

Trigger Point Workbook

ARTHRITIC NECK PAIN (Cervical Spondylosis)

Pain Relief and Rehabilitation

About the authors



Simeon Niel Asher BSc (Ost), BPhil, NAT qualified as an osteopath in England, in 1992. He is an acknowledged pioneer in the field of advanced trigger point therapy, and is credited with discovering the original Niel Asher technique for treating complex shoulder issues. He has since been involved in the development of numerous trigger point techniques that are used by manual therapists worldwide.

Simeon is the author of the best selling “Concise Book of Trigger Points” and numerous other publications which have been translated into 18 languages. Simeon was named one of London’s top ten osteopaths by the London Evening Standard, and has won a number of CAM awards for his work in promoting self-help to consumers.



Jonas Broome Dip C BSc (Hons) Ost, NAT is a personal trainer, qualified in both sports training, coaching and Osteopathy. Jonas qualified, at the European School of Osteopathy in 1992 and is involved in injury prevention, treatment, and rehabilitation for elite sports and athletics. Jonas worked together with Simeon Niel Asher in the early 90’s as part of the team who developed the original Niel Asher Technique for treating complex shoulder conditions. Jonas currently lectures in Sweden, New Zealand and England, in addition to treating, research, and writing.



Talia Tzadok BSc (Physiotherapy), NAT qualified as a physiotherapist from Witwatersrand University, South Africa. Over the last decade, Talia has been a vociferous proponent of self-help education for manual therapy, with a special focus on the needs of the retirement-age community.

Talia’s experience includes working in an outpatient clinic in a general hospital, orthopaedic clinic, and has consulted to several retirement homes on professional and self-care for pain relief and the treatment of musculoskeletal conditions. Talia has completed a wide range of studies in kinesio tape therapy, spinal manipulation, dry needling, intramuscular stimulation and functional movement systems. Talia is currently involved in treating, writing, research, and lectures for professional carers who work with the aged.

About Us

Niel Asher Healthcare was founded in 1997 and is now the leading online publisher of educational material and other learning resources for manual therapy.

We provide e-learning tools and services to medical and para-medical practitioners, and information, advice and self-help solutions to patients, using digital media.

We deliver continuous enhancements providing the most relevant solutions for our customers. This commitment to excellence keeps us at the forefront of this industry.

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What is Cervical Spondylosis?

Cervical spondylosis is also known as arthritis of the neck.

It is caused by the degeneration or “wear and tear” of the cervical spine, including the joints between the bones and the discs between the vertebrae of the neck. Abnormal spurs or growths on the edges of the vertebrae called osteophytes may also contribute to this condition.

This is all part of the normal degeneration process that the body goes through as a result of ageing. However, in many people, these changes won't bring about any symptoms. For others, these degenerative changes may put pressure on the spinal nerves as they exit the spinal cord through openings called foraminae.

Although cervical spondylosis is a form of arthritis, it is unusual for it to become the type that is disabling or crippling.

The symptoms from an arthritic neck can sometimes however, be debilitating; that sudden locking pain, the pain and aching in your neck and skull, the stiffness in the morning or after sitting for a long time.

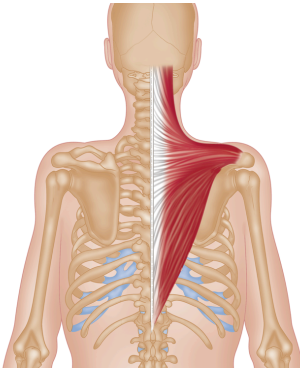
Neck arthritis can manifest for a number of reasons including, genetic (inherited), occupational and/or historic trauma. Whatever the cause, the body is forced to react, your body wants to protect you. When the neck bones become stiff the multitude of local little muscles can't extend to their full capacity. This leads to a type of 'muscular frustration' and knots develop in these muscles; which are also known as trigger points. 'Trigger points' in the neck muscles cause them to be shorter, tighter and tenser.

Trigger points can 'live' in muscles for years if untreated. The good news is that treating trigger points with self-help is really straightforward and the results are quick, easy and when combined with stretching and some simple massage techniques can be very dramatic.

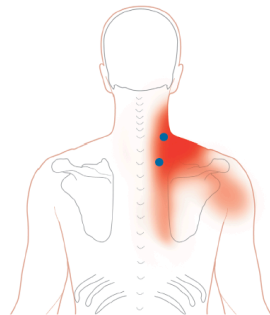
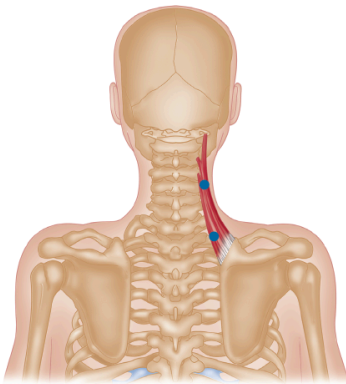
Which Muscles May be Affected by a Cervical Spondylosis?

(The image on the right details the trigger point and pain map)

UPPER TRAPEZIUS

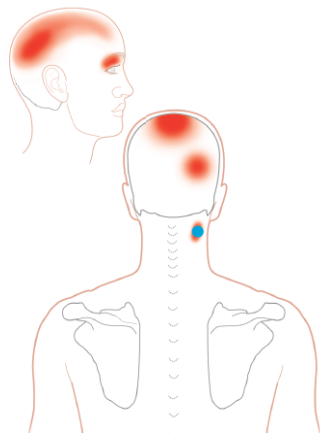
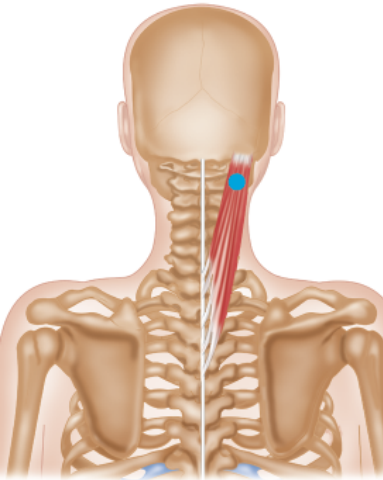
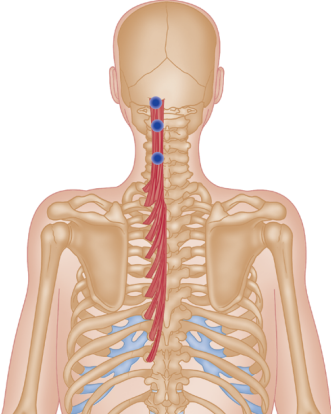


LEVATOR SCAPULAE



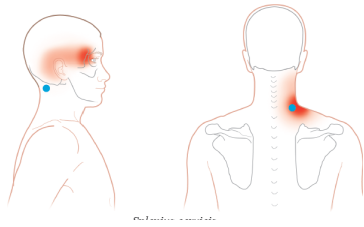
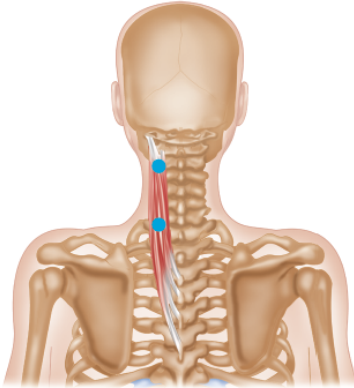
Cervical Spondylosis

SEMISPINALIS CAPITIS

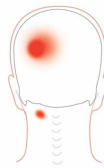


Cervical Spondylosis

SPLENEUS CERVICIS



SUB-OCCIPITALS – OBLIQUUS CAPITIS INFERIOR



Cervical Spondylosis

What Are the Symptoms of a Cervical Spondylosis?

Symptoms usually develop over time but may also come on suddenly

The pain experienced may be manageable or so severe and deep that you are immobile

Pain will often be felt over the shoulder blade, but in rare cases will spread to the arm and hand

The following may make your pain get worse

- Sneezing, laughing or coughing
- After sitting or standing
- At night
- Bending the neck backwards or walking a few strides

If a nerve is being pinched it is possible that you will experience some muscle weakness

It may be that you have difficulty squeezing your hand tightly or lifting your arm

Other symptoms include:

- Headaches in the back of your head
- Numbness or other unusual sensations in the shoulder
- Stiff neck that gets worse

Who is Prone to Cervical Spondylosis?

Age is a major risk factor and most over the age of 60 show signs of cervical spondylosis. You are more susceptible if you:

- Have had spine or neck surgery in the past
- Are overweight and do not exercise

- Have to lift or twist and bend as part of your job
- Have a ruptured or slipped disc
- Have severe arthritis
- Have osteoporosis with small fractures to the spine

DIFFERENTIAL DIAGNOSIS - What Else Could It Be?

Here is a list of other conditions which can present as arthritic neck pain:

Traumatic

- Traumatic brain injury
- Damage from an old whiplash injury

Bones and discs

- Spinal fracture (or crush fracture)
- Spinal prolapsed or bulging disc with radiculopathy
- Spinal stenosis (narrowing of the vertebral nerve exits)
- Neck (cervical) myelopathy
- Cervical bar and/or osteophyte syndromes

Other

- Infection or osteomyelitis
- Psychogenic pain disorder
- Vascular abnormality of neck blood vessel structures
- Vertebral artery disease
- Neuropathy: e.g., Mononeuropathy Monoplex
- Polymyalgia Rheumatica
- Neoplastic (cancers)
- Referred pain from cardiothoracic structures

Red Flags

- Malignancy can be related to fever, night sweats, unexpected weight loss, excruciating night pain, intense sensitivity over the spinal processes
- Myelopathy can cause changes in gait or balance problems as well as clumsiness in the hands
- Disc prolapse seen in young patient with a sudden onset of symptoms
- Intractable or increasing night pain
- A weakness in more than one myotome (relating to changes in strength in a few muscles)
- Sensory changes in the limbs
- Osteoporosis
- Dizziness and blackouts could be a sign of vascular insufficiency

Your Trigger Point Treatment Program for Cervical Spondylosis

This program has been written specifically for sufferers of Cervical Spondylosis.

In this section we will introduce 3 techniques to help alleviate the pain from Cervical Spondylosis. They are;

- **Trigger Point Therapy (TPT)**
- **Stretching**
- **Exercise**

For each, we have provided clear and simple instructions on how to perform the technique and how often. There are also associated images to help you.

We would recommend starting with the Trigger Point Therapy followed by gentle stretching and ending with some exercises.

If at any time you experience an adverse reaction to any of these techniques or your pain is greatly increased as a result, stop immediately and seek medical advice where necessary.

TECHNIQUE	REPETITIONS	HOW OFTEN?	FOR HOW MANY WEEKS?
<i>TRIGGER POINT THERAPY</i>	As per instructions	3-4 times per day	6
<i>STRETCHING</i>	3 times	Twice daily	6
<i>EXERCISES</i>	30 times	Twice daily	6

TRIGGER POINT THERAPY

The treatment protocol provided here is based on a technique called Trigger Point (TPT).

TPT includes a range of hands-on pressure-point techniques, two of which are explained here;

- 'Deep Stroking Massage' (DSM) where the sore/trigger point is gently massaged rhythmically to and fro to stimulate inner repair and,
- Inhibition Compression Technique (ICT) which uses sustained pressure on the sore/trigger point until it releases.

Both DSM and ICT are very safe and effective but can leave some soreness for a few minutes to hours afterwards. Very occasionally they may leave bruising if performed overzealously or if you are on certain medication (especially blood thinners).

How do I know it is a trigger point?

You are looking for:

- Stiffness in the affected muscle
- Spot tenderness (exquisite pain)
- A palpable taut/tight nodule or band
- Presence of referred pain (as indicated on the trigger point map showing you where you should feel pain when pressed)
- Reproduction of your symptoms (accurate)
- The affected area may be moister or warmer (or colder) than the surrounding tissues, and may feel a little like sandpaper

TRIGGER POINT THERAPY - continued

Take a look at the images below and follow these instructions for maximum effect;

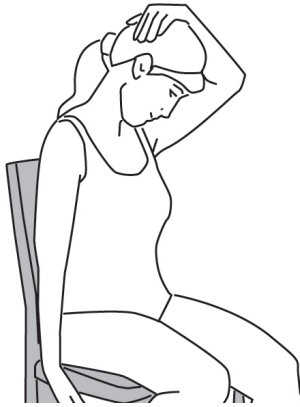
Technique - Inhibition Compression Technique (ICT)

1. Identify the tender/trigger point you wish to work on.
2. Place the host muscle in a comfortable position, where it is relaxed and can undergo full stretch.
3. Apply gentle, gradually increasing pressure to the tender point until you feel resistance. This should be experienced as discomfort and not as pain. You should feel some radiation of the pain.
4. Apply sustained pressure until you feel the tender point yield and soften. This can take from a few seconds to several minutes.
5. Steps 3-4 can be repeated, gradually increasing the pressure on the tender/trigger point until it has fully yielded.
6. To achieve a better result, you can try to change the direction of pressure during these repetitions.
7. At the end of each self help “treatment”, massage the area with some cream, oil or lotion in the direction of the muscle. You can also apply warmth or a heat rub afterwards.

How Often?

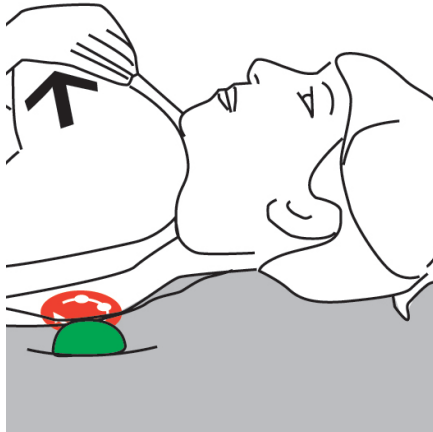
3 to 4 times per day for up to 6 weeks.

Spleneus



Use your fingers as shown

Spinal muscle



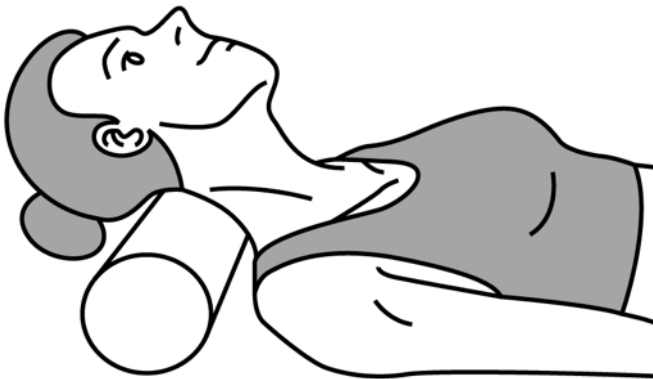
Use your tool as shown

Cervical Spondylosis

Neck Muscle



Use your tool as shown



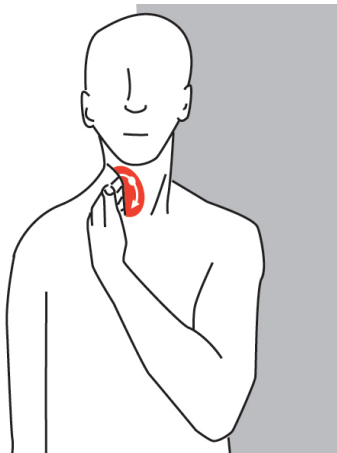
Use your foam roller as shown

Cervical Spondylosis

Neck Muscle



Use your fingers as shown



Use your fingers as shown

Cervical Spondylosis

Upper trapezius and levator scapulae - Assisted stretch



Cervical Spondylosis

Upper Trapezius



Technique

See “Trigger Point Therapy - Inhibition Compression Technique” detailed earlier in this guide

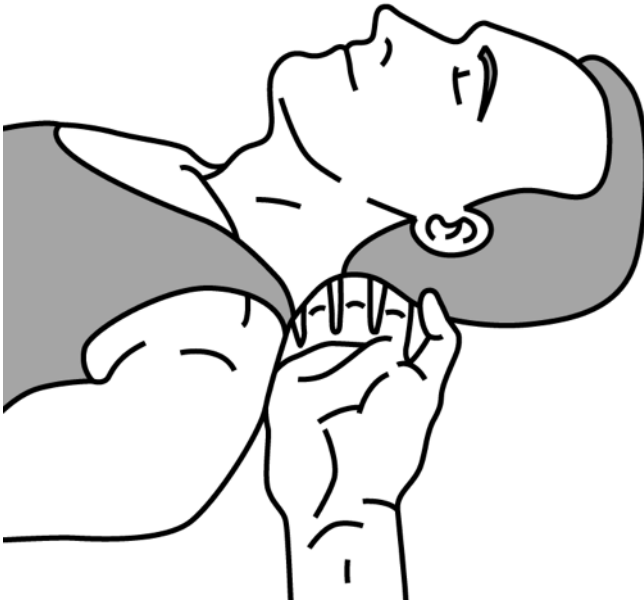
How Often?

Perform three to four times a day for up to six weeks

Follow with the pressure sessions with a good neck stretch

Perform self-stretching on the hour every hour for 2-3 minutes

Neck Muscle



Technique

See “Trigger Point Therapy - Inhibition Compression Technique” detailed earlier in this guide

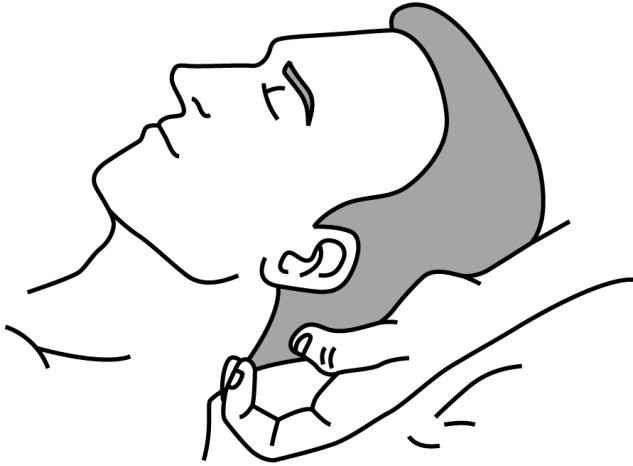
How Often?

Perform three to four times a day for up to six weeks

Follow with the pressure sessions with a good neck stretch

Perform self-stretching on the hour every hour for 2-3 minutes

Sub-Occipital



Technique

See “Trigger Point Therapy - Inhibition Compression Technique” detailed earlier in this guide

How Often?

Perform three to four times a day for up to six weeks

Follow with the pressure sessions with a good neck stretch

Perform self-stretching on the hour every hour for 2-3 minutes

STRETCHING

Stretch 1: Butterfly



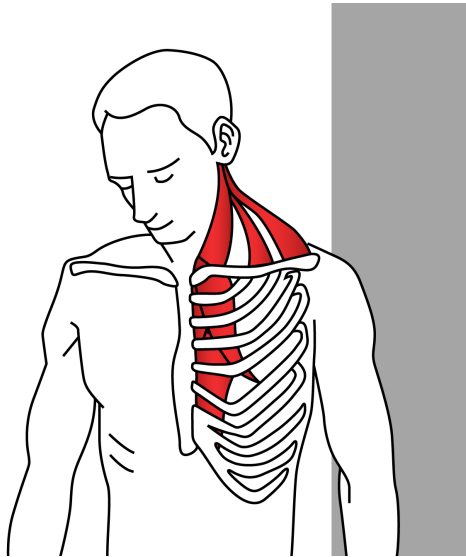
Technique

- Place your hands on the side of your head
- Elbows facing forward
- Push your elbows backward - towards the wall (or bed if you do this laying down)
- Go as far as you can - get a nice, easy stretch (may get a few tingles...which is OK)
- Return elbows forward again. Do not hold

How Often?

30 times, daily

Stretch 2:



Technique

- Assume the correct postural position
- Start with your head centered and gently bring down your right ear towards your right shoulder
- At this point, slightly rotate the neck to the side
- A normal stretch of the muscles on the side of the neck may be experienced. However, the exercise should be pain free

How Often?

Hold for 30 to 50 seconds 3 times on each side, twice daily

EXERCISES

Exercise 1: Isometric neck strengthening



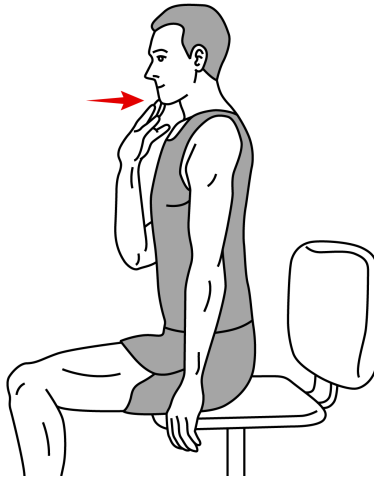
Technique

- Assume the correct postural position and gently raise the back of your head
- Place your hand on your right cheek
- Without moving your head, turn your eyes to the right and gently push your head into your hands as if to look over your shoulder
- While performing this exercise no actual movement occurs
- Do the exercises smoothly and gently and try using only 10-20% of your maximal effort

How Often?

Hold for 5 seconds and repeat 10 times on each side, twice daily

Exercise 2: Chin tucks



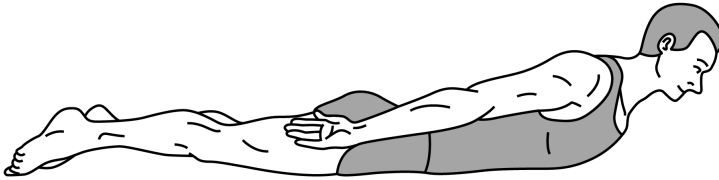
Technique

- Sit up straight in a chair. Sit to the front, not against the back of the chair
- Sitting up will help you to strengthen the muscles you need for good posture
- Think of lifting the crown of your head to the ceiling
- Be careful not to tip the head back
- Your chin should be parallel to the floor
- Without tipping the head in any direction, pull your chin and head straight back
- You will feel a stretch in the back of your neck

How Often?

8 to 12 repetitions, 3 times, twice daily

Exercise 3: Rhomboid strengthening



Technique

- Begin by lying on your stomach with your arms by your side
- Tighten your rhomboids by squeezing your shoulder blades together
- Slowly lift your arms and chest off the ground, keeping your neck straight
- Hold for 2 seconds at the top of the movement and then slowly return to the starting position. The exercise may be performed with palms facing up or down.

How Often?

Perform 3 sets of 10 repetitions, once a day provided the exercise is pain free

YOUR PERSONAL 6 WEEK DIARY

Tick each box on completion

WEEK 1	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							
WEEK 2	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							
WEEK 3	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							
WEEK 4	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							
WEEK 5	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							
WEEK 6	MON	TUES	WED	THUR	FRI	SAT	SUN
TPT							
STRETCH							
EXERCISE							

Cervical Spondylosis

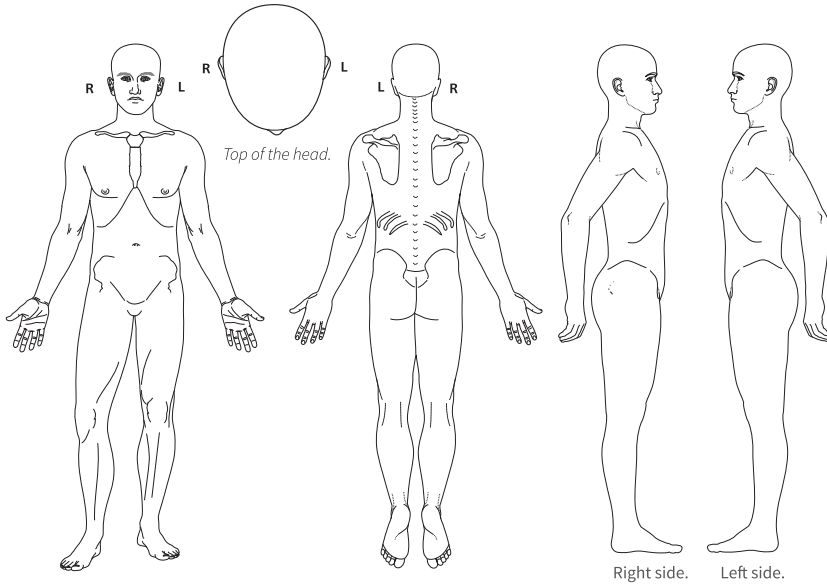
Trigger Point Therapy - Treatment Assessment

Patient: _____

Care provider: _____

Date: _____

blue = pain; yellow = numbness; orange = tingling; green = cramp; purple = tightness



Reason for visit: _____

Most distressing symptoms: _____

Additional patient comments (quality and nature of pain, aggravating factors, what has been tried and results):

Changes: _____

Needs (including prescriptions, therapies or tests):

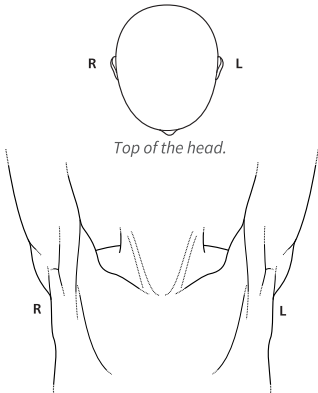
Action items (patient and care provider):

Cervical Spondylosis

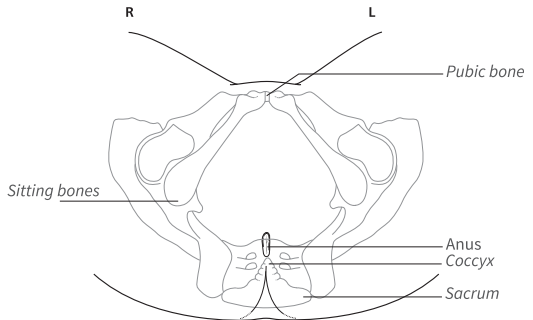
Trigger Point Therapy - Treatment Assessment

Patient: _____ Care provider: _____ Date: _____

blue = pain; yellow = numbness; orange = tingling; green = cramp; purple = tightness



Underarm areas.



Pelvic area.

Additional patient input: _____

Care provider comments: _____

Action items patient: _____
_____ Next visit: _____

Action items care provider: _____

Lifestyle Changes to Consider

- Invest in a good supporting pillow and mattress
- Adjust your workspace to make it ergonomically suited to your back and neck
- Sitting correctly in the right posture
- Relaxation techniques can help to reduce the tightening up of the neck muscles around the affected vertebrae
- A daily exercise regime as well as stretching
- Avoid prolonged extension of the neck
- Prevent long periods of sitting. Make sure to take breaks at work- get up and walk around for a few minutes several times per day

Sports / Activities - Recommended:

- Swimming
- Yoga
- Walking
- Tai chi
- Pilates
- Core stability exercises

Sports / Activities - NOT Recommended:

- Heavy weight lifting
- Gymnastics
- Contact sports such as rugby or American football
- Boxing
- Carting or fast car driving

Diet

Studies have demonstrated that underlying health issues—such as folic acid, iron, vitamin, and/or mineral deficiency—may both contribute to and perpetuate trigger point activity.

Other factors such as fatty foods and exposure to free radicals may also have a detrimental effect on our soft tissues. Supplements—for example omega-3, zinc, magnesium, iron, and vitamins K, B12, and C, as well as folic acid—may help to speed up your recovery.

What Next?

Arthritic neck pain is often chronic and episodic, it is often associated with 'clicking, crunching and popping noises' in the neck bones. Your neck pain may or may not also be associated with a headache.

We would definitely recommend that you get a proper diagnosis from a doctor or therapist for an initial consultation.

To diagnose your doctor or therapist should give you a thorough physical exam and look at your range of motion. Your doctor may offer you further tests if he/she thinks it is appropriate such as X-rays, MRIs (Magnetic Resonance Imaging), CT (Computed Tomography) scans; and/or other tests.

Much of the advice here will depend on how 'fresh' or severe your problem has become. As a rule if it has been there for more than six months then try the self help for three to four weeks and if there is no change then see a therapist. If your problem has been there for less time then you should get a proper diagnosis but can try our self help tips for up to six weeks. If there is no improvement after six weeks then we would urge you to see a therapist.

Once you have a diagnosis you should review our self-help and advice pages and then put together a treatment plan. This should include: self massage and trigger point massage with balls/tools, stretching and modifying your lifestyle to avoid or modify any aggravating activities.

You can search for a local manual therapist at www.nielasher.com/therapists.

Look out for other self help guides in the Trigger Point Workbooks series.

We wish you a speedy recovery!

Team NAT

More About Trigger Points and Trigger Point Therapy

Trigger Points

We first heard the term trigger point used in 1942 by a woman called Dr. Janet Travell. She came up with the phrase to describe the painful lumps, or nodules, felt within tight bands of muscle. Since then, we've learnt a lot more about trigger points and the features they have in common:

- Pain, often exquisite, at the specific point
- A nodule set deep within a tight band of muscle
- When pressed, pain radiates out in a specific way that can be reproduced (map)
- The pain felt can not be explained by a neurological examination

One thing to remember about trigger points is that where you feel pain, may not be the same place as where the trigger point is embedded. This is partly the reason that some therapies fail to help because a therapist or doctor will tend to concentrate on the place that hurts, rather than locating the source of the pain.

What a trigger point does is to make its host muscle shorter and fatter, as well as reducing its level of efficiency. This can lead to significant pressure being put on your nerves and blood vessels. However, by taking the time to understand trigger points and their maps, you can get closer towards finding the source of your pain.

What are the physical characteristics of trigger points?

Sadly, we do not have suitable language to define the sensation felt from a trigger point. The following points though should together provide an adequate description:

- Small nodules the size of a pinhead
- Pea-sized nodules
- Large lumps
- Multiple large lumps next to each other
- Sore spots embedded in tightly-stretched bands of semi-hard muscle that feels like a cord

- Rope-like bands lying next to each other like partially cooked spaghetti
- The skin over a trigger point is slightly warmer to the touch (due to increased metabolic/autonomic activity)

Acute and chronic pain

It is estimated that in 75 to 95% of muscular pain cases myofascial trigger points are one of the main causes! In understanding more about trigger points, hopefully one day we can learn to “switch them off” and help end unnecessary pain for good.

Long-standing, or chronic pain, is due to the muscles around the pain area (and sometimes ones not even nearby) altering themselves in order to compensate for the pain. Trigger points are divided into two categories; active (painful), or inactive (latent). In addition, they can also cause pain in different parts of the body to the one they appear in.

When a trigger point becomes active, the pain emitted can mimic a wide range of medical conditions: angina, bursitis, prostatitis, appendicitis, cystitis, arthritis, esophagitis, carpal tunnel syndrome, pelvic inflammatory disease, diverticulosis, costochondritis, sciatica, and pain from a heart or gall bladder attack.

What is Trigger Point Therapy?

Many of us suffer from stiff, achy muscles caused by knots. Trigger point therapy encompasses a variety of ways to deactivate these painful knots and eventually get rid of them. One of the great things about trigger point therapy is that it's simple to perform, both at home with a partner, or on your own with some special trigger point tools.

If you combine trigger point therapy with some simple changes in your lifestyle, the results can be almost instant. And, what's more, they can last. Many manual therapists already use trigger point therapy as part of their daily work because it's a great way to:

- identify the correct trigger point(s)

- understanding how, or why, they manifest themselves in the first place
- work out the best way to deactivate the point(s)
- develop methods to stop them returning in the future

What happens when you press on a trigger point?

By doing so you:

- numb and reduce the pain, not only in the treated area, but also where you perceive the pain to be
- lessen the pain feedback pathways
- interrupt the pattern of pain and spasm
- stretch out tight muscles, which will indirectly affect other tissues

- open out the plastic-wrap-like myofascial bag that encompasses your muscles
- stimulate the blood supply helping to remove debris and toxins

- up your body's release of powerful pain-killing endorphins
- affect the autonomic/automatic nervous system

What is a referred pain map?

When we're talking about trigger point referred pain, it's not the same as the referred shoulder pain you get from appendicitis, or, even the pain you get in your jaw or arm when having a heart attack. Instead, when you press on a trigger point for five or six seconds, it results in part, or all, of the pain map turning on, replicating your symptoms. Often, where the trigger point is, and where you feel the pain, are two entirely different places on your body.

Frequency of treatment

If you plan to treat yourself at home through self-help, hands-on treatments, you should schedule no more than one session a day, with a three or four day gap in-between. If you are using balls, rollers or hooks on the other hand, then these can be used more often; up to 10 minutes a session, up to six times a day.

If you're getting treatment through a therapist, then he/she will plan a suitable course for you.

Possible side effects

If you feel sore or bruised after treatment, don't worry. It's quite normal to feel this way for up to 36 hours afterwards. However, we don't know for certain yet whether this is a side effect, or a result of the treatment.

Cervical manipulation can result in some severe treatment reactions, which can be somewhat proportional to how effective the treatment was. These reactions can include: fatigue or "flu-like" symptoms, needing to urinate more often, feelings of sluggishness and increased sleepiness.

Our Autonomic Nervous System (ANS) deals with bodily functions like sweating, digesting, and breathing. During trigger point therapy, you might experience unaccountable ANS symptoms which include: sweating, redness, skin blanching, coldness, gooseflesh, excessive sweating, dysmenorrhea, toiletry dysfunction, earache, dizziness, stuffiness, and difficulty breathing.

Trigger Point Therapy - Frequently Asked Questions

How do I press/self-treat a trigger point?

For those of you who have worked with trigger points before, this concept will be very familiar. For the rest of you, there are two very simple, safe and effective techniques: (1) ischemic compression technique (ICT), and (2) deep stroking massage (DSM).

How much pressure do I use?

This is something that comes with experience, but as a rule of thumb the more painful the tissue, the slower and deeper the pressure. In all cases, the key words are “work slowly,” “sensitively,” and “thoroughly.” Deep stroking massage should feel a bit like gently squeezing toothpaste out of a tube.

Which direction should the pressure/force be applied?

It is desirable to apply steady, deep, direct pressure to the nodule or pea-like trigger point. We have tried to represent this by the idea of a hot zone indicated within the images in the self help pages of this site. The heart of the trigger point is located somewhere in this zone. You need to find the direction of pressure that, where possible, exactly reproduces the pain. It often amazes us that a slight change in the direction of the pressure can cause a totally different pain elsewhere. You will feel when you are “there.”

How do I know when I have done enough pressing?

Hold the trigger point for 6 seconds:

If the pain diminishes rapidly, stay with it until the trigger point softens or evaporates beneath your pressure.

If the pain stays the same or gets worse, come away for 15 seconds and then try again.

Repeat 3 times if necessary.

If the trigger point still does not deactivate after the third repetition, note it down as it may be a secondary or satellite point.

What do I do after I have come away from the point?

Follow all deep work with a gentle generalized effleurage massage. The area where you did the deep work may still be tender, but do not avoid it. This will help to dispel pain-inducing toxins from the area and stimulate the repair of the fascia.

How often should I treat a trigger point with a massage tool?

This depends on how acute or chronic the problem is. For a chronic trigger point, you can work the area up to six times a day: persistence pays off. An acute problem may require less work than a chronic one. If you see an experienced practitioner, this will change. But note that the required frequency can vary from case to case because of a variety of factors.

Can I do any harm?

If you identify the correct point and deactivate it with care and love, the answer is—probably not. There may well be some soreness for up to 48 hours after treatment. If the soreness lasts or gets worse, please discontinue treatment immediately and seek a medical opinion.

Will bruising occur?

Bruising should not occur if you follow the instructions, but may occur if you are on blood-thinning medication. With time and experience, bruising becomes increasingly rare. We have found that it is not the depth of treatment (force) that will cause a bruise but usually the result of pressure being applied too quickly (velocity).

Try to feel the muscles and tender nodules beneath the skin. Arnica creams and tablets have been suggested to reduce the incidence and severity of bruising. Unfortunately some people bruise more easily than others.

Will I be sore afterwards or experience side effects?

It is not uncommon to feel sore or bruised for 24–36 hours after treatment, but it is unclear whether these conditions are treatment effects or side effects. Treatment reactions are common and most severe following cervical manipulation; they are, somewhat controversially, proportionally related to treatment efficacy. Reactions may include other associated symptoms, such as fatigue or “flu-like” feelings, increased peeing, lethargy, and increased sleepiness.

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