**THERAPEUTIC TOUCH® RESEARCH AT A GLANCE**

This article lists the most recent Therapeutic Touch research under alphabetical categories. The listing will be of use to those who are seeking to introduce Therapeutic Touch to their health care facility or to do Therapeutic Touch research.

Here, the abstracts have been shortened; for the full abstract please go to the TTNO website at [www.therapeutictouchontario.com](http://www.therapeutictouchontario.com). The links here lead either to the article itself, or, more often, to the abstract. From the abstract there are links to the instructions for purchasing the full-text article. See the Annotated Bibliography of Published Therapeutic Touch® Research July 2004 to July 2012 [http://www.therapeutictouchontario.org/index.php/learn/research-at-a-glance/research-bibliographies](http://www.therapeutictouchontario.org/index.php/learn/research-at-a-glance/research-bibliographies) for the full abstracts.

If you are a recently published author of Therapeutic Touch research, and would like to have your article listed in this bibliography, please send the relevant information to our TTNO office at ttno.membership@bellnet.ca

**ADDICTIONS**


To examine the outcomes of Therapeutic Touch™ with complications from chemical dependency during pregnancy fifty-four hospitalized pregnant women. Anxiety scores were significantly less on Days 1, 2, 3 for the group receiving Therapeutic Touch. There were no significant findings related to withdrawal symptoms measured on the Symptom Checklist. The authors conclude Therapeutic Touch may be of value as an adjunctive measure in the treatment of chemical dependency among pregnant women.

**ALZHEIMER’S AND DEMENTIA**


Touch is considered a core aspect of care provision and therapeutic relationships. Therapeutic touch allows nurses to facilitate healing and forge therapeutic relationship through touch or non-touch and maintain channels of communication often lost in dementia as the disease progresses"(27).


“This study provided preliminary evidence for the potential of TT in dealing with agitated behaviors by people with dementia. TT may be an important intervention that is not costly, can be implemented by family or staff and may prevent or delay the use of pharmacotherapy and other strategies that may decrease the quality of life of the resident” (432).


“This study supports the use of therapeutic touch as a preventive intervention that when administered twice daily to persons with ADRD [Alzheimer’s disease or a related dementia] at risk for disruptive vocalization, can decrease the probability of this behavior” (131).

“Therapeutic touch offers a non-pharmacological, clinically relevant modality that could be used to decrease behavioral symptoms of dementia, specifically manual manipulation (restlessness) and vocalization, two prevalent behaviors” (66).

CANCER CARE

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887328/?tool=pubmed

“To examine the effect of therapeutic touch (TT) on the pain and fatigue of the cancer patients undergoing chemotherapy ... The TT(significant) was more effective in decreasing pain and fatigue of the cancer patients undergoing chemotherapy than the usual care group, while the placebo group indicated a decreasing trend in pain and fatigue scores compared with the usual care group” (375).


The researchers chose the biofield therapy, Therapeutic Touch, for these experiments “… because it is a highly disciplined method, and requires extensive training to become an advanced practitioner” (233). “A specific pattern of TT treatment produced a significant increase in proliferation of fibroblasts, osteoblasts, and tenocytes in culture. Therefore, TT may affect normal cells by stimulating cell proliferation” (233).

See also: UConn Advance to read about this research


Mice were injected with metastatic 66cl4 mammary carcinoma cells. Therapeutic Touch or mock Therapeutic Touch was offered twice a week for 10 minutes by two experienced Therapeutic Touch practitioners. Therapeutic Touch had no significant effect on the primary tumor but produced significant effects on metastasis and immune responses in mice.


“Therapeutic Touch appears to increase human osteoblast DNA synthesis, differentiation and mineralization, and decrease differentiation and mineralization in a human osteosarcoma-derived cell line” (1541).


“TT is a safe and beneficial intervention for cancer patients that can be integrated within a conventional setting, providing that the program evolves with changing patient and organizational needs. Lessons gleaned include (1) positioning TT within the context of research and evidence-based practice, (2) developing and adhering to standards of practice and professionalism, and (3) maintaining a nonpartisan attitude and communicating a plausible rational” (993).
ELDER CARE


To explore the extent to which Therapeutic Touch may be used to facilitate wellbeing and quality of life for residents in institutionalized settings; an exploratory study using pre-test/post-test design involving residents in a care facility. ... The results are consistent with previous studies indicating Therapeutic Touch assists in the alleviation of stress and anxiety in aged care residents, and increases the length and quality of their sleep. It also appears to moderately alleviate pain experienced from a range of conditions.


The results suggest that, as a complementary and noninvasive treatment mode, Therapeutic Touch can benefit elderly people with chronic pain, depressive symptoms and attitudes and bad sleep quality.

MEDICAL PROCEDURES


To investigate the outcomes of Therapeutic Touch (TT) on anxiety, vital signs and cardiac dysrhythmia in women undergoing cardiac catheterization. Therapeutic Touch significantly decreased state anxiety but not trait anxiety, decreased the incidence of all cardiac dysrhythmias except premature ventricular contraction, and regulated vital signs in the intervention group versus placebo and control groups.

Therapeutic Touch is an effective approach for managing state anxiety, regulating vital signs, and decreasing the incidence of cardiac dysrhythmia during stressful situations such as cardiac catheterization.

PAIN MANAGEMENT


Conclusion: Because there are no identified risks to Therapeutic Touch as a pain relief measure, it is safe to recommend despite the limitations of current research. Implications: Therapeutic Touch should be considered among the many possible nursing interventions for the treatment of pain” (85).


“Findings in this study indicate that therapeutic touch applied twice a week for eight weeks decreases pain and stiffness of osteoarthritis in the knee. Therapeutic touch does not appear to affect range of motion or stability of the knee as indicated by the examination results of the KSS [Knee Society Score]” (2-3)
POST-SURGERY


“Compared with those who received usual care, participants who received TT had significantly lower level of pain, lower cortisol level, and higher NKC [natural killer cells] level. Evidence supports TT as a beneficial intervention with patients. ... There is evidence to support incorporating TT into nursing practice” (193).

PRE-TERM INFANTS


The application of Therapeutic Touch reduces the length of hospital stay and the presence of complications. Nevertheless, further research in larger samples is required.


“Narrative inquiry and qualitative descriptive methods were used to discover knowledge about how TT is used with preterm infants…The description that emerged from the practitioners’ narratives of the TT treatment process for preterm infants provides preliminary data for the systematic use and evaluation of TT as an adjunct to facilitating preterm infants’ physiological, behavioral, energy field development and well-being” (249).


“In this pilot trial, HPV [Heart Period Variability] showed an increase for the TT group compared with the NTT [Non-TT] group. The study reveals no adverse effects of TT in preterm infants” (2).

A complementary therapy, such as therapeutic touch (TT), that does not require physical touch presents a potential approach to the dilemma of comfort and stress reduction in the extremely premature infant” (2).

RESEARCH METHODOLOGY


The authors examine the research design and approaches which led to the significant outcomes of Therapeutic Touch on cells .... The authors encourage well designed research to learn more about the human biofield.


“Significant changes of both variables in TT [Therapeutic Touch] and MT [Mimic Therapeutic Touch] groups suggest that more careful precision might be needed while selecting individuals as sham therapies in further experiments (p 41) …There were no significant changes in the control group (44).
To study outcomes of Therapeutic Touch, the folding of ribonuclease A, a controlled energy-requiring system, was measured. ... While more research is needed, an enzyme–folding model may provide a useful means of studying the energy exchange in Therapeutic Touch.

Representing the largest published sample size of therapeutic touch (TT) outcomes to date, data from this continuous quality improvement (CQI) clinical study suggest that TT, when provided in the clinical setting promotes comfort, calmness, and well-being among hospitalized patients. In addition, patients are highly satisfied with TT. The newly developed Patient Satisfaction Survey and TT Performance Improvement Tool provide an effective means by which to evaluate a TT program”.(189)

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