

Number of Shots: 19

Introduction

INTRODUCTION:

REQUIRED: ~~Summarize your research focus and the main questions it aims to answer.~~

- 1.1. **Yuxi Lv:** This study presents a therapeutic massage protocol to address psychological problems in elderly cancer patients.
 - 1.1.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B roll: 2.3.1*

~~Describe the research gap or limitation in existing methods and how this protocol addresses them.~~

- 1.2. **Yuxi Lv:** Current methods carry the risk of adverse effects or limited accessibility, highlighting the need for integrative approaches like Tui Na.
 - 1.2.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

CONCLUSION:

~~Describe the most important consideration or challenge when performing this protocol.~~

- 1.3. **Yuxi Lv:** The most important challenge is the accuracy and repeatability of the massage operation.
 - 1.3.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

~~How can future studies build on this work? Describe the questions or research directions that can be investigated next.~~

- 1.4. **Yuxi Li:** Future work may incorporate objective biomechanical measurements, such as pressure sensors or motion tracking, to further refine intervention standardization.

Ethics Title Card

This protocol was adopted for a study registered in the International Traditional Medicine Clinical Trial Registry. Written informed consent was obtained from all participants.

Protocol

2. Standardized Acupoint Massage Protocol and Clinical Evaluation Plan

Demonstrator: Yuhang Wang

- 2.1. To begin, enroll patients with a confirmed cancer diagnosis for the procedure [1]. Select the bilateral acupoints Taiyang, Neiguan, Shenmen, Taichong, Xinshu, Ganshu, and Pishu [1].
 - 2.1.1. WIDE: Talent checking the list of patients.
 - 2.1.2. Talent indicating all specified bilateral acupoints on the patient's body.
- 2.2. Position the patient supine or seated for anterior and limb acupoints [1], and prone or seated for posterior and back acupoints, as appropriate [2].
 - 2.2.1. Talent positioning the patient in a supine position for anterior and limb acupoints.
 - 2.2.2. Talent repositioning the patient in a prone or sitting posture for posterior and back acupoints.
- 2.3. Then, apply massage to Taiyang, Neiguan, Shenmen, Taichong bilaterally for 2 minutes per acupoint using standardized techniques [1].
 - 2.3.1. Talent performing massage on bilateral Taiyang acupoints.
- 2.4. Next, position the patient in a prone or sitting posture [1] and apply kneading massage to Xinshu, Ganshu, Pishu bilaterally for 2 minutes per acupoint [2].
 - 2.4.1. Talent positioning the patient in a prone or sitting posture.
 - 2.4.2. Talent performing kneading massage on bilateral Xinshu acupoints.
- 2.5. Observe participants for a total duration of 8 weeks, including 4 weeks of treatment and 4 weeks of follow-up [1].
 - 2.5.1. Talent observes the participants.
- 2.6. Assess Hamilton Depression scale-17 or HAMD-17 (*H-A-M-D-Seventeen*), Hamilton Anxiety scale or HAMA (*Hama*), and Functional Assessment of Cancer Therapy or FACT-

G (*Fact-G*) at baseline, end of treatment, and end of follow-up at week 8 [1].

2.6.1. Talent conducting baseline assessment using standardized questionnaires on day 1.

2.7. Record changes in primary tumor status at week 4 and 8 [1]. Record any changes to anticancer therapy during the treatment and follow-up periods [2].

2.7.1. Talent documenting primary tumor status at week 4.

2.7.2. Talent documenting modifications to anticancer therapy in patient records.

2.8. Record all adverse events related to the massage operations, including skin damage, pain, and subcutaneous congestion [1].

2.8.1. Talent documenting massage-related adverse events, including skin damage, pain, and subcutaneous congestion.

2.9. Grade each adverse event by severity and relatedness. Define the grades as presented here [1].

2.9.1. TEXT ON A PLAIN BACKGROUND

Mild: Transient symptoms not requiring treatment

Moderate: Symptoms requiring observation or minor intervention

Severe: Symptoms requiring treatment, discontinuation, or hospitalization.

2.10. Report serious adverse events to the principal investigator and relevant authorities [1]. Document clinically indicated pharmacotherapy, including the drug, dose, and duration [1].

2.10.1. Talent reporting a serious adverse event to the principal investigator and relevant authorities.

2.10.2. Talent documenting the drug, dose, and duration of clinically indicated pharmacotherapy.

2.11. Terminate participation in cases of withdrawal, loss to follow-up, unsafe adverse reactions, disease progression, or the need for medications that affect emotional state.

2.11.1. Talent documenting participant termination due to withdrawal or loss to follow-up.

2.12. Train and certify all therapists in acupoint localization, manipulation techniques, and treatment rhythm [1].

2.12.1. Talent conducting therapist training in acupoint localization, manipulation techniques.

2.13. Provide standardized operation manuals and instructional materials [1]. Conduct periodic supervision and fidelity checks [2].

2.13.1. Talent distributing standardized operation manuals and instructional materials.

2.13.2. Talent conducting periodic supervision and fidelity checks.

Results

3. Results

- 3.1. The mean HAMA score decreased from baseline to Week 4 [1] and then slightly increased at Week 8 [2].
 - 3.1.1. LAB MEDIA: Figure 3. *Video editor: Highlight the red line dropping from the point labelled 19.42 at baseline to the point labelled 5.08 at Week 4*
 - 3.1.2. LAB MEDIA: Figure 3. *Video editor: Highlight the red line rising from the point labelled 5.08 at Week 4 to the point labelled 7.00 at Week 8*
- 3.2. The mean HAMD score declined from baseline to Week 4 [1] and then increased at Week 8 [2].
 - 3.2.1. LAB MEDIA: Figure 3. *Video editor: Highlight the black line dropping from the point labelled 27.33 at baseline to the point labelled 8.17 at Week 4*
 - 3.2.2. LAB MEDIA: Figure 3. *Video editor: Highlight the black line rising from the point labelled 8.17 at Week 4 to the point labelled 11.00 at Week 8*
- 3.3. The FACT score increased from baseline to Week 4 [1] and then decreased at Week 8 [2].
 - 3.3.1. LAB MEDIA: Figure 3. *Video editor: Highlight the light green line rising from the point labelled 47 at baseline to the point labelled 54.25 at Week 4*
 - 3.3.2. LAB MEDIA: Figure 3. *Video editor: Highlight the light green line falling from the point labelled 54.25 at Week 4 to the point labelled 50.42 at Week 8*

1. Bilateral
Pronunciation link: <https://www.merriam-webster.com/dictionary/bilateral>
IPA: /baɪˈlæʃ.ə.əl/
Phonetic Spelling: bye-lat-uh-rul
2. Acupoints
Pronunciation link: <https://www.merriam-webster.com/dictionary/acupoint>
IPA: /ˈæk.jə.pɔɪnt/
Phonetic Spelling: ak-yuh-point
3. Taiyang
Pronunciation link: <https://www.howtopronounce.com/taiyang>
IPA: /ˈtaɪ.jɑːŋ/
Phonetic Spelling: tie-yahng
4. Neiguan
Pronunciation link: <https://www.howtopronounce.com/neiguan>
IPA: /ˈneɪ.gwɑːn/
Phonetic Spelling: nay-gwahn
5. Shenmen
Pronunciation link: <https://www.howtopronounce.com/shenmen>
IPA: /ˈʃen.mən/
Phonetic Spelling: shen-men
6. Taichong
Pronunciation link: <https://www.howtopronounce.com/taichong>
IPA: /ˈtaɪ.tʃɔːŋ/
Phonetic Spelling: tie-chawng
7. Xinshu
Pronunciation link: <https://www.howtopronounce.com/xinshu>
IPA: /ˈʃɪn.ʃuː/
Phonetic Spelling: shin-shoo
8. Ganshu
Pronunciation link: <https://www.howtopronounce.com/ganshu>
IPA: /ˈɡɑːn.ʃuː/
Phonetic Spelling: gahn-shoo
9. Pishu
Pronunciation link: <https://www.howtopronounce.com/pishu>
IPA: /ˈpiː.ʃuː/
Phonetic Spelling: pee-shoo
10. Supine
Pronunciation link: <https://www.merriam-webster.com/dictionary/supine>
IPA: /suːˈpaɪn/
Phonetic Spelling: soo-pine
11. Anterior
Pronunciation link: <https://www.merriam-webster.com/dictionary/anterior>
IPA: /ænˈtɪr.i.ə/
Phonetic Spelling: an-teer-ee-er

12. Prone
Pronunciation link: <https://www.merriam-webster.com/dictionary/prone>
IPA: /proʊn/
Phonetic Spelling: prohn
13. Posterior
Pronunciation link: <https://www.merriam-webster.com/dictionary/posterior>
IPA: /pɑːˈstɪr.i.ə/
Phonetic Spelling: pah-steer-ee-er
14. Kneading
Pronunciation link: <https://www.merriam-webster.com/dictionary/kneading>
IPA: /ˈniː.dɪŋ/
Phonetic Spelling: nee-ding
15. Participants
Pronunciation link: <https://www.merriam-webster.com/dictionary/participant>
IPA: /pɑːrˈtɪs.ə.pænt/
Phonetic Spelling: par-tiss-uh-puhnt
16. Hamilton
Pronunciation link: <https://www.merriam-webster.com/dictionary/Hamilton>
IPA: /ˈhæm.əl.tən/
Phonetic Spelling: ham-uhl-tuhn
17. Functional
Pronunciation link: <https://www.merriam-webster.com/dictionary/functional>
IPA: /ˈfʌŋk.jən.əl/
Phonetic Spelling: funk-shuh-nuhl
18. Baseline
Pronunciation link: <https://www.merriam-webster.com/dictionary/baseline>
IPA: /ˈbeɪs.laɪn/
Phonetic Spelling: base-line
19. Anticancer
Pronunciation link: <https://www.merriam-webster.com/dictionary/anticancer>
IPA: /ˌæn.tiˈkæn.sə/
Phonetic Spelling: an-tee-kan-ser
20. Subcutaneous
Pronunciation link: <https://www.merriam-webster.com/dictionary/subcutaneous>
IPA: /ˌsʌb.kjuːˈteɪ.ni.əs/
Phonetic Spelling: sub-kyoo-tay-nee-uhs
21. Congestion
Pronunciation link: <https://www.merriam-webster.com/dictionary/congestion>
IPA: /kənˈdʒes.tʃən/
Phonetic Spelling: kuhn-jes-chuhn
22. Severity
Pronunciation link: <https://www.merriam-webster.com/dictionary/severity>
IPA: /səˈver.ə.ti/
Phonetic Spelling: suh-vair-uh-tee
23. Hospitalization
Pronunciation link: <https://www.merriam-webster.com/dictionary/hospitalization>

IPA: /ˌhɑːspi.təl.əˈzeɪ.jən/

Phonetic Spelling: hos·pih·tuhl·uh·zey·shuhn

24. Pharmacotherapy

Pronunciation link: <https://www.merriam-webster.com/dictionary/pharmacotherapy>

IPA: /ˌfɑːr.mə.koʊˈθer.ə.pi/

Phonetic Spelling: far·muh·koh·thair·uh·pee

25. Withdrawal

Pronunciation link: <https://www.merriam-webster.com/dictionary/withdrawal>

IPA: /wɪðˈdraːl/, /wɪθ-/

Phonetic Spelling: with·drawl

26. Localization

Pronunciation link: <https://www.merriam-webster.com/dictionary/localization>

IPA: /ˌlɒʊ.kə.ləˈzeɪ.jən/

Phonetic Spelling: loh·kuh·luh·zey·shuhn

27. Manipulation

Pronunciation link: <https://www.merriam-webster.com/dictionary/manipulation>

IPA: /məˌnɪp.jəˈleɪ.jən/

Phonetic Spelling: muh·nip·yuh·lay·shuhn

28. Supervision

Pronunciation link: <https://www.merriam-webster.com/dictionary/supervision>

IPA: /ˌsuː.pəˈvɪʒ.ən/

Phonetic Spelling: soo·per·vizz·uhn

29. Fidelity

Pronunciation link: <https://www.merriam-webster.com/dictionary/fidelity>

IPA: /fəˈdel.ə.ti/

Phonetic Spelling: fuh·del·uh·tee

30. Bioluminescent

Pronunciation link: <https://www.merriam-webster.com/dictionary/bioluminescence>

IPA: /ˌbaɪ.ɒʊ.luː.məˈnes.ənt/

Phonetic Spelling: bye·oh·loo·muh·ness·uhnt

31. Quantitative

Pronunciation link: <https://www.merriam-webster.com/dictionary/quantitative>

IPA: /ˈkwɑːn.təˈteɪ.tɪv/

Phonetic Spelling: kwahn·tuh·tay·tiv

32. Metastatic

Pronunciation link: <https://www.merriam-webster.com/dictionary/metastatic>

IPA: /ˌmet.əˈstæt.ɪk/

Phonetic Spelling: met·uh·stat·ik