

SET TALK

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MA3267 MH705 MM3717

(*Massage Message*, July/August, 2002)

SPRAINS, STRAINS,

NOT A VACATION

Questions about sprains and strains come up in just about every workshop I teach, and there seems to be significant confusion about how and when to treat. As stated previously in my article dealing with fractures and broken bones, this confusion concerns me because of the potential to create unnecessary complications for both the client and the massage therapist. Applying inappropriate techniques at the wrong time can be detrimental to the client's recovery by exacerbating the injury, and there could be the potential for legal problems for the massage therapist!

We all know it is advisable to have the doctor's permission to treat an injured area. However, it is essential for you as massage therapists to proceed cautiously and make your own specific observations to avoid further injury to the client. This will also reduce your chances of becoming legally entangled in other medical practitioner's errors.

Doctors, chiropractors, physical therapists, and other medical personnel have been known to misdiagnose sprains and strains in spite of all their progressive diagnostic tools. Often, with the physician's advice due to the cost, clients will forgo the expensive diagnostic techniques until it becomes apparent that the injury is severe. Physicians often recommend intervention therapies such as massage therapy at this phase.

When a client presents with a sprain/strain injury, the first step for massage therapists is to note the severity, and inquire whether it has been examined and diagnosed by qualified medical personnel. The next step is to determine who those medical personnel were, and are you comfortable that there was an adequate examination that included x-rays? Also, has the client been seen since the injury for evaluation of the healing process, which will vary from client to client. If still in doubt, wait a week and re-evaluate. By then, a more severe injury would probably be apparent.

During treatment it is very important that we as massage therapists stay in contact with the physicians keeping them informed of the status of the client's progress. If the healing process appears to be slower than you feel is appropriate, or if the client appears not to be benefiting from the therapy, express your concern to the physician and suggest that the client have further diagnostic

evaluation. It is extremely important to stay in communication with physicians when this is the case.

Example: Sherry, a 21 year-old bicyclist, was referred to me with a diagnosis of a sprained ankle suffered in a cycling accident. After several treatments, the swelling had receded only slightly, and the range of motion remained restricted. I communicated with her physician through progress notes, and the physician subsequently recommended an MRI. The MRI showed ligament damage in the ankle, but the physician felt it was not serious enough for surgery. However, with the information from the MRI, Sherry's expectations were now such that she did not expect to go back to full usage of the ankle for at least 10 weeks, and the physician prescribed massage therapy for 10 more sessions. Without this diagnostic test, Sherry might have discontinued massage therapy prematurely, a beneficial treatment for her, and possibly overused the ankle causing further injury. In addition, as the massage therapist treating her, I could have been liable for not referring her back to her physician when the injury did not respond to treatment.

When I do start to work with the clients, one of my first concerns is how the sprain/strain is affecting their overall body structure. Imbalances in the body structure, which can be a result of the initial trauma, are often overlooked and, in essence, are causing the client a considerable degree of discomfort. Often, they are causing structural stresses on the area of the injury resulting in imbalances in healing. Some sprains, as with the ankle or foot, will cause a structural imbalance due to the inability of the sprained area to support the body's weight. The body will also compensate by shifting its weight to the opposite leg, hip and shoulder causing further imbalance. Sprains in other areas such as the elbow may cause the entire body to compensate by trying to immobilize the injured area. Therefore, the first treatment session should focus on balancing the entire structure which will in turn have a positive effect on the sprain and facilitate the recovery process. As you can see, there is quite a lot we as massage therapists can do without ever working close to the injury site and still achieve wonderful results for the client.

Example: Carl, a 34 yr old jogger, had stepped off the pavement while jogging, turned, and sprained his ankle. He had been walking with a crutch and elastic bandage on the ankle for about a week when I first saw him on referral from his chiropractor. Upon structural evaluation, he had a considerable pelvic distortion with a torsion that was putting stress on his injured ankle. He was also experiencing significant low back pain. His injury was still so acute that I could not work directly in the injured tissues. However, I was able to work with

pelvic balancing which not only gave him almost immediate relief from his low back symptoms, but also reduced the stress on his ankle giving him pain relief and structural support as well. The only work in this session that I did with his ankle was to release the swelling from the tissues in the lower leg above the ankle. Carl reported an immediate improvement in his ankle, and it healed much faster than was previously indicated by his physician.

The second concern is swelling. Usually there is considerable swelling in the area. Oftentimes, this swelling is putting major pressure on the actual injury site. In addition, the swelling is preventing the body from sending the proper energies for healing to the area through the circulatory system, the nervous system, and the meridian system. Therefore, especially with sprains/strains in an extremity, we as massage therapists can facilitate the reduction of this swelling. You should work superior to the injured site toward the trunk where you will not pull on damaged tissues or put pressure on the injury, and work to move the fluid with the venous flow back to the trunk for absorption back into the body. As you can see from the previous example, this was extremely effective when combined with structural balancing for Carl.

Another concern is when an imbalance in the body actually creates the weakness that caused the sprain. When this happens, it is important to address that imbalance so that the sprained area will be able to support itself. This is tricky when an ankle is sprained due to a misalignment found in the foot. However, if the foot is misaligned, the muscles above the foot that are maintaining that misalignment can be released without working directly in the damaged tissue, and support can be re-established.

Once the sprain/strain is healed, you can start working in the area of injury. There will usually be considerable atrophy and scar tissue resulting from the trauma and immobility of the area. First, you want to rejuvenate the area by increasing the circulation and energy flow. Most effleurage, petrissage, vibration and friction help to facilitate this. After the tissues are starting to have better energy and blood flow, you need to address the range of motion of the joints affected by the atrophy. (Ref: the three-step approach found in the SET TALK column Working With Deep Tissue in November/December issue of *Massage Message*, or on the web site). To do this we need to unwind and release the fascia that has shrunk and splinted around the healing tissues. I have found directed myofascial unwinding strokes to be the most effective for mobilizing this restricted fascia. Other strokes that are also effective are deep friction and vibration. Once the myofascial holding pattern has been

mobilized, the scar tissue, adhesions, and muscle fibers need to be released and normalized. Deep slow strokes that only move with the release of the tissue are the most effective I have found for accomplishing this. Each client's tolerance is different and you need to work within the parameters of the client's tissue and rate of recovery. Since the soft tissue has just recently been traumatized, the tissues will be very easily bruised, so you need to be extremely gentle and don't try to do too much in any one session. You will still be amazed at how quickly range of motion and strength return when you assist your client with these techniques.

I hope the information in this article will increase your awareness of effective treatment for supporting your clients who have sprain/strain injuries. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.