

CARPAL TUNNEL and NERVE ENTRAPMENT SYNDROMES

(3rd Installment)

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I find it impossible to treat carpal tunnel and nerve entrapment syndromes without using a deep tissue approach. So, this article will give you some background and strategies for using deep tissue to treat these syndromes.

WORKING WITH DEEP TISSUE

Many times the approach to deep tissue work is destined to fail or, at best, only obtain limited results. Some of the common mistakes are: **1)** not working within a structural model; **2)** not releasing surface pain and resistance before going deep; **3)** and not moving slowly.

Any deep tissue protocol needs to follow a specific sequence that includes structural balance, as well as intermediate and primary goals as presented in the last article.

Deep tissue work does not have to be the most painful experience in a client's life. When I hear deep tissue therapy compared with the pain of childbirth, I cringe. The Massage Therapist needs to work within a client's pain threshold, and the pain of childbirth is beyond that threshold. How dose the Massage Therapist judge how much pain their strokes are causing and what is acceptable? Several rules of thumb apply - **observe the client's ability to relax with the massage strokes:**

- **If the client is relaxed and able to breathe easily, then the work is easily within the client's threshold.**
- **If the client starts to tighten and resist the stroke, the pain threshold is being approached. At this point you may lighten pressure, slow the speed of the stroke, and have the client breathe into the stroke.**
- **If the Massage Therapist lightens the pressure and the client is able to stop resisting, then repeating the same stroke with the same pressure a second time will allow the work to be deeper because of the softening of the tissue from the first stroke.**

So be patient, and be willing to do two or more strokes to achieve the desired result.

THE DEEPER YOU GO THE SLOWER YOU GO!!!!!!!!!!!!

One of the most effective ways to work into a body is to **slow the speed of your stroke**. Slowing the speed at which you enter your client's body, **and** slowing the actual movement once you have reached the desired depth, shows respect for your client. First, it reduces the pain of almost any stroke. Second, it allows your client a chance to relax into the stroke and not resist it. Third, it allows the tissue to release ahead of the pressure of the actual stroke. Clients and therapists report that they feel the tension and resistance in the tissues leaving ahead of the actual pressure. Fourth, it gives the therapist and client a chance to work together and build trust.

Remember.....***THE DEEPER YOU GO THE SLOWER YOU GO!!!!!!!!!!!!***

I have produced a videotape on Carpal Tunnel that provides an excellent demonstration of the speed. I strongly suggest watching it, or taking a class with me for hands-on supervision. If raising your awareness of this (slow) approach in your massage therapy treatments is the only thing I accomplish, then I will have been successful. That is how important it is to move slowly.

Watch the rhythm of your clients breathing. If you start your strokes on your client's exhalation, the client is much more likely to accept the pressure and depth of the stroke. In addition if you move the stroke only when the client is exhaling, the client will accept the stroke more easily. **Note that resistance equals pain.** Working with your client's breathing decreases the resistance and consequently decreases the pain. Also, when you stay tuned in to your client's breathing, you will be aware instantly if the client stops breathing. When this happens, the client may be telling you that the stroke is moving too fast. It is interesting to note, too, that when a client stops breathing, usually the Massage Therapist has also. Try slowing the stroke even more and breathe with the client. Usually an exaggerated breath by the Massage Therapist will encourage the client to start breathing again and the stroke can proceed.

Bodies are composed of many layers of muscle and connective tissue. It is necessary to work through the tissue that is nearer the skin for Massage Therapists to work the deeper layers of the soft tissue. If the tissues that are near the surface are tight, congested or inflamed, deeper work will produce unnecessary pain and resistance unless the surface layers are released first. This leads to the discussion of the Three Step Protocol that is used to achieve the treatment goals for nerve entrapment and carpal tunnel syndromes. I use this

approach almost every time I work deeply with my clients, regardless of the area of the body being treated.

THREE STEP APPROACH

“To enter a person’s body and touch deeply is a privilege and honor.”

As a Massage Therapist, I honor this privilege and my clients every time I work on them. Please keep this in mind as you work on your own clients.

The three-step approach will work with almost any deep tissue protocols for almost any part of the body. Each of the three steps used individually will reduce a client’s pain. However, used in sequence they create a way to:

1. Work the surface tissues, releasing the resistance, swelling, inflammation and pain in these shallow tissues and preparing them for deeper work
2. Work the intermediate and deep layers of the soft tissue, unwinding the bunched muscle fibers and myofascial holding patterns
3. Work the deepest layers of muscle tissue, connective tissue, adhesions and scar tissues

STEP 1 - MILKING STROKES

The first step is to release the resistance, spasm, contraction, ischemia, inflammation, trigger points, and swelling of the surface tissues. The presence of any of these conditions is usually accompanied with mild discomfort to severe pain. The strokes used to accomplish this first step are the **milking strokes** which will move fluid and waste products, reduce the swelling and inflammation, deactivate and clear most trigger points, and reduce the resistance of these surface tissues. The surface tissues include the fascia, muscles and other connective tissue close to the skin. In order to be able to affect the deeper tissues where many of the structural restrictions are found, you must release the surface resistance and tenderness. If you force your way through this resistance without adequately preparing the tissues for the deeper work, you aren’t working *with* the client, but plowing through the client creating unnecessary pain. This most certainly won’t be building your client’s trust in you or your work. However, if your clients know that you are sensitive to their pain tolerance and willing to work slowly, they will be more willing to work with you and allow you to work deeper.

As you release the resistance, spasm, contraction, ischemia, inflammation, trigger points and swelling of the surface tissues, repeating these same milking strokes with the same amount of pressure will work on tissues that are at an intermediate level as well. **As the surface releases, the same pressure goes deeper.** Also, the

clients will allow deeper pressure because the painful conditions of the surface tissues have already been released. This prepares the area for the second step.

STEP 2 - DIRECTED MYOFASCIAL UNWINDING STROKES

The second step is to release the myofascial holding pattern that exists between muscle fibers, individual muscles and muscle groups. For carpal tunnel and other nerve entrapment syndromes of the arm, this myofascial holding pattern holds the structure of the client in internal rotation which results in strain patterns that produce weakness and pain. These strokes are slow and allow the tissue to release without forcing it. The **directed myofascial unwinding strokes** release the bellies of the muscles first before addressing the attachments over the bony prominences. This creates some slack in the soft tissue allowing the strokes releasing the attachments to be more effective with less sensation for the client. You enter the body slowly with these strokes. Sink in, Sink in, Sink in, Sink in. Once the sinking in has stopped, a slight specific direction is applied that will follow the desired unwinding of the pattern. The stroke moves only as the tissue releases. Sometimes the resistance in the tissues will not allow you to make much progress at first, but be patient - the tissues will begin to melt and open the way for you. Other times there is little resistance and the tissues seem to melt away making the stroke seem effortless. Moving only as the tissues melt will allow you to make the greatest changes in the structural patterns as the holding patterns release.

Always remember.....**THE DEEPER YOU GO THE SLOWER YOU GO!!!!!!!**

STEP 3 - INDIVIDUAL FIBER STROKES

The third step is to release the shortened individual fibers and adhesions, and to normalize scar tissue. This is accomplished with **individual fiber strokes**. Because of the milking strokes and the directed myofascial unwinding strokes, you are now able to work deeply with a minimum amount of sensation. The directed myofascial unwinding strokes have released the restrictions within the connective tissues and muscle tissues and separated the bunched muscle fibers. Now the individual tight fibers, adhesions and tight scar tissue that remain are isolated and brought into focus for the individual fiber strokes. If we had not released the myofascial holding pattern and released the soft tissue bunching and restrictions, you probably would not be able to find and treat the most important individual fibers. The individual fiber strokes are more specific than the directed myofascial unwinding and sometimes deeper. Application of these strokes is as slow as the directed myofascial unwinding strokes - only move as the tissue releases.

Again, remember.....***THE DEEPER YOU GO THE SLOWER YOU GO!!!!!!!***

You will be able to work quite deeply when you first use these strokes because the area has already been prepared. Just make sure you stay within your client's pain tolerance. The areas of connective tissue adjacent to the muscle bellies are worked first, which creates some slack in the attachments. This will allow treatment of the attachments over bony tissue to be done without unduly pinching the nerve between tissue and the bone. It is important to soften and normalize the fibrous tissue that can entrap nerves. The individual fiber strokes complete the release of the entrapment and compression of the nerve tissue, and are the last step in the protocol.

When you first do the three-step approach, I recommend that you have hands-on supervision in order to master it without using your clients as guinea pigs.

I hope you will find this approach as effective as I have over the years. Your clients will love you – not only for your sensitivity and respect, but also for the awesome results you will achieve.

Next installment: Protecting your own arms and hands - your most valuable tools as a Massage Therapist.