

SET TALK

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REHABILITATING RESTLESS LEG SYNDROME

Carol, a 65-year-old retired school teacher, was having trouble sleeping due to sensations and movements in her leg at night. She had gone the medical route and was taking strong medication for what was diagnosed as restless leg syndrome. However, her symptoms were getting worse requiring more medication, and she was beginning to believe that it would be a life long condition. Carol came to my office on the advice of her friend who had asked me during her own treatment for low back pain if there was anything that could possibly be done. I told her that I have had a number of clients who have had restless leg syndrome who experienced a significant reduction in symptoms and often were able to go off their medication for restless leg syndrome.

Restless legs, according to Tabers' Cyclopedic Medical Dictionary, is a "...condition of unknown etiology characterized by an intolerable creeping and internal itching sensation occurring in the lower extremities. Symptoms are worse at the end of the day when the client is either seated or in bed. With the onset of symptoms the client is compelled to move legs to bring relief. ...It can sometimes be associated with kidney stones, neuralgia, psychotropic medication, trauma and excessive stress."

Massage therapists are seeing an increase in clients with restless leg syndrome since a greater percentage of the population is aging. It is unclear whether there is a higher frequency of restless leg syndrome in the elderly age group than before, or if there are just more elderly clients. Restless leg syndrome often becomes apparent after the age of 40. Usually clients who present with restless leg syndrome have had long periods of high stress in their lives.

When restless leg syndrome is associated with traumas like falls and auto accidents, I have found that structural evaluation reveals a significant structural collapse of the client's core distortion pattern which involves an anterior/posterior rotation of the iliums, a long/short leg, and a tipped sacrum. This structural collapse usually results in the client's having significant discomfort not only in the legs but also low back and head, neck and shoulders often including nerve entrapments of the upper extremities. Inflammation from nerve entrapments in other parts of the body usually increases the discomfort that the client experiences from restless leg syndrome.

When the traumas such as a fall are so severe that there are damaged the nerves resulting in neuralgia, this is an additional factor causing the client's discomfort and complicating the recovery. Sometimes the traumas are caused by surgeries that leave nerves damaged or entrapped by surgical scar adhesions. This again further complicates the client's symptoms and recovery. When excessive stress is involved with its negative effects on the nervous system, client symptoms and challenges again increase. In a worst case scenario psychotropic drugs could further complicate the client's problems. People do not take psychotropic drugs without experiencing stress in coping with their daily lives. Sometimes the emotional stress that leads to psychotropic drugs along with the drug itself is all that is necessary to produce the onset of restless leg syndrome.

From the above discussion it is apparent that there are many conditions associated with restless leg syndrome that can be effectively treated with therapeutic massage.

Stress is one of the major causes and contributors to restless leg syndrome, so it is obvious that massage therapy is most beneficial in reducing this stress and tension in the soft tissue of the body. In addition, massage also helps reduce ischemia, inflammation, and swelling, all of which affect the nerves of the legs. Advanced therapeutic massage techniques that use directed myofascial unwinding strokes facilitate the release of the tension from the holding pattern found in the fascia that is often chronic and makes it almost impossible for the clients to relax on their own.

The structural collapse of the core distortion that was mentioned earlier in association with accidents and falls is present with every restless leg case that I have treated, even when accidents and falls were not part of the client history. When clients are in the structural collapse of the core distortion the soft tissue of the legs is in strain patterns that greatly reduce the strength and function of the muscles. In addition, the muscles work harder, produce more waste, become chronically tightened to make up for the weakness, and develop adhesions and scar tissue that tend to entrap and impinge on the nerves. If the focus is on rehabilitating the structural collapse in the client's pelvis and legs as part of the treatment for restless leg syndrome then you will be addressing the source of the inflammation, irritation, ischemia, chronic tension and nerve entrapment. As the structure improves the muscles of the legs won't have to work as hard and won't become so fatigued.

When the structural collapse of the core distortion is a result of trauma or surgery, often the scar tissue that builds up at the site of injury (or surgical wound) is a major contributor to the nerve entrapment or neuralgia

associated with restless leg syndrome. Again advanced therapeutic massage that softens and normalizes the adhesions and scar tissue that entrap the nerves has a significant positive effect in reducing restless leg syndrome.

The 3-step approach is extremely effective when applied to structurally balance the collapse of the core distortion. The milking strokes reduce fluid ischemia and inflammation. The directed myofascial unwinding strokes reduce the myofascial holding patterns and unwind structural distortion. Then the individual fiber strokes lengthen tightened fibers and soften and normalize scar tissue and adhesion.

When Carol, the retired school teacher, started therapy she was in a structural collapse of the core distortion and had a history of an auto accident 10 years prior. At the time of the auto accident she had been treated by a chiropractor for a whiplash injury with the focus solely on her neck area. Unfortunately, the imbalance of her pelvis that had become worse due to the accident had not been addressed. In Carol's last eight years of teaching she had developed low back pain from standing on her feet while in this structural collapse which only made her symptoms increase. The structural collapse of the core distortion left her with only 30-50% of muscle strength in about half the muscles in her legs due to the strain patterns in the structural collapse. This resulted in further tightening of the myofascial holding pattern to compensate for the weakness, and the development of adhesions and scar tissue where there was tissue damage due to long hours on her feet without a balanced structural support. Shortly before she retired at 63 she noticed her first symptoms of restless leg syndrome. At this point she was in a significant structural collapse with back pain, strain patterns going down both legs, a myofascial holding pattern compensate for the weakness, and the formation of adhesions and scar tissue were starting to entrap nerves. The physicians who had examined Carol were only interested in the nerve sensations, and had not paid any attention to her structure or the soft tissue involvement. Consequently the only therapy or solution they could offer was medication which had its usual negative side effects.

When Carol came for her first session I applied a low back structural balancing protocol which included the 3-step approach that allowed me to work deeply to effectively address the soft tissue restrictions while staying within her pain threshold. Carol had a left anteriorly rotated ilium and a right posteriorly ilium which produced a long left leg and short right leg. The sequence of this protocol first addressed the specific muscles and soft tissue on the anterior hip and leg to allow the ilium to rotate into balance posteriorly and to

release the distortion that had developed in longer leg. Then the specific muscles and soft tissue were addressed on the posterior hip and leg to allow the ilium to rotate into balance anteriorly and to release the distortion that had developed in the shorter leg. This initiated the structural rehabilitation, and the adhesions and scar tissues that were entrapping the nerves were addressed from the very first session. After several sessions using this same protocol Carol reported that she was having less severe and less frequent low back pain and a decrease in the frequency of her restless legs symptoms. We continued on a weekly basis with the same protocol for three more treatments. When she came for her next session she reported only one instance of low back pain for the entire week which occurred after a long shopping trip to the mall. She also had only one instance of "creepy leg" which was during the night after her shopping trip. After two more sessions using the same protocol, she reported no low back pain or restless leg symptoms for the entire week. She was scheduled for two more sessions 10 days apart, and again reported no low back or restless leg symptoms during the 10 days. As she continued to improve she was able to schedule at two week and then three week intervals.

Treatment that focused on rehabilitation of the structural collapse of the core distortion not only effectively addressed her low back pain, but also the symptoms of her restless leg syndrome. As the sessions progressed deeper strokes were able to be applied to the tissues using the 3-step approach to release the deeper adhesions and scar tissue. As her body softened, the inflammation, swelling and ischemia were reduced, the myofascial holding pattern was released, and these deeper tissues became more readily accessible. I have found that working in this manner on clients with conditions like restless leg syndrome is the most effective way to have long lasting positive therapeutic results.

I have only briefly mentioned the 3-step approach and the low back protocol to balance the structural collapse of the core distortion. If you have clients with low back pain and restless leg syndrome, they are most likely in a structural collapse of the core distortion. If you would like more information and the protocol to effectively rehabilitate these conditions, my book [Relief from Low Back Pain](#) can be ordered from my website.

Good luck in treating your clients with challenging conditions. I'll again present some more interesting cases in the next issue of SET TALK.