



# A case for cupping

Cupping has roots dating back to 1500 BC in ancient Egypt. There are differences of opinion as to whether cupping originated in China, Egypt or the Middle East.

Whatever the origins, cupping has cemented itself as a safe and effective technique used widely amongst complementary medicine practitioners and is becoming more mainstream in its application amongst remedial and sports therapists.

I completed the Myofascial Cupping Technique™ workshop founded by David Sheehan in September 2013, which is now taught worldwide to manual therapists including sports physiotherapists, osteopaths, remedial therapists and myotherapists. In class, David discussed the benefits in using the techniques he created to positively impact contracture associated with scar tissue. The Myofascial Cupping Technique™ uses negative pressure to lift and separate soft tissue layers under the skin which in turn alters the composition of fibrotic scar tissue resulting in increased range of motion and blood supply to the area. This revelation peaked an idea in my mind to use on a client I had been treating at the time.

The client, who we will call Tom (not his real name) for the remainder of this case study, was referred to me from his physiotherapist working in the same clinic, nearly twelve months after a major motor vehicle accident (MVA) in June 2011. He received extensive third degree burns to his upper right quadrant and flank anteriorly and posteriorly, right arm and part of the neck and head. He also received multiple fractures to his right tibia and patella, right femur, left forearm, and fingers, and also received damage to the right brachial plexus and right wrist causing weakness and atrophy in the right arm. There was notable lymphatic swelling in his right hand and fingers. Tom was unable to work, drive or walk without an aid, had extensive burns to his face and ear and follicular damage to the scalp, all contributing to psychological changes as well as physical.

Tom was referred initially for massage and manipulation of scar tissue once a week in April 2012. He presented with very limited right knee flexion (35°) and right ankle dorsiflexion. He was limited in his ability to stand up straight, with 20° of lateral flexion of



the torso to the right due to scar tissue contraction in lumbar region and flank. He also had very limited movement in all planes of the right shoulder due to scar tissue contraction in the anterior and posterior axilla areas, and brachial plexus injury, needing to use his other arm to move the damaged one. Due to brachial plexus damage and scar tissue contraction, the whole right arm was atrophied from lack of use, with very little strength, muscle tone or movement. His right wrist, hand and fingers were virtually immobile from damage, causing a build-up of lymphatic fluid as well.

I spent the first five months of treatments manually rolling, distracting and stretching scar tissue in the torso and axilla areas. Tom still had many areas of open cuts and tears from tight scar tissue splitting and ripping on movement. This was a constant cause of irritation and discomfort, and the major goal on initial treatment to improve. After three months of this treatment, we started to notice less areas of splitting, but trips to the gym or over stretching of the right arm could cause an

open tear at any time. Scar tissue would remain soft for around three days after treatment, but begin to contract again by the time the weekly session would come around.

After attending the Myofascial Cupping Technique™ workshop (scar tissue was now over two years old) I started using their cupping techniques to the posterior right flank, posterior right axilla and right triceps.

The results were amazing! Tom's scar tissue movement and pliability improved more in three weeks of treatments than six months of straight massage with immediate results!

Within a month he had improved flexion of his right shoulder, able to raise it to around 135° unaided, an improvement on 100° initially. Flexion of his lumbar spine and torso improved dramatically, with his ability to stand up straight greatly improved by loosening of the scar tissue in the lumbar area. Splitting of scar tissue and skin was reduced and completely cleared up after four months.

Specific cupping treatment consisted of initially 'parking' cups where I could get a good



| One year post accident



| One year post accident



| Two years post accident



| Two years post accident



| Two years post accident

The Royal Hobart Hospital

seal. Parking a cup simply means leaving a cup in place stationary for up to two minutes, with monitoring. Scar tissue from tight constricted burns has little pliability, so being able to create enough suction to seal the cups to the skin was quite difficult to begin with. Where I couldn't get a good seal, I performed 'flash' cupping, mainly along the flank and posterior axilla areas. Flash cupping is a technique that applies suction with the cup to the skin in short bursts, enabling the therapist to create tension on the skin when constant pressure is hard to achieve with constricted scar tissue. As the scar tissue began to soften and loosen over time, I could perform a little 'gliding' cupping in the flank and torso areas. Gliding cupping allows for more loosening of the constriction as the cup is used to move, or glide over the skin in order to cause a pull and stretch on the skin and underlying fascia.

Treatment to the triceps area consisted of parking cups along the length of the muscle, along with flexion of the right elbow. Parked cupping was also performed on the right forearm extensors along with flexion and extension of the right wrist. There was very limited underlying flesh on the forearm due to muscle atrophy and burn damage, so the use of smaller diameter cups was needed. Tom has since had fatty tissue implants to his right forearm to add bulk to the area and symmetry.

Extensive cupping was done to the chest and abdominal areas to free up lines of contracture of scar tissue to relieve pressure on open tears in order to allow them to heal. Some of these lines extended from the chest area to the right hip, with deep tearing occurring at times where it anchored to the hip. Tom was quite sensitive in the chest and abdominal areas so I was constantly guided from week-to-week on how much pressure to apply to the cups and what areas to work on. As a general rule only

'up to the line' or one pump of the trigger amount of pressure was applied to all cups, unless directed by the client. Very rarely did I use gliding cupping to the anterior abdominal area due to sensitivity.

Manual Lymphatic Drainage was applied occasionally to the right arm and both legs due to swelling in the hand, fingers, ankles and feet. All treatments were interspersed with



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various Remedial techniques to address the leg injury and ongoing muscle stiffness and soreness in his right shoulder, hips, lower back and legs from changes in posture and gait.

Tom had numerous surgeries in the first few years after his accident, including cutting and releasing of scar tissue and further skin grafts. Since the use of cupping, and ongoing physiotherapy, no further surgical release of scar tissue has been needed in the last seven years.

Tom continues to receive remedial massage therapy and cupping treatment on a weekly basis, as well as physiotherapy. We specifically treat his scar tissue on a fortnightly to monthly basis. He feels that this is the perfect amount of time between treatments to enable the scar tissue to remain soft and pliable. He is asked regularly how he manages to keep his scar tissue so soft and 'pink' instead of the usual

hard and silver look aging scars develop. He now has full flexion of his right shoulder, and external rotation is almost back to his pre-accident capabilities. Due to the softening and pliability of his scar tissue he has been able to build strength in his right shoulder and arm, in turn, allowing for further increase in his range of movement. Wrist, hand and finger movement has improved to the point where he can use that hand regularly, picking up a mug, gripping and holding implements. He was left with a small limp due the shortening of his right gastrocnemius, and knee flexion will be limited due to how badly damaged his right leg was in the accident, but he walks unaided.

Tom has had his driver's license reinstated, and will be returning to work next month. Many of his cosmetic changes have been addressed, with innovative tattooing being done to his scalp to make his hair loss look like it is a constant 'No.1'. His confidence has returned and he is even starting his own gin distillery! It has been an honour and absolute pleasure to be involved in his recovery and ongoing improvement, and a journey of learning and growth for myself professionally.

*For further information about the Myofascial Cupping Technique™ workshop, including class dates and venues head to [www.comphs.com.au](http://www.comphs.com.au)*

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