



Traditional and Complementary Medicine Practice Guideline on Malay Massage

Third Edition 2018



TRADITIONAL AND COMPLEMENTARY
MEDICINE DIVISION
MINISTRY OF HEALTH MALAYSIA

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<http://tcm.moh.gov.my>

STATEMENT OF INTENT

This practice guideline is meant to be a guide for clinical practice on Malay massage, based on the best available evidence at the time of development. Adherence to this guideline may not necessarily guarantee the best outcome in every case. Each healthcare provider is responsible for the management of his/her patient based on the clinical presentation and the availability of treatment at the facility. This guideline will be reviewed after five years or when new evidence is available.

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Traditional and Complementary Medicine Division

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THE GUIDELINE DEVELOPMENT

OBJECTIVE

This is the third edition of the Traditional and Complementary Medicine Practice Guideline for Malay Massage. It has been revised in light of the availability of new evidence since its last publication in 2009. As it is offered as a complementary therapy at selected public healthcare facilities, a standardised set of treatment criteria and regime were determined during the revision of this guideline.

METHOD

A literature search was carried out using the following electronic databases: PubMed and Cochrane Database of Systemic Reviews (CDSR). All literatures on massage regardless of the study design were included in the literature search. The search was limited to researches involving the use of massage on humans that were published in Malay and English over the last decade. The search was conducted from December 2017 to March 2018. A panel of experts had participated in the development of this practice guideline. They consist of officers from the Ministry of Health (MOH) Malaysia, academicians in the field of Traditional Malay Medicine and local Traditional Malay Medicine practitioners.

TARGET POPULATION

This document is intended to guide healthcare professionals in the T&CM Units of public healthcare facilities towards safe and efficient practice of Malay massage.

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Freelance Practitioner

EDITORIAL COMMITTEE

The guideline was reviewed by experts, who evaluated the comprehensiveness of the guideline and ensured all recommendations provided are supported by the accurate interpretation of all available evidence on Malay massage.

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INTRODUCTION

Traditional medicine is defined by the World Health Organization (WHO) as the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as prevention, diagnosis, improvement or treatment of physical and mental illness.¹

According to the National Health and Morbidity Survey (NHMS) 2015, it is estimated that 29.25% of the Malaysian population have used T&CM with consultation, and the most popular T&CM practice modality among the population was Malay massage (41.92%).²

Malay massage is one of the practices of traditional Malay medicine. Traditional Malay medicine is a cultural system based on beliefs, knowledge and practices related to well-being, ill-health and indisposition.³

1.1 Concept of Malay Massage

Malay massage is a technique for manipulation of soft tissues originating from Malay culture.⁴ These practices are normally passed down from generation to generation amongst families, either in verbal or written form. Malay massage techniques comprise of kneading, stroking and pressing with hands and application of herbal oils to ease the massage.⁴

There are several types of Malay massage such as:⁵

- i. Postnatal massage: massage performed on mothers during the confinement period, inclusive of herbal bath, hot compression (*bertungku*) and body wrapping (*berbengkung*).
- ii. *Urut patah*: also known as 'bone setting'. This massage technique is specific for broken bones and is done by patting, rubbing, and stretching along the bone while reciting prayers.

- iii. Therapeutic massage: massaging a specific area of the body affected by pain or illness.
- iv. Reproductive vitality enhancement massage: massage involving specific parts of the body to improve the functionality of the reproductive system.

1.2 Common Malay Massage Techniques

The massage technique used during treatment may differ from practitioner to practitioner and is also dependent on the patient's condition. Various parts of the hand are utilised during Malay massage therapy such as the thumbs, fingers, palms and knuckles. A small number of practitioners use their forearms, elbows, and very rarely their knees and heels to massage clients.⁷ The most common techniques practiced by Malay massage practitioners are fan stroking, thumb stroking, kneading and stationary pressure (Refer **Appendix 1**).⁶

1.3 Disorders that are Commonly Treated with Malay Massage

Malay massage focuses on manipulation of the muscle and/or surrounding soft tissue to stimulate the lymphatic, circulatory and nervous system. It promotes therapeutic effects through increasing blood flow; relieving pain and muscle spasm; and rehabilitation of the whole body or part of it.^{6,7,8}

The American Massage Therapy Association (AMTA) has identified medical reasons such as pain and soreness, musculoskeletal stiffness or spasms or injury, and migraines may be treated effectively with massage, apart from common applications such as stress reduction or relaxation.⁹

MALAY MASSAGE SERVICES AT THE T&CM UNITS IN PUBLIC HEALTHCARE FACILITIES

2.1 Indications for Malay Massage at T&CM Units

Malay massage services offered at the T&CM Units in public healthcare facilities are indicated for limited conditions:

i. Post stroke management

Stroke is a clinical syndrome characterised by rapidly developing clinical symptoms and/or signs of focal, and at times global, loss of cerebral function, with symptoms lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin.¹⁰

Malay massage has potential benefits as a complementary therapy for post stroke patients. Studies show that a majority of the post stroke patients who received Malay massage therapy felt more relaxed⁷ and showed improvements in mobility.^{7,11} Subjects also agreed that massage was helpful in relieving post stroke symptoms such as muscular stiffness or spasm and neuropathic pain.¹² Malay massage is believed to improve the overall well-being of post stroke patients.

ii. Chronic pain management

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.¹³ Pain is regarded as chronic when it is persistent or recurrent, lasting longer than 3 months; or if it persists even after the injury has healed.^{14,15} Research has reported that a majority of chronic pain patients who received Malay massage as a complementary therapy have improved mobility, activity and quality of life.^{7,8,16}

2.2 Referral Criteria

Patients who are referred for Malay massage should be:

- i. 18 years old and above; regardless of gender
- ii. Able to understand and follow instructions; and
- iii. Clinically stable

Patients should be referred by a registered medical officer with a definitive diagnosis of the underlying disorder. The referring medical officer shall provide the following information in the referral letter:

- a) Diagnosis;
- b) Co-morbidities;
- c) Treatment or medication history; and
- d) Other relevant information (e.g. imaging reports, allergy to massage oils etc.)

STANDARD OPERATING PROCEDURE

Patients who receive Malay massage at the T&CM Units are required to give written consent prior to commencement of therapy.

3.1 Treatment Regime

This section provides the standardised Malay massage treatment regime that shall be implemented in the T&CM Units for post stroke and chronic pain. The recommended regime may be modified based on the patient's response to the prescribed treatment.

Treatment Regime of Malay Massage for Chronic Pain and Post Stroke Cases
(Presented at WHO Workshop on Development of Harmonised Policy and Standards of Integrative Medicine)¹⁷

	Post Stroke	Chronic Pain
Number of minimum sessions	7 sessions	3 sessions
Maximum no. of sessions at T&CM Unit	10 sessions	5 sessions
Breakdown of sessions	First week: 3 sessions (preferably 3 consecutive days) Second week: 2 sessions Third week: 2 sessions	3 sessions in a week Can either be: 3 consecutive days OR Alternate days
Assessment for effectiveness	Performed at 1 st , 7 th and 10 th session	Performed at 1 st , 3 rd and 5 th session
Resting Period (suitable time prior to commencement of second regime)	3 weeks / depending on the availability of slots at the T&CM Unit	

Duration of Malay Massage for Chronic Pain and Post Stroke

	Post Stroke	Chronic Pain
New case	30 - 60 minutes	30 - 45 minutes
Follow-up case	30 - 60 minutes	30 minutes

3.2 Monitoring and Follow Up

3.2.1 Assessment for Post Stroke Patients

The patient's response to Malay massage shall be monitored at baseline and after follow-up visits through periodic assessments. The Modified Barthel Index (MBI)¹⁸ is the recommended assessment tool (Refer to **Appendix 8**). The questionnaire measures the patient's level of dependence for ten activities of daily living. The scoring system uses a 5-level ordinal scale for each item to improve sensitivity to detecting change (1=unable to perform task, 2=substantial help required, 3=moderate help required, 4=minimal help required, 5=fully independent). Assessment for post stroke patients receiving Malay massage at T&CM Units using MBI is recommended as follows:

- baseline (prior to receiving Malay massage);
- after the 7th session; and
- after the 10th session

3.2.2 Assessment for Chronic Pain Patients

The patient's response to Malay massage shall be monitored at baseline and after follow-up visits through periodic assessments. The recommended pain assessment tool:

- i. For adult patients - MOH pain scale.^{17,19,20} The MOH pain scale is a scale that combines the Numerical Rating Scale (NRS), Visual Analogue Score (VAS) and modified faces scale (Refer to **Appendix 9 and 10**). The scale has numbers, and the pain score is recorded as a number from zero to ten. The patients will be asked to indicate his/her level of pain intensity by pointing or sliding the indicator along a scale. Assessment for adult chronic pain patients receiving Malay massage at T&CM Units using the MOH pain scale is recommended as follows:
 - baseline (prior to receiving Malay massage);
 - after the 3rd session; and
 - after the 5th session

ii. For elderly patients – FLACC Scale (Refer to **Appendix 11 and 12**).^{17,19,20}

This is an observational score, and is used in adult patients who are unable to communicate verbally e.g. very elderly patients or cognitively impaired patients. To perform the FLACC assessment:

- Observe for 2-5 minutes
- Observe patient's behaviour
- Select score according to behaviour
- Add the scores to get the total score

The assessment using FLACC score is recommended as follows:

- baseline (prior to receiving Malay massage);
- after the 3rd session; and
- after the 5th session

SAFETY AND ADVERSE EFFECTS

4.1 Precautions

Precautionary measures should be taken to reduce the possibility of exacerbating the severity of the patient's condition or inducing complications. Thorough history-taking and physical examination will help unearth clues regarding possible contraindications.⁶ Careful consideration of the risk factors should be done before a decision to administer treatment is made. In particular, Malay massage directly on the affected site (see list of regional/local contraindications) should be prohibited. Malay massage may be used as a complementary therapy in combination with other treatments e.g. for the relief of pain or other symptoms.

Practitioners should always exercise caution when treating certain groups of patients – especially those with the following conditions:

Systemic Conditions	
Uncontrolled hypertension Sepsis Meningitis Pregnancy Bleeding disorders Psychosis	
Regional/Local Conditions	
Vascular Disorders	Trauma
Deep vein thrombosis Aneurysms Peripheral arterial disease Varicose veins	New and open wounds Intramuscular haematoma Burns Fractures and dislocations Sprains
Acute Inflammation	Others
Appendicitis Gastritis Ulcerative colitis Gout Skin infections Abscesses Septic arthritis Osteomyelitis Peptic ulcer Renal colic	Severe osteoporosis Malignancy

4.2 Side Effects and Adverse Events

Prior to commencing treatment, the patient shall be informed about the possible outcome of the treatment and advised accordingly regarding the potential of side effects and adverse events that may arise in relation to treatment.

Although massage therapy is a relatively safe treatment modality if performed by competent individuals, it is not totally devoid of risks despite low incidence of adverse events.²¹ It is important to note that patients may experience transient side effects after treatment such as:

- temporary pain or discomfort at massage site;
- bruising or swelling at massage site; or
- allergic reaction to the massage oil used during treatment.

Any adverse events relating to massage therapy must be documented and reported to T&CM Division. (Refer to **Appendix 13: Monitoring of Adverse Events**)

4.3 Emergency Procedures

- Emergency medical services must be contacted immediately in the event of life-threatening complications or adverse events.
- Adequate information accounting the events and procedures performed should be relayed to the emergency medical team.
- Appropriate measures should be taken whilst awaiting the arrival of emergency medical assistance (e.g. provision of basic life support or first aid).

GOOD PRACTICE

5.1 Infection Control and Ethical Considerations

Infection control measures should be applied at all times when dealing with patients (Refer to **Appendix 14: Hand Washing Techniques**).²² Practitioners are also advised to adhere to the Code of Ethics and Code of Practice for Traditional and Complementary Medicine Practitioners.²³

APPENDICES

Appendix 1	The Most Common Malay Massage Techniques
Appendix 2	Flow Chart for Assessing Malay Massage Treatment Outcome
Appendix 3	Malay Massage Screening Form
Appendix 4	Malay Massage Clerking Form for Post Stroke
Appendix 5	Malay Massage Clerking Form for Chronic Pain
Appendix 6	Malay Massage Consent Form (Bahasa Melayu)
Appendix 7	Malay Massage Consent Form (English)
Appendix 8	Modified Barthel Index (MBI)
Appendix 9	Ministry of Health Pain Scale (Bahasa Melayu)
Appendix 10	Ministry of Health Pain Scale (English)
Appendix 11	FLACC Scale (Bahasa Melayu)
Appendix 12	FLACC Scale (English)
Appendix 13	Report on Suspected Adverse Events Traditional and Complementary Division Ministry of Health Malaysia
Appendix 14	Hand Hygiene Techniques

Appendix 1: The Most Common Malay Massage Techniques⁸



Fan Stroking

Stroking or *effleurage* is usually done at the beginning of the massage routine. Fan stroking is performed by placing both palms flat and fingers fanned out on the massage site and then applying even pressure through the hands while gently gliding upwards and downwards.



Thumb Stroking

Thumb stroking is a form of deep stroking massage by application of pressure through one or both of the thumbs. This technique allows for concentration of pressure on small areas of muscle tissue. Thumb strokes are relatively short and are usually repeated a few times over the area until the 'knotted' tissues begin to soften.



Kneading

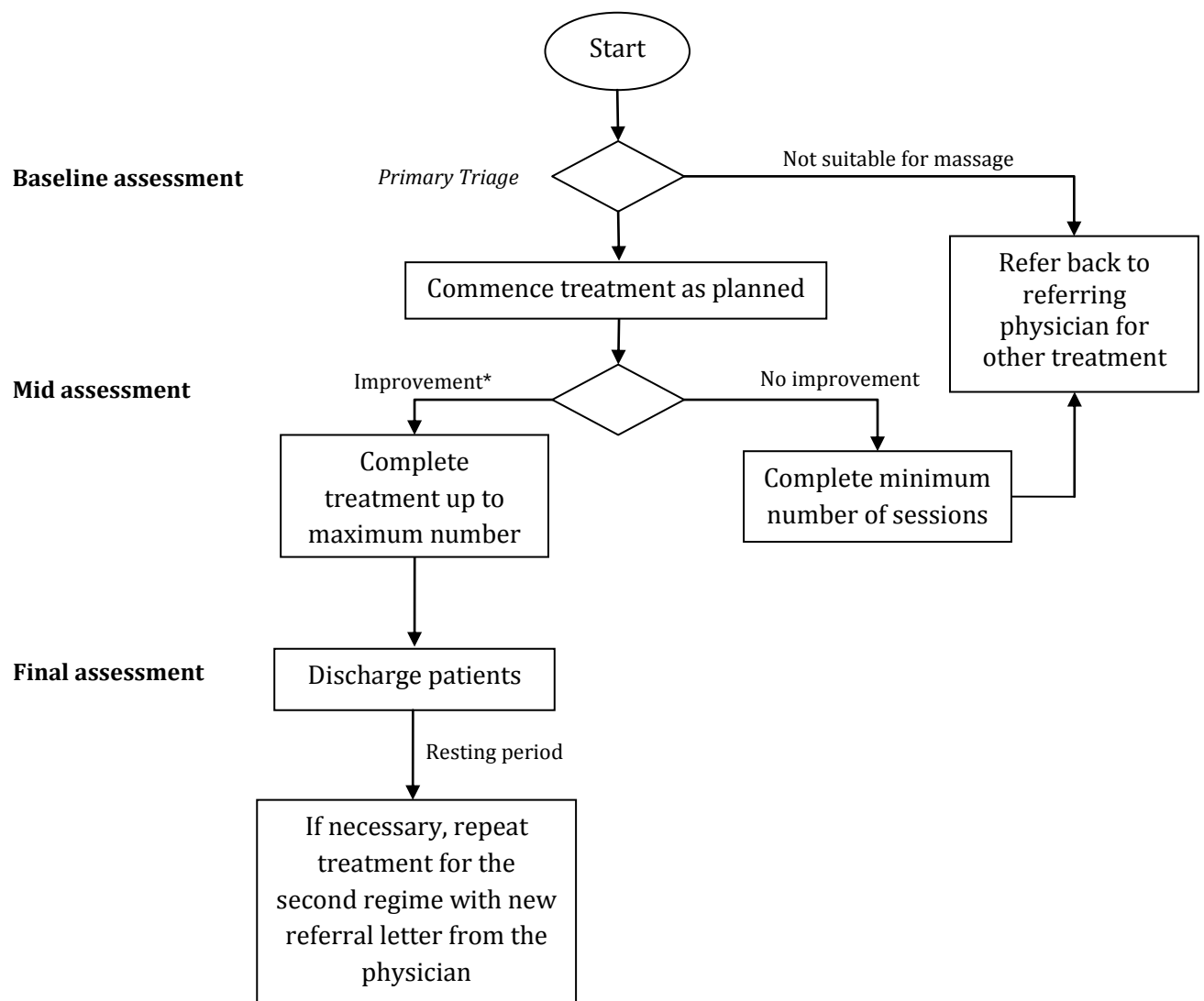
Kneading is a form of compression technique using the palms and the fingers that transmits pressure to underlying superficial and deep tissues. This technique is generally more useful when massaging fleshy areas of the body such as the shoulders, back and hips.



Stationary Pressure

Intermittent stationary pressure may be applied to the massage area using the fingers and palms of the hand. A small but steady pressure is applied and held for 5-9 seconds and then released. This technique is believed to be useful for releasing tension in the neck and shoulders; the back and hips; and soles of the feet.

Appendix 2: Flow Chart for Assessing Malay Massage Treatment Outcome



* Minimum Improvement:

- **30%** improvement from baseline MBI
- Reduction of **TWO** pain score scales for pain scale

Appendix 3: Malay Massage Screening Form^{24,25}



**KEMENTERIAN KESIHATAN MALAYSIA
UNIT PERUBATAN TRADISIONAL DAN
KOMPLEMENTARI
HOSPITAL _____**

**BORANG SARINGAN URUT MELAYU
(MALAY MASSAGE SCREENING FORM)**

To be filled in by a Medical Personnel

Nama / Name:	No. KP / NRIC:	MRN:
Alamat / Address:	Umur / Age:	Jantina / Gender:
	No. Telefon / Contact Number:	Tarikh / Date: Masa / Time:
Dirujuk oleh / Referred by:		
Diagnosis Pesakit / Patient's Diagnosis:		
Aduan Pesakit / Chief Complaints:		
Sejarah Perubatan / Past Medical History: Darah Tinggi / Hypertension ☐ Kencing Manis Diabetes Mellitus ☐ Penyakit Jantung Ischaemic Heart Disease ☐ Sawan / Epilepsy ☐ Lelah / Asthma ☐ Kanser / Cancer ☐ Lain-lain / Others: sila nyatakan / please state	Sejarah Pembedahan / Past Surgical History:	
Sejarah Pengambilan Ubat-ubatan / Medication History:	Alahan / Allergies:	
Keputusan Ujian / Investigation Results: (sekiranya ada / if available)		

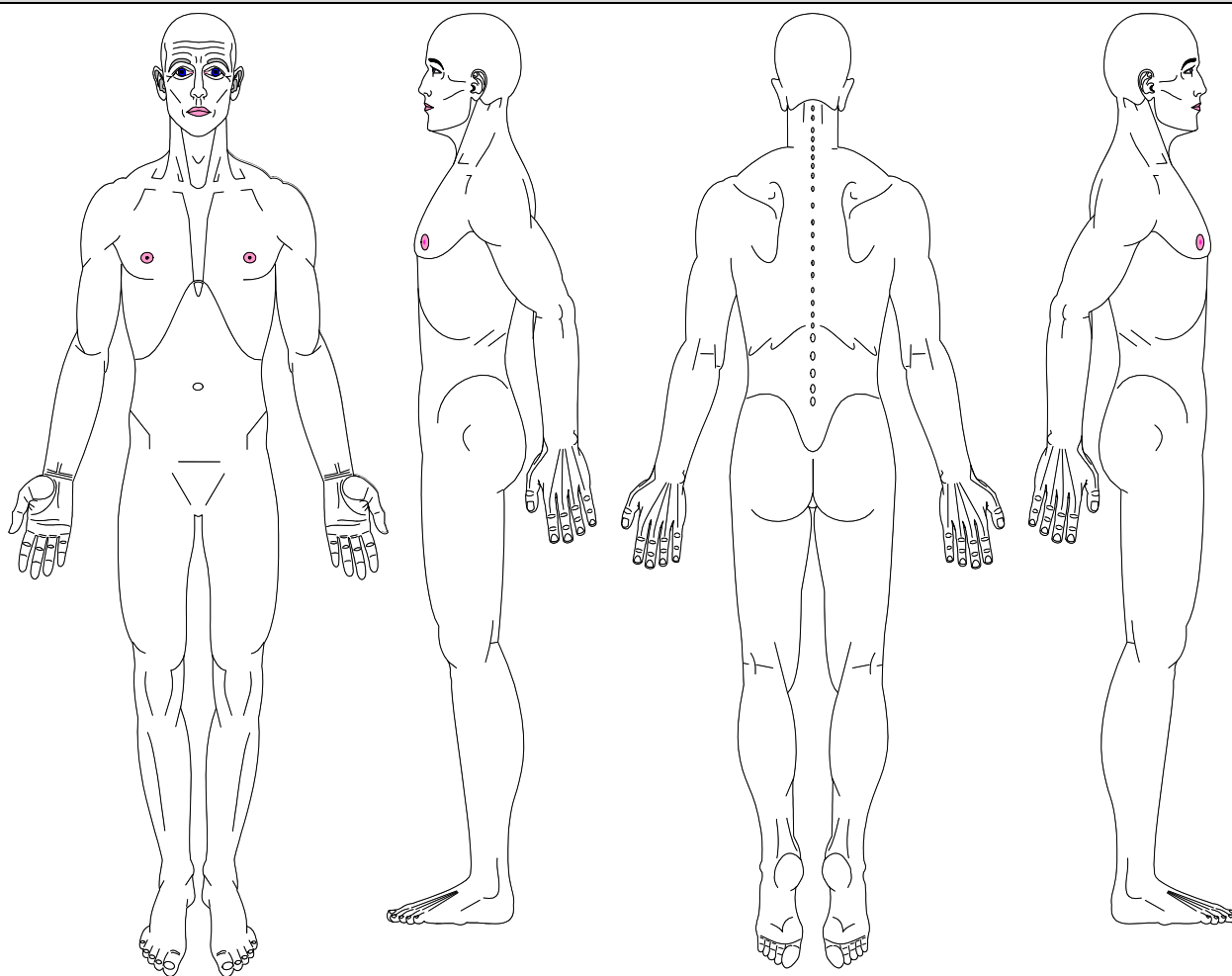
TANDA VITAL / VITAL SIGNS		
Tekanan Darah / <i>Blood Pressure:</i>	Suhu Badan / <i>Temperature:</i>	
Kadar Denyutan Nadi / <i>Pulse Rate:</i>	Bacaan Gula / <i>Blood Glucose:</i> (untuk kes DM sahaja / <i>DM patients only</i>)	
KONTRAINDIKASI UNTUK RAWATAN URUT MELAYU / CONTRAINDICATIONS FOR MASSAGE THERAPY		
KEADAAN / <i>CONDITIONS</i>	YA / <i>YES</i>	TIDAK / <i>NO</i>
Penyakit Darah Beku pada Anggota Kaki / <i>Deep Vein Thrombosis</i>		
Kepatahan Tulang / <i>Bone Fracture</i>		
<i>Osteoporosis</i> *		
Mengandung / <i>Pregnancy</i>		
Demam yang tinggi / <i>High fever</i>		
Kanser (<i>Cancer</i>)*		
Luka yang baru dan terbuka / terbakar / <i>New and open wounds / burns</i>		
Masalah kulit pada bahagian yang dirawat / <i>Skin problem over affected area</i>		
Mengalami masalah pendarahan / <i>Bleeding disorder e.g. Haemophilia</i>		
Mengambil ubat pencair darah / <i>Taking anticoagulant drugs e.g. Warfarin</i>		
Tanda-tanda lain penyakit pada pengetahuan anda / <i>Any other symptoms known to you</i>		
* Rawatan Urut Melayu di kawasan yang terlibat adalah dilarang / <i>Traditional Malay Massage at the affected site should be prohibited.</i>		
KESESUAIAN UNTUK RAWATAN (SUITABILITY FOR MASSAGE THERAPY)		
☐ YA / <i>YES</i> ☐ TIDAK / <i>NO</i>		
Tandatangan / <i>Signature:</i> Nama / <i>Name of Medical Personnel:</i> Tarikh / <i>Date:</i>		

Appendix 4: Malay Massage Clerking Form for Post Stroke^{24,25}

		MINISTRY OF HEALTH MALAYSIA TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT HOSPITAL _____ MALAY MASSAGE CLERKING FORM													
		INDIKASI / INDICATION		Pasca Strok / Post Stroke											
MAKLUMAT PESAKIT / PATIENT DETAILS															
Name / Name :			No. KP / NRIC :			MRN :									
No. Telefon / Contact Number :			Umur / Age :			Jantina / Gender :			Bangsa / Race :						
Dirujuk oleh / Referred by:															
TANDA VITAL / VITAL SIGNS															
Tekanan Darah / Blood Pressure : mmHg			Berat / Weight : kg			Tinggi / Height : cm									
Kadar Denyutan Nadi / Pulse Rate : bpm			Suhu Badan / Temperature : °C			Bacaan Gula / Blood Glucose : mmol/L									
Skala Kesakitan / Pain Score	0	1	2	3	4	5	6	7	8	9	10				
	Sila bulatkan skala yang sesuai / Please circle the appropriate score <table border="0"> <tr> <td>Tidak Sakit / No pain</td> <td>Tidak Selesa / Discomfort</td> <td>Mengganggu Tugas Harian / Interfere with daily activities</td> <td>Sakit Teruk / Moderate pain</td> <td>Sakit Tidak Tertahan / Severe pain</td> </tr> </table>											Tidak Sakit / No pain	Tidak Selesa / Discomfort	Mengganggu Tugas Harian / Interfere with daily activities	Sakit Teruk / Moderate pain
Tidak Sakit / No pain	Tidak Selesa / Discomfort	Mengganggu Tugas Harian / Interfere with daily activities	Sakit Teruk / Moderate pain	Sakit Tidak Tertahan / Severe pain											
SEJARAH PESAKIT / PATIENT'S HISTORY															
SEJARAH STROK / STROKE HISTORY				FAKTOR RISIKO / RISK FACTORS: Tandakan mana yang berkenaan / Please tick the appropriate box											
Tarikh Serangan / Date of onset:				Sendiri / Self		Keluarga / Family		Sejarah Perubatan / Past Medical History							
Serangan Pertama / First Episode								Darah Tinggi / Hypertension							
Serangan Seterusnya / Recurrent Episode								Kencing Manis / Diabetes Mellitus							
								Masalah Jantung / Heart Disease							
								Kolesterol Tinggi / Dyslipidaemia							
								Merokok / Smoker							
								Bekas Perokok / Ex smoker							

RAWATAN DITERIMA / TREATMENT RECEIVED Tandakan mana yang berkenaan / Please tick the appropriate box			
	Ya / Yes	Tidak / No	Sila nyatakan jenis rawatan / ubatan Please specify type of treatment / medications
Rehabilitasi / Rehabilitation			
Ubat – ubatan / Medications			
Rawatan PT&K lain (termasuk ubatan herba) / Other T&CM therapies (incl. herbs)			
PENILAIAN PESAKIT / PATIENT EVALUATION			
Lokasi / Site: Seluruh badan / ☐ Bahagian kiri / Left side ☐ <i>Whole body</i> Bahagian kanan / ☐ <i>Right Side</i>		Huraian: i. Isikan nama bahagian yang mengalami kelumpuhan (kiri, kanan atau seluruh badan) ii. Anggota yang sakit (e.g kaki, bahu, dll)	
Ciri-ciri kelumpuhan / Characteristics of paralysis:		Huraian: Isikan ciri-ciri yang dialami (e.g tidak boleh menggerakkan anggota badan, kejang, keras)	
Ketidakupayaan yang lain / Other Disabilities: 1. Masalah Motor Lain / Other motor deficits e.g dysphagia ☐ 2. Masalah Sensori / Sensory Deficit ☐ 3. Masalah Daya Ingatan / Memory Deficit ☐ 4. Kesukaran Bahasa / Language Difficulties ☐ 5. Lain-lain / Others (please state) : _____ _____		Huraian: Isikan sama ada pesakit mengalami simpton yang lain (e.g tidak boleh bertutur, tidak boleh menelan air liur, tidak boleh menelan makanan dan minuman)	
Faktor yang menyebabkan keadaan lebih teruk / Aggravating Factors _____ _____			
Faktor yang mengurangkan kesakitan / Relieving Factors: _____ _____			
Kemajuan Pesakit / Patient's Progress _____ _____			

PENILAIAN PESAKIT / PATIENT EVALUATION



PLAN RAWATAN / TREATMENT PLAN

MAKLUMAT PENGAMAL / PRACTITIONER'S DETAILS

Tandatangan / Signature:

Nama / Name:

Tarikh / Date:

CONTINUATION SHEET

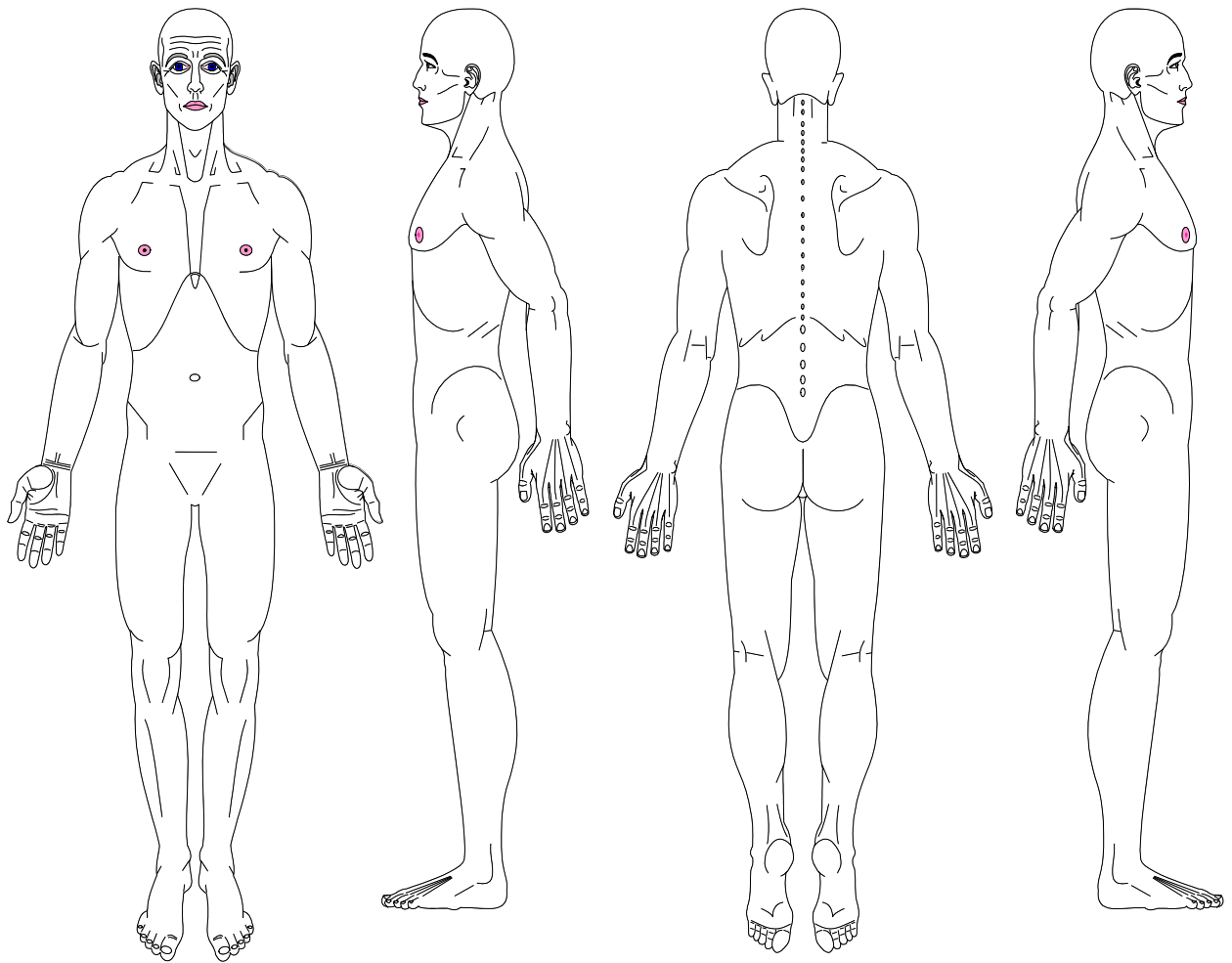
INDIKASI / INDICATION					Pasca Strok / Post Stroke						
PENILAIAN RAWATAN / TREATMENT EVALUATION											
MRN:											
Nama / Name:											
Tarikh & Masa / Date & Time :			Tekanan Darah / Blood Pressure : mmHg				Kadar Denyutan Nadi / Pulse Rate : bpm				
Sesi Rawatan / Treatment Session :			Suhu Badan / Temperature : °C				Bacaan Gula / Blood Glucose : mmol/L				
Skala Kesakitan / Pain Score	0	1	2	3	4	5	6	7	8	9	10
	Tidak Sakit / No pain		Tidak Selesa / Discomfort		Mengganggu Tugas Harian / Interfere with daily activities			Sakit Teruk / Moderate pain		Sakit Tidak Tertahan / Severe pain	
	Sila bulatkan skala yang sesuai / Please circle the appropriate score										
Aduan Pesakit dan Perkembangan Rawatan / Patient Complaint and Current Progress: 1. Ketegangan Otot / Muscle Spasticity : 2. Penjagaan Diri / Self Care : 3. Kebolehan untuk Bergerak / Ability to be Mobile : 4. Emosi / Emotion : 5. Aktiviti Harian / Daily Activities :											
Tandatangan / Signature: Nama / Name: Tarikh / Date:											

Appendix 5: Malay Massage Clerking Form for Chronic Pain^{24,25}

		MINISTRY OF HEALTH MALAYSIA TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT HOSPITAL _____ MALAY MASSAGE CLERKING FORM									
		INDIKASI / INDICATION					☒ Kesakitan Kronik / Chronic Pain				
MAKLUMAT PESAKIT / PATIENT DETAILS											
Name / Name :			No. KP / NRIC :			MRN :					
No. Telefon / Contact Number :			Umur / Age :			Jantina / Gender :			Bangsa / Race :		
Dirujuk oleh / Referred from:											
TANDA VITAL / VITAL SIGNS											
Tekanan Darah / Blood Pressure : mmHg			Berat / Weight : kg			Tinggi / Height : cm					
Kadar Denyutan Nadi / Pulse Rate : bpm			Suhu Badan / Temperature : °C			Bacaan Gula / Blood Glucose : mmol/L					
Skala Kesakitan / Pain Score	0	1	2	3	4	5	6	7	8	9	10
	Tidak Sakit / No pain		Tidak Selesa / Discomfort		Mengganggu Tugas Harian / Interfere with daily activities			Sakit Teruk / Moderate pain		Sakit Tidak Tertahan / Severe pain	
Sila bulatkan skala yang sesuai / Please circle the appropriate score											
SEJARAH PESAKIT / PATIENT'S HISTORY											
SEJARAH TRAUMA / TRAUMA HISTORY				FAKTOR RISIKO / RISK FACTORS: Tandakan mana yang berkenaan / Please tick the appropriate box							
				Sendiri / Self		Keluarga / Family		Sejarah Perubatan / Past Medical History			
								Darah Tinggi / Hypertension			
								Kencing Manis / Diabetes Mellitus			
								Masalah Jantung / Heart Disease			
								Kolesterol Tinggi / Dyslipidaemia			
								Merokok / Smoker			
								Bekas Perokok / Ex smoker			

RAWATAN DITERIMA / TREATMENT RECEIVED Tandakan mana yang berkenaan / <i>Please tick the appropriate box</i>			
	Ya / Yes	Tidak / No	Sila nyatakan jenis rawatan / ubatan <i>Please specify type of treatment / medications</i>
Rehabilitasi / <i>Rehabilitation</i>			
Ubat – ubatan / <i>Medications</i>			
Rawatan PT&K lain (termasuk ubatan herba) / <i>Other T&CM therapies (incl. herbs)</i>			
PENILAIAN PESAKIT / PATIENT EVALUATION			
Lokasi / <i>Site</i> : 1. Bahagian Kiri / <i>Left side</i> ☐ Bahagian Kanan / <i>Right Side</i> ☐ 2. Anggota badan yang sakit / <i>affected part of the body</i> : _____		Huraian: i. Isikan nama bahagian yang sakit (kiri atau kanan) ii. Anggota yang sakit (e.g kaki, bahu, dll)	
Masa Bermula / <i>Onset</i> :		Huraian: Isikan masa mulanya kesakitan yang dialami. (e.g 3 bulan yang lepas, 6 bulan yang lepas)	
Ciri-ciri Kesakitan / <i>Characteristic</i> :		Huraian: Isikan ciri-ciri kesakitan yang dialami (e.g cucuk, tarik, lenguh dll)	
Menjalar / <i>Radiation</i> :		Huraian: Isikan pergerakan kesakitan yang dialami (e.g kesakitan setempat, kesakitan bermula dari kaki kiri dan ianya menjalar hingga ke paha kiri)	
Keterukan / <i>Severity</i> :		Huraian: Isikan perbandingan keadaan kesakitan pesakit dari tempoh ia bermula hingga hari ini (e.g kesakitan bertambah teruk dari boleh berjalan dulu, sekarang menggunakan bantuan untuk berjalan)	
Tempoh / <i>Duration</i> :			
Faktor yang menyebabkan keadaan kesakitan lebih teruk / <i>Aggravating Factors</i> :			
Faktor yang mengurangkan kesakitan / <i>Relieving Factors</i> :			
Simptom lain yang berkaitan / <i>Associated Symptoms</i> :			

PENILAIAN PESAKIT / PATIENT EVALUATION



PLAN RAWATAN / TREATMENT PLAN

MAKLUMAT PENGAMAL / PRACTITIONER'S DETAILS

Tandatangan / Signature:

Nama / Name:

Tarikh / Date:

CONTINUATION SHEET

INDIKASI / INDICATIONS					Kesakitan Kronik / Chronic Pain						
PENILAIAN RAWATAN / TREATMENT EVALUATION											
MRN:											
Nama / Name:											
Tarikh & Masa / Date & Time :			Tekanan Darah / Blood Pressure : mmHg				Kadar Denyutan Nadi / Pulse Rate : bpm				
Sesi Rawatan / Treatment Session :			Suhu Badan / Temperature : °C				Bacaan Gula / Blood Glucose : mmol/L				
Skala Kesakitan / Pain Score	0	1	2	3	4	5	6	7	8	9	10
	Tidak Sakit / No pain		Tidak Selesa / Discomfort		Mengganggu Tugas Harian / Interfere with daily activities			Sakit Teruk / Moderate pain		Sakit Tidak Tertahan / Severe pain	
	Sila bulatkan skala yang sesuai / Please circle the appropriate score										
	Aduan Pesakit dan Perkembangan Rawatan / Patient Complaint and Current Progress:										
Tandatangan / Signature:											
Nama / Name:											
Tarikh / Date:											

Appendix 6: Malay Massage Consent Form (Bahasa Melayu)²⁴

Borang Keizinan Rawatan Urut Melayu

Sila baca maklumat ini dengan teliti. Rujuk kepada pengamal anda jika terdapat perkara yang tidak anda fahami.

Apakah itu Rawatan Urut Melayu? Urut Melayu merupakan satu bentuk terapi manipulasi tisu lembut melalui teknik menguli, mengusap dan menekan dengan tangan beserta aplikasi minyak urut. Perkhidmatan urut Melayu yang ditawarkan di Unit PT&K fasiliti kesihatan kerajaan adalah bagi indikasi berikut: - Kesakitan kronik - Pasca strok Adakah ianya selamat? Secara amnya, amalan Urut Melayu merupakan satu prosedur yang selamat. Adakah ianya mempunyai kesan sampingan? Anda perlu mengetahui bahawa anda mungkin mengalami kesan sampingan yang sementara berikutan rawatan urut, antaranya: - Kesakitan atau ketidakselesaan di kawasan yang diurut; - Bengkak atau lebam di kawasan yang diurut; - Alahan kepada minyak urut yang digunakan; Peringatan berjaga-jaga kepada wanita mengandung: Semua pesakit wanita haruslah memaklumkan petugas perubatan sekiranya mereka mengandung ataupun mengesyaki bahawa diri mereka mengandung. Wanita mengandung tidak digalakkan untuk mendapatkan rawatan urut di Unit PT&K demi mengelakkan risiko keguguran.	Adakah terdapat maklumat-maklumat lain yang perlu dimaklumkan kepada pengamal / petugas perubatan sebelum rawatan dimulakan? Selain daripada maklumat perubatan yang biasa, adalah amat penting bagi anda memberitahu pengamal / petugas perubatan sekiranya anda: Sila tanda (✓) pada kotak yang berkaitan. <table border="1"> <thead> <tr> <th>Keadaan</th> <th>Ya</th> <th>Tidak</th> </tr> </thead> <tbody> <tr> <td>Thrombosis vena dalam (DVT)</td> <td></td> <td></td> </tr> <tr> <td>Kepatahan Tulang</td> <td></td> <td></td> </tr> <tr> <td>Osteoporosis*</td> <td></td> <td></td> </tr> <tr> <td>Mengandung</td> <td></td> <td></td> </tr> <tr> <td>Demam yang tinggi</td> <td></td> <td></td> </tr> <tr> <td>Kanser*</td> <td></td> <td></td> </tr> <tr> <td>Luka yang baru dan terbuka / terbakar</td> <td></td> <td></td> </tr> <tr> <td>Masalah kulit pada bahagian yang dirawat</td> <td></td> <td></td> </tr> <tr> <td>Mengalami masalah pendarahan</td> <td></td> <td></td> </tr> <tr> <td>Mengambil ubat pencair darah</td> <td></td> <td></td> </tr> <tr> <td>Tanda-tanda lain penyakit pada pengetahuan anda</td> <td></td> <td></td> </tr> </tbody> </table> * Rawatan Urut Melayu di kawasan yang terlibat adalah dilarang.	Keadaan	Ya	Tidak	Thrombosis vena dalam (DVT)			Kepatahan Tulang			Osteoporosis*			Mengandung			Demam yang tinggi			Kanser*			Luka yang baru dan terbuka / terbakar			Masalah kulit pada bahagian yang dirawat			Mengalami masalah pendarahan			Mengambil ubat pencair darah			Tanda-tanda lain penyakit pada pengetahuan anda		
Keadaan	Ya	Tidak																																			
Thrombosis vena dalam (DVT)																																					
Kepatahan Tulang																																					
Osteoporosis*																																					
Mengandung																																					
Demam yang tinggi																																					
Kanser*																																					
Luka yang baru dan terbuka / terbakar																																					
Masalah kulit pada bahagian yang dirawat																																					
Mengalami masalah pendarahan																																					
Mengambil ubat pencair darah																																					
Tanda-tanda lain penyakit pada pengetahuan anda																																					
PERAKUAN KEIZINAN Saya mengakui bahawa saya telah dimaklumkan dengan terperinci mengenai rawatan tersebut dan saya faham penjelasan yang telah diberikan. Saya faham bahawa saya boleh bertanya sebarang soalan berkenaan dengan rawatan yang akan diberikan sebelum saya menandatangani akuan ini. Saya mengaku bahawa keputusan ini adalah di atas kerelaan diri saya sendiri. Saya akan bertanggungjawab sepenuhnya ke atas sebarang kemungkinan akibat persetujuan / tindakan saya ini. Saya mengakui tidak akan mengambil sebarang tindakan undang-undang terhadap Kerajaan, pihak hospital, pengamal atau mana-mana pihak lain yang berkenaan sekiranya berlaku sebarang perkara yang tidak diingini akibat daripada keputusan saya ini.																																					
<u>PESAKIT/PENJAGA/AHLI KELUARGA</u> Tandatangan: Nama Penuh: No. Kad Pengenalan: Hubungan dengan Pesakit:	<u>SAKSI</u> Tandatangan Saksi: Nama Saksi: No. Kad Pengenalan:																																				
<u>PENGAMAL PERUBATAN/PENGAMAL PT&K</u> Tandatangan: Nama Penuh:	Tarikh:																																				

Appendix 7: Malay Massage Consent Form (English)²⁴

Consent Form for Malay Massage

Please read the following information carefully. Kindly refer to the practitioner if clarification is required.

What is Malay Massage?

Malay massage is a form of soft tissue manipulation therapy comprising of various techniques such as kneading, stroking and applying pressure with the aid of massage oils.

Malay massage services at T&CM Units in government medical facilities are offered for these indications:

- i. Chronic pain
- ii. Post stroke

Is it safe?

Malay massage is regarded as a relatively safe procedure.

Does it have any side effects?

Patients should be aware that they may experience the following transient side effects following treatment:

- Pain or discomfort at the massage sites;
- Swelling or bruising at the massage sites;
- Allergic reaction to massage oil used during treatment.

Precautionary reminder to pregnant women:

All female patients must inform the healthcare staff if they are pregnant or suspect that they may be pregnant. Pregnant patients are discouraged to receive massage therapy at T&CM Units to avoid risk of miscarriage.

What should I inform to the practitioner / healthcare staff prior to the therapy?

You should let your practitioner / healthcare staff know if you are suffering from any medical conditions such as listed below:

Please tick (✓) the relevant box(es).

Conditions	Yes	No
Deep Vein Thrombosis		
Bone Fracture		
Osteoporosis*		
Pregnancy		
High fever		
Cancer*		
New and open wounds / burns		
Skin problem over affected area		
Bleeding Disorder e.g. Haemophilia		
Taking Anticoagulant Drugs e.g. Warfarin		
Any other symptoms known to you		

* Malay Massage at the affected site is prohibited.

CONSENT FOR TREATMENT

I declare that I have been informed in detail about the treatment and I understand the explanation given. I understand that I can ask any questions pertaining to my treatment before signing this form. I have the right to refuse or discontinue any treatment at any time.

I also consent to such further or other measures as may be found necessary during the course of above mention treatment.

I understand that no legal action can be taken against the Ministry of Health, the hospital, the practitioner or any other parties concerned in the event of any undesirable consequences as a result of my decision.

PATIENT / LEGAL GUARDIAN / FAMILY MEMBER

Signature:

Full Name:

Identity Card Number:

Relationship with Patient:

WITNESS

Signature:

Name:

NRIC:

MEDICAL PRACTITIONER/T&CM PRACTITIONER

Signature:

Full Name:

Date:

Appendix 8: Modified Barthel Index (MBI)¹⁸

*Preferably performed by different assessors for the reassessment

Index item	Score	Description
Chair/Bed Transfers	0	Unable to participate in a transfer. Two attendants are required to transfer the patient with or without a mechanical device.
	3	Able to participate but maximum assistance of one other person is required in <u>all aspects</u> of the transfer.
	8	The transfer requires the assistance of one other person. Assistance may be required in <u>any</u> aspect of the transfer.
	12	The presence of another person is required either as a confidence measure, or to provide supervision for safety.
	15	The patient can safely approach the bed walking or in a wheelchair, lock brakes, lift footrests, or position walking aid, move safely to bed, lie down, come to a sitting position on the side of the bed, change the position of the wheelchair, transfer back into it safely and/or grasp aid and stand. The patient must be independent in all phases of this activity.
Ambulation	0	Dependent in ambulation.
	3	Constant presence of one or more assistant is required during ambulation.
	8	Assistance is required with reaching aids and/or their manipulation. One person is required to offer assistance.
	12	The patient is independent in ambulation but unable to walk 50 metres without help, or supervision is needed for confidence or safety in hazardous situations.
	15	The patient must be able to wear braces if required, lock and unlock these braces assume standing position, sit down, and place the necessary aids into position for use. The patient must be able to crutches, canes, or a walkalette, and walk 50 metres without help or supervision.
Ambulation / wheelchair * (If unable to walk) Only use this item if the patient is rated "0" for Ambulation, and then only if the patient has been trained in wheelchair management	0	Dependent in wheelchair ambulation.
	1	Patient can propel self short distances on flat surface, but assistance is required for all other steps of wheelchair management.
	3	Presence of one person is necessary and constant assistance is required to manipulate chair to table, bed, etc.
	4	The patient can propel self for a reasonable duration over regularly encountered terrain. Minimal assistance may still be required in "tight corners" or to negotiate a kerb 100mm high.
	5	To propel wheelchair independently, the patient must be able to go around corners, turn around, manoeuvre the chair to a table, bed, toilet, etc. The patient must be able to push a chair at least 50 metres and negotiate a kerb.
Stair climbing	0	The patient is unable to climb stairs.
	2	Assistance is required in all aspects of chair climbing, including assistance with walking aids.
	5	The patient is able to ascend/descend but is unable to carry walking aids and needs supervision and assistance.
	8	Generally no assistance is required. At times supervision is required for safety due to morning stiffness, shortness of breath, etc.
	10	The patient is able to go up and down a flight of stairs safely without help or supervision. The patient is able to use hand rails, cane or crutches when needed and is able to carry these devices as he/she ascends or descends.

Toilet Transfers	0	Fully dependent in toileting.
	2	Assistance required in all aspects of toileting.
	5	Assistance may be required with management of clothing, transferring, or washing hands.
	8	Supervision may be required for safety with normal toilet. A commode may be used at night but assistance is required for emptying and cleaning.
	10	The patient is able to get on/off the toilet, fasten clothing and use toilet paper without help. If necessary, the patient may use a bed pan or commode or urinal at night, but must be able to empty it and clean it.
Bowel control	0	The patient is bowel incontinent.
	2	The patient needs help to assume appropriate position, and with bowel movement facilitatory techniques.
	5	The patient can assume appropriate position, but cannot use facilitatory techniques or clean self without assistance and has frequent accidents. Assistance is required with incontinence aids such as pad, etc.
	8	The patient may require supervision with the use of suppository or enema and has occasional accidents.
	10	The patient can control bowels and has no accidents, can use suppository, or take an enema when necessary.
Bladder control	0	The patient is dependent in bladder management, is incontinent, or has indwelling catheter.
	2	The patient is incontinent but is able to assist with the application of an internal or external device.
	5	The patient is generally dry by day, but not at night and needs some assistance with the devices.
	8	The patient is generally dry by day and night, but may have an occasional accident or need minimal assistance with internal or external devices.
	10	The patient is able to control bladder day and night, and/or is independent with internal or external devices.
Bathing	0	Total dependence in bathing self.
	1	Assistance is required in all aspects of bathing, but patient is able to make some contribution.
	3	Assistance is required with either transfer to shower/bath or with washing or drying; including inability to complete a task because of condition or disease, etc.
	4	Supervision is required for safety in adjusting the water temperature, or in the transfer.
	5	The patient may use a bathtub, a shower, or take a complete sponge bath. The patient must be able to do all the steps of whichever method is employed without another person being present.
Dressing	0	The patient is dependent in all aspects of dressing and is unable to participate in the activity.
	2	The patient is able to participate to some degree, but is dependent in all aspects of dressing.
	5	Assistance is needed in putting on, and/or removing any clothing.
	8	Only minimal assistance is required with fastening clothing such as buttons, zips, bra, shoes, etc.
	10	The patient is able to put on, remove, corset, braces, as prescribed.

Personal hygiene (Grooming)	0	The patient is unable to attend to personal hygiene and is dependent in all aspects.
	1	Assistance is required in all steps of personal hygiene, but patient able to make some contribution.
	3	Some assistance is required in one or more steps of personal hygiene.
	4	Patient is able to conduct his/her own personal hygiene but requires minimal assistance before and/or after the operation.
	5	The patient can wash his/her hands and face, comb hair, clean teeth and shave. A male patient may use any kind of razor but must insert the blade, or plug in the razor without help, as well as retrieve it from the drawer or cabinet. A female patient must apply her own make-up, if used, but need not braid or style her hair.
Feeding	0	Dependent in all aspects and needs to be fed, nasogastric needs to be administered.
	2	Can manipulate an eating device, usually a spoon, but someone must provide active assistance during the meal.
	5	Able to feed self with supervision. Assistance is required with associated tasks such as putting milk/sugar into tea, salt, pepper, spreading butter, turning a plate or other "set up" activities.
	8	Independence in feeding with prepared tray, except may need meat cut, milk carton opened or jar lid etc. The presence of another person is not required.
	10	The patient can feed self from a tray or table when someone puts the food within reach. The patient must put on an assistive device if needed, cut food, and if desired use salt and pepper, spread butter, etc.

MBI Total Score	Interpretation
0 - 20	Total dependence
21 - 60	Severe dependence
61 - 90	Moderate dependence
91 - 99	Slight dependence
100	Independence

Guide for Scoring

1. Specify the informant – patient, main support person, both or other. A patient's performance should be established using the best available evidence. Information is gained from observation, self report or informant report. (It takes approximately 5-10 minutes to complete if the observational method is used). Asking the patient, friends/relatives, and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.
2. The index should be used as a record of what a patient does, NOT as a record of what a patient could do
3. The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason
4. The need for supervision renders the patient not independent
5. Usually the patient's performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant
6. Unconscious patients should score '0' throughout, even if not yet incontinent
7. Middle categories imply that the patient supplies over 50% of the effort
8. Use of aids to be independent is allowed.
9. Maximum score is 100. Low scores on individual items highlight areas of need.
10. The goals of rehabilitation were achieved through the reduction in the number of individuals in the more severe MBI scores and the increase in the number of individuals in the less severe ones.

Appendix 9: Ministry of Health Pain Scale (Bahasa Melayu)^{17,19,20}



Appendix 10: Ministry of Health Pain Scale (English)^{17,19,20}



PAIN FREE PROGRAM
Transformasi Konsep Rawatan
Penderitaan Bebas Kelakutan

PAIN SCALE



• Kami Sedia Membantu •
KESEHATAN KESIHATAN MALAYSIA



NO
PAIN

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----



WORST
PAIN

Adapted from IASP 2017



PAIN FREE PROGRAM
Transformasi Konsep Rawatan
Penderitaan Bebas Kelakutan

PAIN SCALE (FACE)



• Kami Sedia Membantu •
KESEHATAN KESIHATAN MALAYSIA



0
NO
PAIN



2



4



6



8



10
WORST
PAIN

Adapted from IASP 2017

Appendix 11: FLACC Scale (Bahasa Melayu)^{17,19,20}

(Unvalidated version - for reference only)

Setiap kategori diberi markah 0 – 2 dengan jumlah keseluruhan 0 – 10

Kategori	Pemarkahan		
	0	1	2
Wajah	Tiada ekspresi tertentu di wajah atau dalam keadaan tersenyum	Kadang terlihat muka berkerut, murung, tidak bermaya atau tidak bersemangat	Rahang terkancing, dagu bergetar (pada kadar kerap hingga berterusan)
Kaki	Kedudukan biasa atau selesa	Keadaan tidak selesa, resah atau tegang	Menendang-nendang atau membengkokkan kaki
Aktiviti	Berbaring tenang, berkedudukan biasa, bergerak dengan selesa	Berguling, berganjak depan dan belakang, tegang	Meringkuk, kaku atau menggelupur
Tangis	Tidak menangis (keadaan tidur atau terjaga)	Merengek dan keadaan berpeluh	Menangis berterusan, berteriak dan teresak-esak, sering mengeluh
Kebolehpujukan	Tenang	Masih dapat dipujuk dengan sesekali sentuhan, pelukan atau kata-kata sehingga mudah terganggu	Sukar dipujuk

Appendix 12: FLACC Scale (English)^{17,19,20}

Each of the five categories (F) face, (L) legs, (A) activity, (C) cry and (C) consolability is scored from 0 – 2, resulting in total range of 0 – 10

Category	Score		
	0	1	2
F ace	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
L egs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
A ctivity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
C ry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
C onsolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to	distractible

Appendix 13: Report on Suspected Adverse Events Traditional and Complementary
Division Ministry of Health Malaysia

A. PATIENT DETAILS																	
Name:	NRIC:																
Age:	Contact no.:																
Gender: ☐ Male ☐ Female	Ethnic group ☐ Malay ☐ Others : _____ ☐ Chinese ☐ Indian ☐ Orang Asli ☐ Pribumi Sarawak ☐ Pribumi Sabah																
Past Medical History: <table border="1"> <tbody> <tr><td>Hypertension</td><td></td></tr> <tr><td>Diabetes Mellitus</td><td></td></tr> <tr><td>Heart Disease</td><td></td></tr> <tr><td>Epilepsy</td><td></td></tr> <tr><td>Asthma</td><td></td></tr> <tr><td>Cancer</td><td></td></tr> <tr><td>Others</td><td></td></tr> <tr><td>.....</td><td></td></tr> </tbody> </table>	Hypertension		Diabetes Mellitus		Heart Disease		Epilepsy		Asthma		Cancer		Others				Past Surgical History:
Hypertension																	
Diabetes Mellitus																	
Heart Disease																	
Epilepsy																	
Asthma																	
Cancer																	
Others																	
.....																	
Medication History:	Latest Investigations Results:																
Known Allergies: <i>(if any)</i>	Treatment Modality: ☐ Malay Massage ☐ Acupuncture ☐ External Basti ☐ Shirodhara ☐ Postnatal Care																

B. ADVERSE EVENT INFORMATION

Adverse event date:

Description of event:

Time to onset of reaction: mins / hours / days /
months / years
(please circle)

Start date of adverse event:

End date of adverse event:

Extent of reaction: ☐ Mild
☐ Moderate
☐ Severe

Seriousness of reaction: ☐ Life threatening
☐ Caused or prolonged hospitalisation
☐ Caused disability or incapacity
☐ N/A (not serious)

Treatment of adverse reaction and action taken:

Outcome: ☐ Recovered fully
☐ Recovering
☐ Not recovered
☐ Unknown
☐ Fatal

Date and cause of death: _____

Treatment-Reaction ☐ Certain
Relationship: ☐ Probable
☐ Possible
☐ Unlikely
☐ Unclassifiable

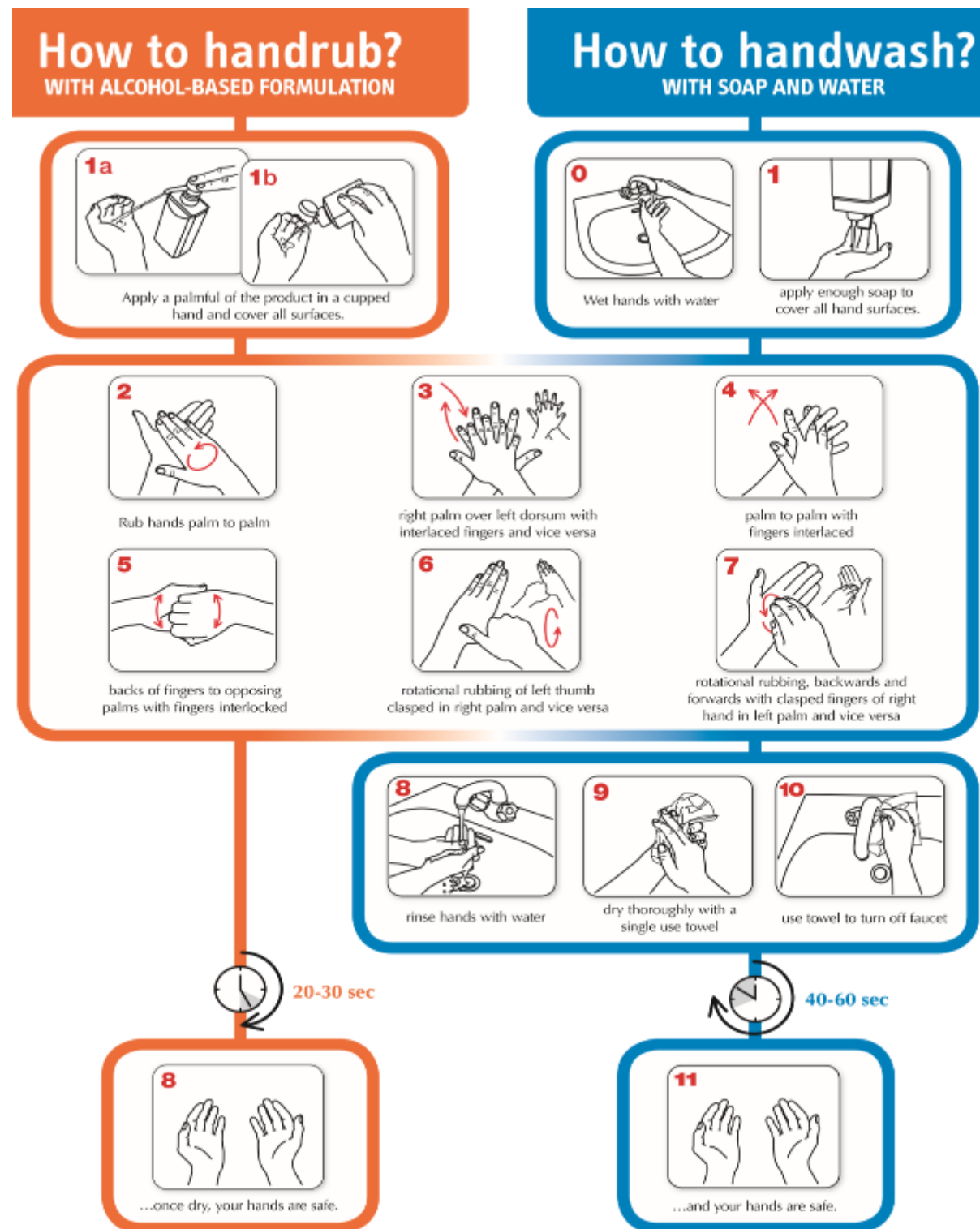
C. REPORTING OFFICER DETAILS

Name: Institution name and address:

Designation: Contact no.:

Email address: Date of report:

Appendix 14: Hand Hygiene Techniques²⁴



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