

## SET TALK

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### **NOW IS THE TIME TO LEARN SUCCESSFUL TREATMENT OF BACK PAIN.**

Finally – the benefits of massage therapy for back pain relief is recognized publicly! Recent research that has been made public on the treatment of back pain has listed massage therapy as one of the most important and effective options for treatment. However, it was very obvious in the description of the therapy that the techniques applied were not Swedish or your typical relaxation massage, but very precise therapeutic protocols. This is a win for massage therapy in being recognized for its effectiveness in the treatment of back pain. It is also a clear message to the field of massage that to maintain this credibility massage therapists need to be able to produce the results found in the study.

There will be a great temptation for all massage therapists to advertise and profess that their massage techniques for relieving back pain are validated by this study. However, many massage therapists will find that they do not have the therapeutic tools described in the protocols verified by the study. A big challenge for the field of massage therapy is for each therapist to make an honest assessment of their therapeutic tools and whether or not they are in line with the level of therapeutic work on which the study was based.

The following case studies of clients who were treated successfully for various forms of back pain will hopefully bring your awareness to the skill level necessary to effectively treat back pain as demonstrated in the study. This will help you as a massage therapist to accurately assess your skill level and to determine whether you need further training in advanced therapeutic massage techniques in order to accomplish long term rehabilitation of back pain.

**CASE STUDY 1:** Jeff, a 31 year old sports massage therapist, has acute back pain in the thoracic area which has persisted for two years. The initial onset of pain came immediately after a weekend sports event where he worked 12 hours straight for two days doing sports massage on cyclists. This also included sleeping in motel rooms, and four separate set ups involving loading and unloading massage equipment. Jeff first contacted another sports massage therapist for treatment who evaluated his range of motion, strength, and palpation of the area in pain. The treatment concentrated specifically on the erector spinae, latisimus dorsi, rhomboids and traps. This provided Jeff some temporary relief. Jeff

went to the chiropractor who diagnosed him with degenerative disc disease and a kyphosis with mild scoliosis of the lower spine. Chiropractic adjustments again provided temporary relief, but the condition returned as Jeff continued doing massage therapy. Jeff also went to several massage therapists who did deep tissue and neuromuscular therapy working in the same areas that the sports massage therapist worked, and again only provided temporary relief. Even with what appeared to be good massage therapy for back pain, plus chiropractic, Jeff still had not recovered to the point of being pain free.

**CASE STUDY 2:** Kathy, a 50 year old mid-level executive, had been suffering from back pain for 10 years and had been advised that exploratory surgery may now be her only option. Kathy had been to numerous massage therapists for relaxation and deep tissue massage plus other modalities. She had five years of chiropractic care and was still seeing the chiropractor two to three times a week with very limited relief when she came to see me. She was diagnosed with lordosis in the lumbar spine and mild scoliosis, three bulging lumbar discs and possible stenosis in the lower spine. Much of the massage therapy she received had been in conjunction with chiropractic adjustments. In spite of all the treatment, the x-rays showed that she still had the same degree of distortion in the lumbar spine. Kathy was becoming discouraged. She also had six months of physical therapy that had actually made the pain worse.

**CASE STUDY 3:** Jenny, a 23 year old mother of one, had back pain since midway through her pregnancy at age 19. She also experienced severe headaches that started during the pregnancy and progressed to full blown migraines two times a week. Jenny's older sister was a massage therapist who worked in a spa. She treated Jenny's headaches by doing an eclectic unspecified therapeutic massage routine on her neck, shoulders, and erector spinae group for the duration of her pregnancy and during the time that she was suffering from back pain. Jenny had also seen her OB/GYN who said the low back pain could have been due to strained muscles during delivery. He gave her some exercises and a referral to physical therapy. Jenny also saw a back surgeon who had diagnosed two compressed discs between L4/L5 and L5/S1 and arthritis after looking at her MRI scans. None of these were significant enough for surgery so he prescribed bed rest, anti-inflammatory medication, muscle relaxers and pain relievers. Jenny had been hesitant to take the medication because she was still breast feeding her baby, so she only partially followed his prescribed line of treatment. She was no longer breastfeeding when she saw me but was still very hesitant to take the muscle relaxant and pain killers because her child was so active she needed to be alert.

It was very unfortunate in all three of these cases that each one had sought out massage therapy when their symptoms initially appeared and none of them experienced significant long term relief. Therefore, based on their experience they didn't feel that massage therapy was any more effective than any of the other treatments, which were also ineffective for long term rehabilitation. The only reason they came to my office was because their friends and loved ones assured them that what I did was very different and insisted that they come.

What was missing in all these cases was a method of evaluating their conditions and communicating a rational explanation for why they were in pain. Due to the duration of each of these cases it was unreasonable to expect total relief in a single treatment, so being able to provide the level of treatment that would result in significant positive changes in the first session would have encouraged them to return for more therapy..

Although each of these clients experienced back pain, each one was unique and involved different areas of the back – low back, thoracic, and neck/shoulder associated with the low back. However, they all had a common denominator – a structural distortion that involved the spine. In each case a significant portion of the spine was distorted to the point of creating uneven pressure on the discs resulting in degenerative disc disease, bulging discs, compressed discs, or stenosis. Often these are considered to be conditions that are most effectively treated by chiropractors, osteopaths, or orthopedic surgeons. However, even the surgeons were not able to say absolutely they were severe enough to necessitate surgical intervention, and the others were not effective.

Looking at these clients from a structural perspective, one method of evaluating their symptoms is to have the client stand for a structural/postural evaluation followed by kinesiology to provide a more accurate assessment of the imbalances in the body contributing to the painful symptoms. Each of these clients had significant curvature of the spine which had not been successfully treated leaving the spine unsupported. Each of these clients not only had a distortion of the spine but a rotation of the iliums causing a tippage of the sacrum. Even good deep tissue work on the soft tissue directly attached to the spine could only have limited results without bringing the ilium/sacrum back into weight bearing support of the spine. It can be assumed that chiropractic treatments had attempted this with adjustments, but were ineffective due to the lack of soft tissue treatment that would establish balance in the pelvis. Much of the distortion of the pelvis was present for the clients' entire life, and events like pregnancy and delivery, or overwork and strain, or inactivity and stress

had exacerbated and exaggerated this distortion to the point of painful symptoms.

So, the first basic skill for treating back pain successfully is the ability to do a structural evaluation both visually and with kinesiology. This creates a basis for the therapist to choose effective protocols, and for the client to see that the therapist can accurately evaluate their condition. Many clients are amazed at the degree of their structural imbalances when they are pointed out while looking in a mirror. They are even further amazed when kinesiology uncovers the weakness in major muscle groups that demonstrates the lack of support. Kinesiology also helps the client see the amount of improvement after the application of soft tissue protocols.

To effectively bring the pelvis into balance to support the spine with long term improvements it is necessary to treat not only the muscle bodies but the fascia that governs the shape and length of the muscles and release the adhesions that lock and limit the bones from moving out of the imbalance. Without this most gains would be temporary. So, the soft tissue treatment needs to be applied using a protocol to bring the pelvis into balance to support the spine. This protocol must include the release of fluids and toxins and inflammation, the release of the ineffective myofascial holding patterns that support the structural collapse, and the release of scar tissue and adhesions that compress nerves and prevent the balancing of the rest of the structure. Another very effective tool is the Cranial/Structural techniques that bring the pelvis quickly into weight bearing support and provide structural support through the entire spine congruent with the soft tissue work. This can be done the very first time with a before and after muscle testing (kinesiology) that shows the client immediate structural improvement and strengthening of weakened muscle groups. In addition it provides a structural support to rehabilitate the rest of the soft tissue as well.

All three of these clients experienced significant improvement in their back pain within five sessions, and were able to eventually resume their normal life activities pain free as a result of their therapy. This is effective treatment of back pain. If you find in this article some areas in which you may wish to improve your skills please seek training that will proved you with exceptional skills for long term rehabilitation of back pain. Be one of the massage therapists who has the ability to support the findings that massage therapy is the most effective treatment for back pain.

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