

Good afternoon, everybody. My name is Brandi. Welcome to Pain Care Skills. As a disclosure, this certifies that I, Brandi Neuman and Ricoardo Solls, have not nor has any spouse or partner in any immediate family ever had any, in the past 12 months, any kind with industry that is relevant to the subject matter of this presentation Brad this certifies that the viewers expressed in this presentation are those of the author and do not reflect the official policy of the Department of the Army/Navy/Air Force. Welcome to massage therapy and pain. A little bit about myself, I have been a therapist since 2004. I graduated from Arizona school of massage therapy. I continued on to get my Associates and applied science [ Inaudible] in 2012. I have had lots of continuing education in structural, trigger point, reflexology, sports massage, Russian massage, precision neuromuscular therapy. There's many more. Cupping. Soft tissue manipulation. I've been a therapist for very long time. I continued -- I have been working mostly for chiropractors for most of my life. I got a job working for the DOD. I am a service member's wife, so we ended up getting orders for Fort Carson. That is where I'm currently at. Some of my favorite hobbies are hiking. I am currently -- One of my goals right now is to hike the continental divide. Now, onto Ricardo.

Hello, everyone. I have been a massage therapist since 2003. I got my core education in Tucson, Arizona, at the desert into Institute. [ Inaudible] just a wide range. I've been working at the IPMC at the William Beaumont Army facility. Welcome. Enjoy. Feel free to ask as many questions as you can, and we will try to answer everything. Enjoy the show, guys.

How does massage work? Can we go to the whiteboard? Here, using the -- Hold on, sorry, I'm trying to figure something else out really quick. There is a T on the side there. Once you click on the T, I want you to answer, how do you think massage helps with pain? When you are done putting your answer in there, just click out-of-the-box and your answer will show up in the box. Take a few minutes to do that. It releases endorphins. That's right. Can we move some of these around? There we go.

Helps with relaxing your muscle and decreasing the tension. Helps with relaxing muscular tension, increase blood flow, stimulates circulation. All of these are great answers, and they are actually all correct. If we can move back to the presentation.

All right. What is actually happening during a massage session? There is a relaxation response which most of you have commented on, and a mechanical response. During the relaxation response, your heart and breath rate slow. Your blood pressure decreases, and the production of stress hormone decreases. In this stage, it increases the availability level of serotonin. This helps with, amongst other things, combing the nervous system down to assist with managing the neurological pain. This is going to help also with muscle relaxation. With the mechanical response, it increases blood and lymph circulation. It relaxes the normalization of the soft tissues, and it helps release the nerves and connected tissues. What happens when you put these two together? It improves the delivery of oxygen and nutrients. It improves your tissue function and helps with the painful muscle contractions. As you can see

in this diagram, the mechanical effects is accomplished by gently stressing the neurovascular structures and the muscles induce a molecular response that helps blunt edema and expedites the clearance of near Oxon side

Sorry, it's hard to see. To the contextual defense which is positive therapeutic encounters. It is tied to the clinical outcomes, the magnitude of a response may be influenced by mood, expectations, and conditioning effects. Touch is another response. Through this therapeutic stimulation, it reduces in reactive stressors and improved mood effects. If someone does not like to be touched, massage is not going to be the best type of therapy for them because it will increase their stress which will in turn, increase their pain. Finally, there is the neural plasticity which is the input of the low threshold fibers.

Can we put the poll up? No pain, no gain, right? How many of you think, if you are not hurting during a massage, then there is no benefit? Yes? No? All right. It looks like we still have a few still loading. All right. We will go ahead and end of the poll. Most of you voted no on that one. Believe it or not, I have to tell you, 90% of the patients don't believe that is the fact. They do believe coming in that they need to hurt while getting worked on. I will give you a little background on why this is not correct and why patient education in these situations is good before they even come to CS so that we are not always having to educate.

If you have ever had a massage that was too deep, the first instinct that you want to do is contract your muscles. It defeats the relaxation purpose of that massage. Correct? Yes. Of course. Then, in that case, you are contracted, I can't get to the deeper layers of the muscle. I'm always fighting with the patient to get in there. Not only that, but we can also do more physical damage to a patient as well if we are going to deep. They tend to not tell us that they are hurting. So, we have to constantly reassure them. Does it hurt? Their feet will be kicking on the table, that pressure is good, that pressure is good. That pressure is not good if their feet are kicking on the table.

We do use different types of instruments like cupping. We do instrument - assisted soft tissue manipulation which is [Inaudible] so you might see some marks on some patients that will come back to you. There are acceptable marks and non-acceptable marks. The pictures you see on the left are acceptable.

The pictures you see on the right are not acceptable. Believe it or not, I have had those pictures on the right before. That wasn't at the fault of my own. It was the patient telling me they were okay, and they didn't have any pain cues. They just kept telling me to go deeper and deeper. The next time I saw her she had a hematoma like that on the right. All that is going to do is damage more tissue and cause more pain in the long run. I had to do a big education session on this. If you see a patient that comes in with the normal scraping, we call them a Shaw, those are completely normal. They will eventually go away on their own within a week to 2 weeks. Knowing pain helps with healing. This is where we get into the cognitive behavioral health. When a patient is understanding of what their pain is, how it works, what causes it, and what they can do to

work around the pain, that is when they will actually get better. Massage can help with some certain functions. But when they get to stages in the chronic pain area, really what massage it is really helping them to his function. Get them to a better functioning level to help them live alongside the pain. How do you do that?

It's really having a lot more education behind it. Your pain psychology, your cognitive behavioral therapy that is really pushing that and helping them understand the concept behind it all and how it all works together. I am a chronic pain patient myself. It took 12 years to finally figure out what it is and why. There is nothing that will fix inflammation pain that is caused by autoimmune diseases. How can I live alongside it? How can I keep it down? How can I function with it? Here I am, hiking 12 miles with 60-pound packs. Do I hurt? Yes. But I can still do it and know that it's not actually destroying anything.

Knowing those certain things and being able to still function the next day. Helping patients understand their pain. Again, sending them to cognitive behavioral therapy. Speaking in the language. I don't know how many times I have had patients come in and they are scared of an epidural. They don't know what it is. They think it's like a pregnancy epidural. No one actually sat there and described it. Or they needed a picture of it or that's just the way they learned. So, I will pull up some muscle charts or they will ask me questions like that. I am not a physician, so I can't really explain how an epidural really functions. I understand the concept behind it because I've had them. But that would be falling under a physician's part.

For me, for my physician, it's better for me to show them hey, this muscle could help, if I really said, I can help with this but I know your pain is here, but help me release this part, it can affect this muscle in this part of your body because they are counteracting muscles. Okay?

All right. Can we put the whiteboard back up? Let's delete these. Okay. On this whiteboard, what types of massage have you heard about? If you don't see the whiteboard, you can type it in the chat box. I know some of you are on tablet or your phone. Sometimes they don't come through with the whiteboard. Remember, you've got to click the T and then click out of the T in order for it to show up. Hot stone is one of my favorites. I have never heard of that, David. I will have to look that one up. Aromatherapy. Neuromuscular. I will give it one more minute. All right. If we want to switch back over to the presentation. Okay.

Everybody knows the two basic things that you hear is Swedish and deep tissue. Swedish and deep tissue make up multiple modalities. When you have a Swedish massage, we throw in a whole bunch of different things and deep tissue, we throw in a whole bunch of other different things. It's just a matter of what type of modalities we would throw in there. Swedish massage, your trapezius -- What stress do you carry? Okay. Your basic Swedish. In a Swedish massage, if we did nothing else but Swedish, it is pretty much just [Inaudible]. It can get pretty boring, and patients would probably want something else on top of that.

Effleurage is a circular stroke made with the palm of your hands. The Petra saws is a motion of skin rolling that [ Inaudible] its basic lymph nodes being -- It's a very light movement. Different modalities that we would add into Swedish are things like reflexology. It's when pressure is applied to your feet, your hands, that is supposed to represent parts of your body. It started in China many many years ago and they would represent parts of your body, organs, and it's supposed to help decrease stress and anxiety by reducing toxins in those areas through those points.

Here is an example of what the foot chart would look like. I could not find the charts that represent part of your body, but the arch of the foot is supposed to be the spine. The tip of the toe is supposed to be the head. As you can see, the center of your foot is supposed to be like your diaphragm. It's the same thing with your hands.

Craniosacral therapy is another one. What is it? It's a light touch to move fluid in and around the central nervous system. How does that help? It relieves tension in the central nervous system. It helps eliminate pain by helping promote the feeling of well-being and it helps boost health and immunity. Craniosacral therapy, I find it helps best with TBI patients. And is not aggressive. It's a very light touch, and it helps with their headaches a lot. I don't know why, it just works. It gets really interesting because it's contraindication, but it's more of a contraindication for an immediate one. A good candidate for it is a chronic pain, fibromyalgia, migraine headaches, complex regional pain syndrome, post-concussion syndrome, anxiety, depression, and grief.

Posterior Matt posttraumatic stress disorder, neck and back pain, digestive disorders, ADHD, insomnia, and support for mind and body pre- and post-surgery. Who cannot benefit? Concussion, cerebral swelling, brain aneurysm, traumatic brain injury, blood clots, any disorders that cause instability or cerebral fluid pressure flow or buildup. Obviously, a fractured skull, or any time of type of blunt trauma to the head. In other words, anything that has just happened. If it's an old injury, it's okay to work except for if the fluid keeps building up.

Lymphatic massage is used to stimulate the flow of lymph to relieve swelling and improve health. It was developed in the 1930s by Danish physicians' email and Astrid Vawter. It is used to treat peripheral edema. Benefits of lymphatic massage. Lymphatic drainage was considered comparable to compression bandages and exercise in women with post vasectomy lymphedema.

Rheumatoid arthritis, lymphatic massage has been proven to help with the later stages of the disease. Fibromyalgia, lymphatic massage has helped to treat the stiffness, depression, and quality of life, but not the actual pain. These are kind of the lymph patterns. Mainly the armpits, behind the legs, and the neck area. Precautions for lymphatic massage is congestive heart failure.

Emphysema, and skin infections. Now, we are going to get into deep tissue massage. Again, we have our basic deep tissue massage. When people hear the word deep tissue, we immediately think lots of pressure and extreme

pain. That is not the case with deep tissue massage. We are working the deeper, smaller muscles that might be more uncomfortable to work. Some of the basic strokes we use with Swedish massage, we just use more pressure. Then, we combine different modalities again. It promotes and increases the circulation; it promotes muscle relaxation. Okay.

Deep tissue modalities. We have trigger point therapy. Trigger points are a hyper irritable tissue that when compressed, are locally tender. It's a significantly hypersensitive. Muscle overload causing abnormal release of -- Sorry. It causes an increase in calcium in the affected area resulting in them to contract. Trigger points will have a pain referral pattern. Therapists will solve the pattern to help the patients with their pain. When a therapist does trigger point therapy, they apply pressure to the area -- I can't even talk bread for approximately 30 or 90 seconds or until they feel the change in the tissue or release. Therapies may also revisit the same area and do it again. All trigger points may not release in one pass or one visit. Repeating visits are needed.

There is a really cool website charting trigger point pattern. We are going to add it into the chat. It's [triggerpoints.net](http://triggerpoints.net). You can look it up by symptoms or by muscle if you are curious if a patient might have a trigger point referral pattern. The classic trigger point system symptoms are [ Inaudible] pain feels more like muscles and not joint and seems deep. Limbs may feel a little weak, heavy, or stiff. Pain mainly in a specific area with a clear epicenter. There is no clear injury, but flareups often occur and represent to positions [Inaudible] pain usually only happens occasionally, but some episodes can last weeks or months.

Craves massage, but only provides temporary relief. It feels better with activity and exercise. The pain is not strong or sharply linked to a movement. Symptoms unrelated to a trigger point, numbness, tingling, very sharp pain, joint pain, pain and movements, abdominal pain, soreness, or widespread feeling of malaise. Trigger points do coexist with other conditions. Here is this basic trigger point handout. That website is going to be a lot more beneficial than these little handout things.

Structural integration massage. I don't know if anyone has ever heard about Rolfing. It's a very deep type of massage. It is known to actually straighten somebody's body in 10 sessions. I don't typically like to practice this type because it's very painful. You don't use any type of massage lotions. Some people do enjoy it. I find that working with chronic pain patients, they don't want pain, so I tried to make it as comfortable as possible and enjoyable as possible. I will give you a little background.

What is structural integration massage? It's a type of massage, it is usually used to treat certain symptoms. There have been studies done. I did not find the studies, I just heard about it in massage school that they had straightened some people with scoliosis using this type of practice. I have not found it. That is just what they told us. It's very intense and a lot of people don't go looking for it unless they know about it and they specifically want it. It's very aggressive.

What are the benefits for structural integration? It helps chronic pain, relieves stress, increases mobility. It is supposed to put your whole body back in alignment, and that is how it is supposed to relieve chronic pain, but you are also inflicting pain. Relieving stress, you have to have the right mindset to have that kind of -- Patient by patient, it is all different. Not one person is the same way. For me, this type of therapy does not relieve my stress. It makes me more stressed. But there might be someone else who might welcome it again, this is all based off of what I have learned and what Ricardo has learned and experienced. There might be someone out there that has a different idea. You have increased mobility because you are now in alignment and things are moving properly. Of course, there is increased mobility. Contraindications are acute inflammation and recent trauma.

Myofascial release. Myofascial release focuses on reducing pain by easing tension and tightness in the trigger points. A therapist will need and stretch the muscles to work out the knots. The pressure is applied through hands, elbows, massage tools and in order to be effective, the therapy needs to be done on a regular basis. It is important to teach patients how to effectively treat themselves during the sessions. I do teach this type of class; I do a self-care technique last for the patients. In order to get these types of outcomes.

Who would it benefit? After surgery, after an injury or illness, unexplained pain, repetitive injury, headaches, migraines, prenatal care, chronic pain conditions, fibromyalgia, general wellness, mental health and wellness, anxiety, and depression. Contraindications. Of course, burns, injuries, painful wounds. Anything that involves the skin is a contraindication with massage. Fractured or broken bones. Again, anything with massage. Fragile or weak bones. Deep vein thrombosis or deep vein issues or blood thinner medications.

Neuromuscular therapy, this is actually what I practice the most. I get the most and if it out of this. What is neuromuscular therapy? Neuromuscular therapy [Inaudible] as well as manual therapy. Neuromuscular therapy uses precise manual techniques that maintain, relax, and lengthen muscles. Neuromuscular therapy appeared in Europe in the 1930s and 1950s. It came to the United States with the work of Raymond v-mail. He became well known for neuromuscular therapy. Travel theorized that the buildup of metabolic waste products in stress muscle fibers, stimulate nerve endings. It sends impulses through the nerves that activate pain response to a specific area of the body.

Neuromuscular therapy sessions only focus on areas of discomfort instead of the full body massage. Neuromuscular therapy sessions, we have an assessment of the patient's conditions. A lot of times, the provider does that beforehand. I still assess them when they come in. I will watch the way they move and probably how they sit. I just see how everything is lined up. I develop a strategy with their pain management with massage therapy and then we stretch the patient. We strength train with the scope of massage therapy. A lot of times, I asked them what their physical therapist provided them for stretching. If I think of something else, I add that to that. Working with other providers to help with rehab, and

then educating the patient about their body and teaching them how to alter behaviors to create trigger point pain.

Sarah asked, please explain how neuromuscular therapy can be of beneficial to MS patients. It's very beneficial. The reason why neuromuscular therapy is huge is one, we are working on the area in a relaxed state. So, a lot of times, you will watch one of my videos where I am working on the trap. I don't like working on the trap facedown because your trap is extended. If you are laying on your back, it is relaxed. When you work on that area like that, it helps with relieving the aches and pains. Also, you are adding simple movements and it's almost like a nerve lag which a lot of PTs might know what I'm talking about with that. Not only are you doing a small amount of muscle movement, let me move my arm up here. Okay, so, we are going to work in between here, for instance. We are not going to go like this for a massage. No. With neuromuscular therapy, we are literally just going to - - You can barely see my fingers moving. Let's just say I want to move movement in the. We're going to go back and forth with very little movement also on that finger. With MS, they have a lot of inflammation and everything else. I hope that answers your question. It just works because of the slight glide. You are combining the movement and the slight movement of the muscle release in there at the same time. It's pretty amazing what I have seen with neuromuscular therapy. I highly recommend it.

I live in Colorado, currently. They don't require massage therapists to get CEU's here. I continue to get mine. I really wish that more people would get trained in this. It is very, very beneficial. Stress reduction, rehabilitation, client lifestyle improvement, educational and emotional release.

Your muscles actually hold emotional release. Especially working with active duty servicemembers or retirees or veterans, they have been through a lot of things. You might work on a muscle, and they will just start crying. And you don't know why. It's just because their muscle will let go and so did those emotions for that specific muscle. It's kind of cool.

Okay, neuromuscular therapy, repetitive injuries such as carpal tunnel and trauma injuries. Neuromuscular therapy contraindications, unstable heart, untreatable high blood pressure. Broken bones, inflammation, and sunburns. All right.

Can we throw the poll up? Which one of these are not a form of massage used on humans? Okay, I will give you like one more minute. Okay. We are going to go ahead and close the poll. I have news for all of you. All of these are forms of massage used on humans. We are going to go into our next slide. If you wouldn't mind watching that YouTube video that we just posted in the chat box. It goes over the Python massage, which is commonly known in Thailand, Vietnam, and Indonesia. That YouTube video is actually in New York where they offer it. I will give you a few minutes to watch it. When you are done, in the chat box, just write done.

I will give everybody a couple more minutes.

At least it wasn't a spider massage. They have weird ones out there. Funny story with that one, my mom went to India, and she called me one day and she goes Brandi, you won't believe it. I just went and got a Python massage. I said what? Are you serious? Those exist? Sure enough, they do, and she actually really enjoyed it. I am not game before it either. I am sure you guys have all seen Facebook videos and stuff with fire massage. That is out there. Fire massage is found typically in China and Tibet. In Tibet, it is called fire Dragon therapy.

Next one. Ricardo, do you want to put the next one? In Thailand, you can get a massage from a baby elephant guided by their trainers. The first thing I think about this is broken ribs. But, if you want to, you can go ahead and watch that video about getting an elephant massage. Just comment in the box when you are done. I will give just a couple more minutes. I don't know anybody who has gotten an elephant massage. Not something I would go for.

I just learned about this when I was researching unique massage modalities. Snail massage is also another one performed in Thailand. Snails secrete a mucus which allegedly helps the skin. They actually sell creams over there, from my understanding.

I just call these unique. There is a knife massage as well which just started in China in about 770 BC. It is still being practiced today in Taiwan and Japan. Also, there is another YouTube video if you want to watch it. There is a face slapping massage which was introduced into the United States by a tile and massage therapist. It is supposed to reduce wrinkles and increase the production of collagen and produce blood circulation.

Sarah, from what I had seen on those videos with the face slapping, they actually do kind of do slap the face going in a downward motion. They do some chopping on the face too. It's supposed to create an uplift. I don't know. I just kind of thought it was funny. I'm going to get face slapped today.

Welcome back. We are going to get into what is the best modality to use. How does your therapist decide this? We do a thorough intake of the patient and the patient's concerns. During the session, the therapist decides the amount of pressure the patient can handle by asking the proper questions. We will figure out what modalities will best suit of the treatment.

Sometimes the first go around with the session isn't the right treatment. They might need a different way. I will use a patient of mine as an example. She had a bad parachute jump. When working on him, of course he had a lot of chronic pain everywhere. He has nerve pain. He has all of this stuff. We started off breaking up scar tissues from surgeries. We finished that, then we went into another type of treatment with helping with range of motion, getting into deeper things. We found that it wasn't working very well with releasing his [ Inaudible].



Just recently, we switched over to just a Swedish based massage because actually doing the deeper tissue, he couldn't talk to me, even though the pressure was still good, he was having flashbacks through all of those which caused trauma to the symptoms. By doing this Swedish massage, he actually got better relief through his massage. The first go around, we might not actually find the right type of treatment. We have to play around with different things.

Can we move to the whiteboard? What happened? Give us a minute to get the questions up there. Okay. What do you think might be some important intake questions for massage therapists to ask?

If you are on your phone or tablet, you can put it in the chat, and I will read them out loud. Previous massages? That's a good one. Medications. That's good. Type of pressure. Previous surgeries. That's a good one. Areas to avoid, yes, that's a good one to talk about. Fears and concerns. Yeah. Give it about another minute. Areas I should stay away from. Yeah. We will go back to the presentation. Please excuse the technical difficulties. We are getting it. Give us a minute. Sorry.

There we go. Thank you, Aaron. So, important intake questions I have, have you ever had a massage before? That was common. Do you have any difficulty laying on your front or your back? When they lay down on their stomach, when I push down, sometimes it can cause more pain in the lower back. In that case, I have a pillow they can put under their hips. They are more comfortable, and we don't pinch on the disk or have any other issues.

You have any goals from massage therapy? If yes, what are they? I want to know what they want to accomplish in this session. Of course, we always have to ask about the pain scale. Things that I would chart and document, what is one activity that you are no longer able to do that you want to do again? We are dealing with a lot of chronic pain patients, and they lose something that they are most passionate about. They want to get it back. We work towards baby steps for that goal. That is how we judge their improvement.

Is there any other daily activities that have become difficult which you would like to try and do again? Again, work for improvement. Are you open to change or adjustment in your activities to make small portions of it possible even though it may not be the same before the injury? These are some of the questions I would prompt the patients to ask. I never covered that.

For pregnancy, massage therapy and pregnancy are different for every therapist. Some therapists don't even want to see them. My personal rule is, if they did not have problems conceiving, I will see them in their first trimester. If they had problems getting pregnant, I don't want to see them until their second trimester. Even in the second trimester, if they are high risk, I want permission from their OB. I don't want to be responsible for a possible miscarriage. They said that we can cause miscarriage like in acupuncture. I just don't want to be responsible for the what if. If I have a pregnant patient coming to see me, I do tell them about it, and I leave it in their hands about what they want to do.

Late stages of pregnancy, if they are going to go into labor, they are going to go into labor. It's a safe zone that they can go into labor, that's okay, but it's more so the beginning stages. Every place and every therapist is different. I have a pregnancy pollster here so that they can still lay on their stomach.

And then, I totally lost my train of thought. Anyway, yeah. Some just won't see them at all. It's really up to them. Some people said what type of pressure on the intake. I don't ask that question. The reason why I don't ask that question is because I might go in and say I need a deep tissue, but when I get on that table, it's actually the therapist's light pressure. That is what I have noticed over the years. I don't find that the person on the table really knows what kind of pressure they need.

When I start working, I will tell them what kind of pressure I am doing. This is my medium, this is my light, this is my deep. Every therapist has a different medium, light, and deep. That's how I address that. Okay.

Sarah asked, how do we deal with patients who say it feels really good and I wanted every week for the rest of my life. When is the endpoint, and when is the goal achieved? I will answer your question, Sarah, a little bit later in the presentation. I will get to you here in a little bit. Okay?

It happens all across the board. Trust me, we have to call it an end because we have to make room for the new patients coming in. Right? Areas to avoid, yes, there are patients that have that zone of comfortability. The big no-no zones that people don't feel comfortable are the glue and the abdominal area. There are muscles in the abdomen that I have to work sometimes when it comes to the lower back or the groin area. We get people referring patterns -- You would wreck the abdominal muscles; you don't actually work the groin. You work the abductors and all of those areas. But, I have to get in the abdomen.

So, what do I do to help them feel comfortable working in those areas? One, communication. Two, keep them closed. Keep that barrier between them. I have their pants kept on unless I have to work hamstrings or any part of their legs. Working glutes, it saved my lower back so I don't have to deal with [Inaudible] so I have them come in PT shorts and we are keeping the pants on. I do a lot of manipulation and stretching through it. It makes my life a little bit easier in dealing with my lower back issues. So, fear and concerns, that's a big thing.

I don't know about your guy's clinic, but sometimes, I get those guys that come in that our providers -- We get testicular pain, those guys come in so scared that I'm going to skip massage the testicles. But I'm not. I worked their abdomen, the abductors, their quads, their hamstrings, their glutes. All of the muscles that attach into their pelvic girdle. I don't go anywhere near them. They come in white as a ghost, afraid. It's the same thing with acupuncture. They are afraid that they are going to get needles in places. Communications and knowing that they have a fear of coming in, my providers tell them it's going to hurt really bad when they come in. I actually went over this with them. You can't tell them that I'm going to hurt them because one, they won't show

up for their appointment, and two, that's not exactly what happens in here.

It's not about hurting the patient. It's about relaxation and relief. There was a case study that was in the handout stuff. We emailed everybody the handout stuff a couple days ago. I don't have all the case studies. The study was done by Daniel Perkins. They used the Ronald disability questionnaire and the bothersome scale to get the information for this study. The conclusion of the study revealed that massage therapy may be an effective treatment for chronic back pain with benefits lasting at least six months.

However, ultimately, there was no significant difference between relaxation or structural massage. When it comes down to relieving symptoms or lower back pain. In your picture, you will see everything, I'm hoping yours is a little bit bigger than mine, of everything. The numbers for each study. We did include the presentation on that handout.

All right. Here's the numbers. There really was no difference. Again, you treat the patient on how they are. They both benefit the same. All right.

Can we put up the whiteboard? In what ways do you think massage therapy can cause more pain? Again, click on the T, right in the box. If you can't write in the box, just write in the chat box and I will read them aloud. Click on the T, put it in there, and then click out of the box. There is a T on the side.

Increases inflammation. Yeah. Overly aggressive. Yeah. Getting uncomfortable from the headrest. Yeah. I actually ordered a nice one. The elephant kind, I agree. [Laughter] I am thinking broken ribs with the elephant kind. Can you guys not see the T? Okay. I guess we are having more technical -- It makes the patient have more anxiety. You are correct. Yeah. People feel good and then overdo it. I will give you maybe one more minute. Not informing the therapist when it's painful. Positioning. It looks like we are getting the T back. Release of toxins. Cupping can be fun. It's not generally painful. It just leaves a mark on your back. The only painful part is when we move the cups around. Scented room can cause migraines. Actually, I will get more into the scents. We will go ahead and go back to the presentation.

Okay. Elements that can cause more pain. Environment of the treatment room. Energy transfer. Aromatherapy, communication. Like you guys said, the aromatherapy, I actually don't like to use aromatherapy because a sense can trigger a memory. What if it triggers a bad memory? It could cause more emotional trauma and then you would not be able to relax on the table. But, we don't know that about the patient. If I use one type of scent on one patient, the next patient might have a memory trigger. What if the therapist is having a bad day and they didn't clear their energy before coming in? Now I just had that energy transference to somebody else. That causes trauma. Communication. That is pressure, all of that stuff.

Communication, the pressure, the right range of motion. Generally, we can tell if the right range of motion is bothering them. Sometimes we get fooled. We are not always 100%. We try to be, but we are not always.

Okay. We are going to try the whiteboard one more time. Ricardo, do you get it? Do you guys see the T up there now? Okay. Who do you think is the ideal person for massage therapy and the pain management clinic environment? You click on the T, make sure you click out of the T, and again, you can put in the chat box, and I will read them aloud. I guess I should've clarified a little bit better. What type of conditions? Even though every patient needs a massage, we cannot hit every patient because most of us -- There's only one or two of us.

Patient, Julie. [ Inaudible] all right. We will go back to the presentation. So, everybody wants a massage. Myofascial pain as the primary pain is the best candidate. Post-surgery. Muscle strains. TBI, once cleared from a medical professional. Tension headaches, and fibromyalgia. There are other conditions, of course, that would benefit. Being the fact that we are so limited in the DOD facilities for our profession, we really have to limit to who we can see and who would most benefit from our practice.

Okay. I want to put the poll up. Our last poll. Okay. Do you think the pain scale should be used when determining if a massage is beneficial or not? We'll give it a few more seconds. Okay, I guess we will go ahead and end the poll. We will go back to the presentation. It was almost 50-50 on that one.

With acute pain, the pain scale is beneficial. Her chronic pain, it's not very beneficial because the pain actually doesn't ever go away. The functionality of our everyday lives is actually more beneficial. Healing doesn't mean the pain doesn't exist. It means that the damage is no longer controlling our lives. That's one of my favorite quotes. Is there one specific way to treat pain with massage? Acute pain could subside and get better. Depending on what it is. If we catch an injury right away, and it has a lot of muscle trauma to it, you pulled her hamstring and we go and we work it right away, we have caught it right at the damage point. Now my back is sore, and it becomes a pyramid of facts. There is no one specific way.

[ Inaudible] not one patient is the same. That is why the more therapies we have to offer; it is more beneficial. Chronic pain, it's better off to educate. Work with a function. I ask them what is a function they want to strive for? Picking up a child? Playing on the floor with them. We had a lot of those goals when we are getting better. Is the pain still there? Yes. But they can still continue their day after playing with their kids. That's what I look for. But there is always the pain. It is always at a 4 or 5. Okay, treatment protocols. We will go ahead and pull up the whiteboard. This is our last whiteboard.

Why do you think -- What you think massage therapists look for when evaluating a patient? Go ahead and push the T, or you can write in the box, and I will read them all out. People that don't like to be touched; I would try to do more energy work. Or, have them keep their clothes on.

Onset of pain, duration of pain. Most painful areas. Range of motion. Yeah. Active engagement in self-management. Yeah. Okay. We will go ahead and go back to the presentation.

Evaluating the patient. I always tell people remember, function, origin, and attachment zones of the muscles. Noticing the following will help determine what muscles need to be lengthened and which ones need to be shortened. Patient's shoes, the way they walk, their alignment, their foot placement, how they sit, hip rotation, head movement, et cetera. Just watching a patient walked down the hall, I can generally tell what I am working on. I can see by the bottom of their shoes if I do some hip stretches and see the wear and tear on the inside, outside, the heel. That all changes the posture of how they place things and what may be affected.

This is a big one. I had a patient come back from a team retreat and I had been telling the this forever but even though he's weaker on one side, he pain is on that weaker side, I work more on the other side because it's tighter and it's shortened. He would always argue with me, my pain is on the other side. He went on this retreat, and they did the same exact thing I did. He goes yeah, they're telling me I need to rebuild on that one side because it's weaker and shortened and that's why I'm in pain and I need to loosen up that one side. I'm going I told you this a long time ago. But since I'm not a doctor, he didn't hear it from me. Sometimes, we have to get that information put out by the providers. Yes, my pain is on my left side, but my right side is causing it. It's the alignment of the way it goes. My right side is pulling those vertebrae out of alignment and pinching my left side nerves. I have to loosen the right side.

All right, examples of treatment. Lower back pain. Protocol. Client assessments, muscle activation, static stretching, PNF stretching, and table work. Typically, we try to include all of this in a session if we can. Sometimes my sessions are only 30 minutes long. I can't include everything. But, I try to.

Common conditions we see. Sciatic pain, herniated disc, stenosis, and scoliosis. I work at an active duty only. I saw someone with the VA. You guys probably see different conditions than we do. We won't see a lot of those. These are the most common ones I see here. Okay.

We would evaluate with pelvic tilt. Posture, evaluating the way they walk. How their legs lineup. If you want to take five minutes and watch this YouTube video of me evaluating, I think my husband on this one. I have one with my husband and my son. The evaluation of how he sits. Write in there when you are done watching it.

Typically, a table work protocol, for lower back, we would do a nerve stroke which is usually a light effleurage. You don't want to do any of this if you have anybody with CRPS -- I can't think of the right -- I have one patient with it. This will send her pain through the roof. Trigger point therapy would follow. Then we would do a myofascial release. Traction. Strip the key well. Superior glued and SI area. Lower extremity and psoas release.

I do a lot of neuromuscular as well. Sometimes I don't get to half of that. I figure out what they specifically need, and I get right into those. Neuromuscular can take the full 30 minutes just working on one specific thing. For treatment, herniated discs, massage typically does not help with the pain given from these. That is the common condition. It can help with relieving the pain around the muscles around it. We would release the glutes, the key wells, the psoas, and then massage therapy and physical therapy work best hand-in-hand.

Yoga is good with this one as well. A lot of times the patient comes to us wanting to cure the pain specifically for these things. They don't tend to get better because they want to back pain gone and they will just say no, it still hurts. No. It still hurts. They don't ever realize that yeah, it still hurts, but are you still able to sit down on the ground with your kid now? Yeah, I can do that, but it still hurts. These conditions of pain typically don't ever go away. We all know that herniated disc, you can live with it your whole life and never realize you had one. That doesn't mean that their herniated disc isn't causing their pain. It's a Catch-22 with these. It's not that massage doesn't help with their pain; it's not helping with their direct pain. It's their secondary.

Treating the sciatic nerve pain, there's two types of sciatic nerve pain. Typically, when the sciatic nerve -- Massage can really help with that. When it's a pinch in the lower back, it's hit and miss but it can help, it might not help. It's all about getting those vertebrae to shift right. Depending on how it's being pinched, if it's being pinched by the disc, there is so much behind it. Again, it's movement, massage, and physical therapy all work great. We may strip the memory of the muscle and it's up to physical therapy to really destabilize the whole area. Re-stabilize the whole area.

SI joint pain. Massage helps release the muscles around the SI joint and helps relieve the tension. Massage does not help the inflammation, or the arthritic pain associated with the joint. Massage typically can also increase inflammation to an area depending on what modalities you are using. Cupping increases inflammation to an area. If you have someone, I will use me for an example, who has an inflammatory issue and this is an inflammatory crisis and is having pain from it, I learned this one the hard way. Don't try cupping because it doesn't help. It makes it worse. It makes it 10 times worse because it's increasing more inflammation to the area. Personal experience. Typically, with those, you have to find other alternatives.

Scoliosis. Massage helps with scoliosis. Now, it is a chronic condition. It is not a one massage, you are healed. It's a repetitive pattern that you have to complete, nonstop. It's just your whole body. If you think about what the spine is doing, and how that muscle structure is affected, massage is very important to their everyday life. They would benefit quite well from it. The use of massage therapy to relieve chronic low back pain by Laura Allen. They used the Oswestry lower back pain scale to self-report on pain levels and interference with daily activities. With only receiving four massages in a 28-day period, the patient had a nine out of 10 in the measures with only issues with lifting.

In conclusion, massage is a promising treatment for lower back pain, but further studies need to be done. With most of the studies that I have pounded from found from massage therapy, they need more evidence. All right. Take the next 10 minutes to watch a lower back protocol that I did on my husband. Some of these, you can actually perform in clinic. I try to make it as clear as possible. If you have questions, just let me know. All right, the next 10 minutes. Just type done when you are done.

Let's go to lower extremities. Again, for the evaluation, their hips, knees, feet and issues with the way that they walk. Do their knees bow out? Are they limping? Do they cross their legs when they sit? How you saw in that one video, do they have a wallet in their back pocket? Very fine things can change the way you get out of alignment. Again, tableware protocol. You have the table work protocol. We will pull the legs and traction the lower extremities. Again, at work, sometimes I don't hit everything. I focus on what is there. What they are being referred for. If I had an hour, I could probably do everything. Most of us are under 30 minutes, conditions treated. Hip pain, groin pain, knee pain, shin splints, and planter fasciitis. Can you guys hear me, okay? Okay. All right.

Comment on the patient's the cross their legs. They also they turn their legs outwards. When they lay on their back you will see one leg that flops out to the side. That means the Piriformis short on one side. That is how I noticed that the Piriformis. I will do those hip stretches you saw on the lower back. Massage can help relieve this. It takes multiple sessions. Again, it is a lot of physical therapy, yoga, re-patterning.

I am being told that I am breaking up. I am wondering if it is because of this phone. I dropped my phone a while ago. Is it still breaking up, Kathy? Thank you, Craig. Okay. Let's see if we are still breaking up some. Is this better?

Okay. Hip pain. Hip pain can come from many different issues. Massage can help with some of those conditions, but not all of the conditions. So, my history, once I get them, I haven't had much luck with it. I had one person sit and talk to me about this. There is surgery actually help them with their labrum tear. When they come to me, I don't know, they just haven't had any recovery and anything getting better with it. But when I have them, I really focus on those hip flexors. We work on the IT band, and everything associated around the. I tried to help with that. It is really hard. The structure has been damage. It will always have some sort of pain in there. I can just release some of the muscles around it.

Groin pain. This is a very uncomfortable thing for the patient. It is a very private matter and a very private area to even talk about. Up old internal area, you try to really address this issue by being up front and being comfortable with them and make it, we can just work with clothing on for right now. Luscious work the abdomen and work over the sheets or just clothing on with a double barrier. Whatever makes them comfortable to start with. You know that you're not invading their territory. You can just do, a lot of neuromuscular therapy, you have to do with the closing on any way. The sheet just does not work very well because you have a lot of gliding strokes. And so, it is very complicated to get into those with

clothing off. And so, we leave them on. The main thing with growing pain is making sure that the patient is comfortable when they visit. The massage does help quite a bit.

Knee pain. The structural part of the knee and what is causing the need. A torn meniscus, massage will not help with it. If you have a lot of tendinitis or your quads are too tight or you need better mobility, postsurgical stuff going on, massage is very beneficial. It won't help with any tears in those tendons or ligaments around the knee either.

Shin splints. Always do a full intake with the patient. I brought this up with our providers and asked them if they ever ask the patients if they recently changed their shoes? I have found a lot of my shin splint patients did recently change their shoes and they went back to a similar shoe because they thought they needed a more supportive shoe out here in the Rocky to rain. They cause themselves to have shin splints because they weren't used to running like that, and to cause more trauma on the muscles around there. When they went to their unsupported shoe, there shin splints went away. So that was a very common theme that could be an easy fix or trying orthotics which a lot of places for active duty provide them. I don't know about the VA side. I don't work on that end. Always pulled a muscle towards the bone and never pursued away. If you think it's already being torn, you need to pull it in, so it is helping the area. There is also a way that you can roll the cast out. You just roll up and down and then turn your foot inwards and roll up and down on it. A lot of people love it.

Plantar fasciitis. Massage can be beneficial but again it is one of those things that is causing the plantar fasciitis. Is it issue? Is a heel spur? If it is a heel spur, I might not be able to help. If it is because of poor posture and stuff like that, I can help try to stretch out that fascia.

Cervical and thoracic spine. Again, evaluation. Identifying the muscles that could be causing the issue. You've got your levator scapula, rhomboids, and those can change. So go ahead and take five minutes and watch the video. This one is my son. It is evaluating.

Conditions of chronic pain. Traumatic brain injury, TBI. Chronic headaches. Herniated disc and thoracic outlet syndrome. Again, with the protocol we have the nerve stroke trigger point. Releasing the paraspinals, rotating the patient to the supine position, releasing the levator scapula and rhomboids. Releasing the subscapularis, and stern a vital mastoid. Traction and stretching the neck. Scott massage and massage.

We did email out a study that you have access to about TBR massage. It can help with conditions in many ways by helping with dizziness. It can aid and relief in lowering the blood pressure and helping to relax their muscles. The therapy will only last about two to three days if not only a few hours. Treatments are typically more Swedish-based modalities like Scott massage and reflexology. That is what I personally find works better for this group of people. If you talk to another therapist, they might say something different, but this is what we agreed on.



For chronic headaches, massage therapy can help with your tension type headaches the most by releasing the neck muscles and the shoulder muscles and the scalp to relieve the headache. Massage releases stress in the nervous system and improving the patient's everyday life. This in turn can help to relieve some of the migraine symptoms as well. Migraines sometimes have two components. They have the tension, and they have the nerve structure. It is hard to say that massage will not help with chronic migraines. That will help relieve some to appoint I don't know exactly about the science behind migraines. Some of the patients that I have seen, a 50-50% chance that it could help.

Again, herniated disc. Is not going to cure the pain for the herniation of the disc, but it will help with relieving the muscle aches and pains and the imbalance meant areas. Go into the right position because that might relieve some pain off of it that way. It will help decrease the hunching of the shoulders and increase relaxation.

Thoracic out load syndrome. This is a big one. It is very common and works with combining massage, sorry, this condition takes a very long time to fix. Almost all of them do. You want to see any long-term benefits or short-term benefits from these conditions for six to eight months. Exercises that I actually recommend for these types of patients is Chen talks are legator scapula stretch. Rhomboids squeezes and pectoral stretches.

All right. If you want to take 10 minutes and watch this hands-on, this might be my son.

All right. It looks like we are wrapping up the video. All right. Scar tissue's beneficial if we catch it early. If it is too late and if they've, had it too long, it will be beneficial because it will be adhering to the nerve. When can a patient have a massage? Post-surgery, 6 to 8 weeks. Pulled muscle or other injuries, 24 to 72 hours. Cancer, wait until their own colleges clears them from the size. Pregnancy, it is up to the therapist. Some therapists like to wait until they are in their second trimester.

What is the best treatment plan? The ideal treatment plan would be once a week for six weeks and then once every other week for two months. With their current caseload, our caseload is one session every two weeks for three sessions. And then we reevaluate. If there is a progress and their pain and functionality is getting better, I give them three more visits every two weeks. If they continue to improve, I give them six more sessions at once a month. And then I cut them off. 12 sessions and that is it. I have to make room for other patients. I give them a list for other areas that give discounted massage therapy. Appointments typically are 60 minutes in duration for hands-on treatment. I block for 45 minutes, and I do 35 minutes hands-on.

We recently changed my schedule so I can try to offer some sort of muscle therapy for once a week. I have instrument soft tissue manipulation and they are 15-minute sessions. I get three of them in an hour and I can usually get each patient in once a week for that on the opposite week of

their massage. So, massage one week and then as scraping. I encourage self-care class so they can learn to do their own stuff. I hope that answers the question. 12 massages. We have to make room for other patients.

That kind of wraps it up. Are there any further questions that you have for me? You can type them in the chat box. I would be more than happy to answer them. This is what we have experienced here. Thank you. I appreciate it. Thank you all for participating. Thank you for being such a great class and helping me out here.

Hopefully next year they will have them in person. It would be nice to be having a hands-on for everybody. It would be fun.