

SET TALK

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GANGLION CYSTS

Coming in to the holidays, I start thinking about cooking. As recipes start running through my mind, I am reminded of a current recipe that I'm now seeing more frequently.

- 1 eager massage therapist
- 1 massage table, either too high or too low
- 1 therapist body jammed with improper body mechanics
- 1 or more days overflowing with clients
- Several oversized clients
- Mix the above with the daily stresses of life.
- Repeat several days in a row
- Result: "*piece-de-resistance*" – a **ganglion cyst** for the massage therapist!

Unfortunately, this recipe for massage therapists with ganglion cysts is being repeated more and more frequently. It is also becoming an increasing problem for people from other walks of life.

A perfect example is a recent client who was under a tremendous amount of stress in medical school, and was learning and practicing medical / surgical techniques that demanded precise and repetitive motions of her hands. She had developed a painful ganglion cyst on her wrist, but couldn't afford the down time that surgery and recovery would impose on her. She had heard that she might be able to avoid surgery with the deep tissue therapy techniques that I use and scheduled an appointment with me. In her initial session I applied the deep tissue myofascial massage techniques of SET and, approximately one hour into the session, her ganglion cyst was no longer evident. When she came for her next session it was apparent that the cyst had disappeared, so I was able to address the symptoms in her head, neck and shoulders that had built up due to all her stress.

It occurred to me, while she was thanking me for the treatment that eliminated her need for surgery, that very few massage therapists ever talk about ganglion cysts, or, to my knowledge, know how to treat them. So, let's take a look at them.

What are they? How and why do they form? A ganglion cyst, according to *Taber's Cyclopedic Medical Dictionary*, is "a cystic tumor developing on a tendon or aponeurosis that sometimes occurs on the back of the wrist". They can occur on or along any tendon or aponeurosis of the body, and normally occur in areas

where the tendons are irritated or stressed. If we liken this to a blister they are easy to understand. As you know, a blister forms when there is an irritation or rubbing on the skin that causes the body to produce fluid underneath the skin as a cushion to protect the deeper tissues. Like the blister, repetitive stress along a tendon or aponeurosis causes the body to produce fluid or a thickening to protect the deeper fibers of the tendon resulting in a ganglion cyst. Stress on a tendon or aponeurosis is the #1 cause for the body to produce ganglion cyst. As massage therapists we are very susceptible to over stressing the tendons of our hands and wrists due to repetitive action or improper body mechanics. Consequently, we are most likely to develop ganglion cysts in and around the wrist and hands, which can prevent us from working and send us to surgery if not properly treated. The longer a ganglion cyst exists, the more fibrous it becomes making it more difficult to treat. If these cysts are addressed when they first occur, generally they are more fluid and less fibrous, and can usually be treated more easily and successfully in less time.

This brings us to the importance of having a strategy for working with ganglion cysts. If you mention ganglion cysts to your grandparents, they often don't know what you are talking about. But if you mention "Bible cysts", they know exactly and usually feel they have a good solution. That solution is to lay the hand out flat on a table, pick up the Bible (which used to be the biggest book in the house), and slam it down on the cyst to pop it. As massage therapists, this technique seems too much like "mixing 'heavy-handed' religion with therapy". However, as I mentioned before, there are good deep tissue myofascial techniques that are extremely effective. Those of you who have been reading my articles are familiar with working deeply into the body using the three-step approach that allows very deep and very specific individual fiber strokes in the third step – this is extremely effective for reducing ganglion cysts.

Let me give you an example: Jean was a piano player who had developed ganglion cysts at the base of three fingers along the tendons that pass over the knuckles. She was often playing in stressful concerts in concert halls where the piano stools were not always the right height, and played long pieces with extensive repetition of movement of her fingers and hands. Consequently, she was most susceptible to the development of these cysts. Her presenting symptoms included tight and swollen forearms and hands, internal rotation of both arms, and inflamed and swollen ganglion cysts. I had several goals for addressing this problem: first, to correct the internal rotation of the shoulders; second, to reduce swelling and soreness of the forearms both

anterior and posterior; and third, to reduce and eliminate the ganglion cysts. I accomplished these goals by applying deep tissue massage and myofascial release techniques (following the protocol for carpal tunnel and nerve entrapment addressed in my previous articles) to the muscles and connective tissue responsible for the internal rotation of the shoulders. I then released the fluids toxins and ischemia and the myofascial holding patterns of the forearms. The final step was to release the tight individual fibers of the forearms through the tendons leading to the fingers and applying very specific individual fiber work to the areas of the ganglion cysts until they softened, released, and disappeared. She was able to continue practicing and playing in performances between sessions, but it did take several treatments to get rid of the cysts due to the intensity of her work and the severity of her condition. (Please refer to the November/December 2001 issue of *Massage Message*, or to our website where this article is posted, for a detailed description of the three-step approach).

Some ganglion cysts will be more difficult than others to treat due to the length of time people have had them, the amount of daily repetitive motion that affects the tendon, and their overall health. Oftentimes, it may take several treatments to reduce the size of the cysts, and the area may swell and inflame slightly after the initial treatment. Generally speaking this is a good sign because often the hardened tissue inside the cyst turns softer with the additional fluid in the area, and can be more effectively treated in the next session. After the cyst has released and disappeared, there will usually be some thickened connective tissue or scarring around the tendon. Thus, to achieve total recovery, and reduce the possibility of future problems, I soften and spread this tissue to normalize it.

Now, for my recipe for eggnog.....! HAPPY HOLIDAYS!! I'll return with more treatment tips in the next installment of SET TALK.