

SET TALK

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MA3267 MH705 MM3717

(*Massage Message*, November/December, 2001)

BEING SUCCESSFUL USING DEEP TISSUE TECHNIQUES

Ann, a 35 year-old airline stewardess, had been suffering for six months from cervical flexion/extension injuries as a result of a motor vehicle accident. When her concerned friends encouraged her to make an appointment with me, she was extremely hesitant to have any more deep tissue work. She had experienced a tremendous amount of pain in her sessions with another massage therapist doing deep tissue work, and felt she was only getting worse. Her friends, who had already been successfully treated by me, assured her that all deep tissue therapists were not the same. Based on their experience, they convinced her that she could recover with the techniques I use, and that she would not feel excruciating pain during the sessions.

During Ann's initial evaluation, I noted that structurally her head was forward and there was a reverse curvature of her neck. I also noted that on her intake form Ann had shaded the back of the neck and top of the shoulders as her principal pain areas. I explained to her that I was going to address the pectoralis region and the anterior neck first, and then address the back of the neck and the top of the shoulders. Ann was amazed because in the past only the painful areas had been treated with deep tissue therapy. As I proceeded through the protocol she was very pleasantly surprised that I was able to work as deeply as any other therapist, and yet she was not in excruciating pain. In fact, when I treated the back of the neck and tops of the shoulders, she noted that the treatment was much less painful and the area felt ready to be worked. After only four sessions, Ann was out of pain and able to resume her normal life activities.

What is important to learn from this scenario is that it is crucial to have a strategy for applying deep tissue massage techniques that is structurally based. Deep tissue therapy, whether it's myofascial release, myofascial unwinding, myofascial stretching, or deep trigger point release, will result in significant long-term changes. If these releases and changes do not contribute to structural balance and normalization of structural function, then they are likely to exacerbate structural distortion patterns and structural dysfunction which tend to create worsening conditions and increased client pain. In Ann's case, the tension was released from the musculature of the anterior shoulder and anterior neck first, which allowed the shoulders and neck to move back. This also facilitated the initial structural

improvement. As the shoulders and neck were moved back, the spasms in the tissues in the back of the neck and top of the shoulders began releasing even before I ever applied any direct therapy to those areas. Consequently, she experienced less pain during the session. If I had concentrated on the back of the neck and top of the shoulders first – her primary areas of pain – the tightened musculature in the anterior neck and pectoralis muscles would have pulled the head further forward as the posterior musculature was released. The structure would have worsened by releasing into increased misalignment, and Ann would have experienced increased pain. Thus, it is very important for therapists who use deep tissue therapy to always be aware of the structural consequences and ramifications when releasing fascia, adhesions, and shortened muscles.

Ann's second complaint about deep tissue therapy was the excruciating pain, and that she felt the therapist was more intent on the depth of the work, rather than working within her pain tolerance level. I recommend using a **three-step approach** to working in deep, and all three steps are used in each session. In Ann's case, all three of the steps worked together to progressively reduce her pain.

The **first step** is to release the fluids, toxins, and ischemia. This reduces the inflammation and clears some trigger points. Tissues swollen with toxins, fluid and inflammation are extremely sensitive and painful to touch, so I use light slow gentle strokes until there is a reduction in the general swelling and fullness of the muscles. As these changes take place there is a reduction in the sensitivity of the tissues, which allows me to palpate the tissues without major discomfort. The tissues are now ready for me to work deeper.

The **second step** is to use directed myofascial unwinding strokes to release the holding pattern of fascia in the structural dysfunction, and to further clear trigger points. These strokes are **very slow**. You sink in, sink in, sink in, until the resistance in the tissue is met, and then hold constant pressure until the resistance starts to melt. Then, follow the tissue as it melts keeping the pressure slow, steady and constant. When applying these strokes in this way, I feel many layers softening and releasing much deeper than where the actual pressure is. I cannot stress enough that these strokes are **very slow**, and only move when the tissues release. (THE DEEPER YOU GO, THE SLOWER YOU GO!) In Ann's case, she noted that she was not experiencing any major discomfort like she had before. She also noted that these strokes appeared to release tissues more deeply than all the deep tissue therapy she had had in the past, and yet she was not in severe pain and was able to work with me. These strokes released most of the myofascial

holding pattern that held the structural distortion within Ann's neck and shoulders. However, there was some residual structural distortion and some specific tightened fibers that had not responded completely to the deep slow directed myofascial unwinding strokes. This area was now ready for more specific deep work.

The **third step** releases deep fascia, adhesions, scar tissue, and atrophied tissues locked in the soft tissue. Many of these deep adhesions and scar tissues entrap nerves and lock the structure into distortion. To work these tissues I use deep, specific strokes, again moving **very slowly**. As in the directed myofascial unwinding strokes in step two, I sink in very slowly and only move with the release of the tissues. (THE DEEPER YOU GO, THE SLOWER YOU GO!) For Ann, I applied these strokes with the head and neck positioned in the correct structural alignment that we wanted to achieve. Thus, as the tissues were releasing, they were promoting and supporting structural balance. Anne was able to receive these strokes well within her pain tolerance levels. The end result using these three steps in this order was improved structural balance and increased range of motion. However, had I tried to work this deeply without applying the first two steps, Anne would not have been able to tolerate the sensation of these more specific strokes.

I was successful working with Ann because I used a deep tissue strategy that moved her progressively into structural balance, and worked layer by layer into the deeper tissues within her body. I also worked within her pain tolerance level, rather than overpowering her with the strength and depth of the strokes. It is my hope that by using Ann's case as an example of the progressive application of deep tissue therapy, I will have expanded your awareness of the necessity of working with structure, which will ultimately help you to become more successful with this work. The same three-step approach can be used wherever you work on the body applying deep tissue therapy, and all three steps can be applied in each therapy session. If you feel that you are not adequately trained to work with structural distortions and balancing, please seek additional training. There is no shortage of clients who can benefit from trained massage therapists who will apply deep tissue therapy in appropriate ways. Again, I encourage you to remember to move slowly into people's bodies as you work. Try this three-step approach and notice how your clients will appreciate your therapy and continue coming back.