

## TOUCHY SUBJECTS

*By Ralph R. Stephens*

Touching another human being with the intent of eliciting a therapeutic impact is a very special privilege. We are blessed to be part of this unique profession that does what no other will do for humanity, take the time to compassionately touch them. How lucky we are to be part of this movement and to enjoy the rewards and satisfaction of helping people in this unique way.

In this day of condensation, mechanization, and quality vs. price trade offs, massage therapy faces some interesting challenges. It just takes time, 30 – 90 minutes, to do a really good massage. Of course we can cut down the area touched and get it down to short yet effective time increments. Chair massage is a good example of this. However, very few therapists approach chair massage as a therapeutic paradigm. Those that do generally tend to work in longer time increments than those who do not. It takes time and concentration to create a good massage. The trade -off of going to very short, “spot” massages, is that we become allopathic instead of holistic. We fall into the same trap as the allopaths. That trap being, putting a knee on the table, or a shoulder instead of putting the whole person on the table and working to bring about change in the entire system, thus reducing or eliminating the cause of the complaint, not just the symptom(s). The human body is an integrated whole, not a collection of independent parts or assemblies. I hope you have heard that before and I hope you agree with it. Please do not think that I am advocating every patient receive a “full body massage,” not at all. However, for most patients, it is necessary to examine and treat not only the spot or area of pain but also the related areas, either on the other side of the joint or the rest of the kinetic chain. My point here is a real fear I have of our profession losing its “whole-istic” nature as we become integrated with the dominant allopathic paradigm. It is wonderful to work with them in their hospitals and clinics. We have so much to offer that can reduce costs and improve patient care, not to mention outcomes. However, if we give up our paradigm of wellness and the whole-body approach to pain management, we also give up our unique ability to help the “whole” person. It takes time to get to know a person. It takes time to “unwind” years of life that manifests as postural distortions, gait distortions, and other soft-tissue patterns, some of which contribute to or are involved with pathology. Working only the rhomboids for pain between the scapulas provides the patient with temporary relief, but can contribute to an overall worsening condition. Working the pectorals, subscapularis, maybe even the abdominal wall, and possibly the pelvis, will provide much longer relief. If we allow our hands to be tied to a small area by referrals from gatekeepers, not only will our potential for dramatic results be diminished, but also the public will be denied the full potential of soft tissue therapy. Massage seems to me to be much closer related to homeopathic philosophy than allopathic. As we integrate with allopathy, I hope we can maintain our paradigm and have a positive, maybe expansive, effect on them. Only time will tell.

### **Science vs. *The Art***

We tend to desire to ever increase our intellectual knowledge about massage. While it is good to understand what we do, how it works as it does, and the responses that can be expected from a specific stimuli, it is important to remember that even if all the knowledge there is to be had about the human body is captured in the head, it does not necessarily make it to the hands as an effective massage. That is the art of our profession and it is the part that is the hardest to teach. No amount of scientific knowledge can overcome a lack of artful touch and create a truly beneficial massage. It is easy to show someone exactly where the pectoralis minor is and several ways to palpate it. However, it is another thing to teach someone how to palpate it with the finesse required to elicit a relaxation response in the muscle’s ischemic fibrils. Too often it is attacked, bludgeoned, and left feeling better only because the therapist stopped working it and moved on.

When learning to examine the hidden muscles that some anatomy books say cannot be palpated, therapists usually work with more pressure and force than necessary, using force to try to “feel”. Good therapists quickly learn finesse and sensitivity when applying a new concept or technique. Not so good therapists learn the “spot” and keep attacking it. This is less critical on large, normally massaged areas like the mid-back, posterior thighs, and legs. However, it is imperative to quickly develop sensitivity and finesse when examining and treating shoulder muscles like pectoralis minor, subscapularis, and subclavius for example. The best way to develop “The art” is to pay very close attention to your patient. Let them be your teachers as you learn while you learn. If you are working with too much pressure, the patient will tense up and hold their breath. If you feel the tissue you are addressing contracting under your pressure, you are working too hard. If you notice the patient has stopped breathing and is holding their breath, you are working too hard. If the tissue does not respond to your pressure with an inhibition (relaxation) response, feeling better or less sensitive to the patient in 8 – 12 seconds, you are working too hard. Back off, let the tissue rebound, and go back with less pressure and maybe approach it more slowly.

Remember, that causing pain, the stimulation of the nervous system enough to fire the nociceptors is not productive in eliciting the parasympathetic response or especially the inhibition response. These are the two primary responses we are trying to elicit by the application of our stimuli (massage).

“Deep tissue massage” does not mean the therapist merely applies more pressure. It means techniques are employed that address the deeper tissue layers. An example of this is the deep friction stroke, which can be performed very lightly, using just enough pressure to engage the superficial tissues and move them over the deeper layers, spreading the fibers in those deeper layers. The effect can be “deep” without applying pain-eliciting pressures. Of course we have to provide enough

stimuli to elicit a response from the patient's nervous system, but we must do so without causing motor and/or sympathetic responses. With practice and by paying close attention to your patient, you can develop the art and sensitivity of touch required to do masterful work.

***Where it hurts is where it ain't – Ida Rolf***

The two most under treated areas of the body in massage therapy are the anterior throat and the abdomen. Generalizations of course, as many therapists regularly address these areas, but the vast majority does not. There are 5-star spas in the USA that forbid massage therapists from touching a patient's abdomen. Sad isn't it? The abdomen is possibly the most important area of musculature in the body. Every movement of the lumbar spine requires some action by the transversus abdominis. The abdominal oblique muscles interdigitate with serratus anterior and latissimus dorsi superiorly and become the adductors of the opposite thigh inferiorly. When erect, virtually every movement of the body passes through and involves the abdominal wall musculature. Energy moves in spirals. Look for spiraling patterns of muscles like these and you will better see the interconnectedness of the body from head to toe.

The "Abdominal Wall" is "the front of the back" so to speak. To achieve maximum effect on the back of the back, doesn't it make sense to address the front half? The same can be said for the anterior neck and shoulders, they are the front half and should not be ignored.

Now it must be said, that I have never had a patient come in and tell me that their abs are too tight and ask if I could loosen them up and soften them. This applies for the front of the neck as well and to a lesser degree the anterior shoulders. It is the "long" muscles that tend to ache and burn, develop trigger points, and elicit the complaints we hear from our patients. However, if we address only the "long" muscles, which are usually on the posterior side, crying out from over-load, we will relax them and allow them to extend even further, throwing the patient into even greater postural distortion, long-term pain after some brief relief, and possibly faster joint degeneration. It is important for the massage therapist doing specific, pain relief treatments to assess and treat the shortened muscles as well, even if they are not, "where it hurts". This does require educating your patients as to why you are working opposite their complaint, but the logic is very rational and easily understood even by lay people. The results will rapidly make them "believers" and walking advertisements for your practice.

Identifying, then massaging and stretching the shortened muscles in conjunction with massaging and strengthening the lengthened muscles is the underlying principal of Medical Massage. A very extensive and diverse set of techniques is utilized to accomplish this. It is valuable to treat "the other side of the pain". Avoid the allopathic temptation to only treat the symptom. Always try to figure out the cause and reduce it as well. You will have amazing results and your reputation and practice will rapidly grow, allowing you to help more people. And after all, isn't that the idea?

**He's coming to town!** In March I have the privilege of coming to the UK to share with you some very exciting information and techniques that in America we call Medical Massage. Yes, we will be studying "the other side" - the abdomen, anterior neck, shoulder girdle, and more. It will be my first time in your country and I am sincerely looking forward to meeting and working with my overseas colleagues. Take care of yourselves so you can continue to take care of others. Your touch is so needed in these trying times. Be well.

*Ralph Stephens LMT NCTMB [2008 Inductee - Massage Therapy Hall of Fame!] is an internationally recognized instructor, therapist and author, from Cedar Rapids, Iowa, who has been practising massage since 1986. One of a few master instructors in the profession, Ralph clearly presents what you need to know to help people in a way that you can take it home and use it immediately. He is known for making complex anatomical concepts easy to understand and fun to learn.*

*Ralph has worked with many world-class athletes and was Sports Massage Team leader for the 1990 World Disabled Skiing Championships. He's produced 16 training videos, a textbook [Therapeutic Chair Massage] and many articles. He presents advanced continuing education seminars in Sports, Medical and Chair Massage, helping people like you help more people. In 1997 he was awarded the AMTA National Meritorious Award for commitment and dedication to the profession.*

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