

HEALING MASSAGE

An A-Z Guide for More than
Forty Medical Conditions

Exam Edition

Maureen Abson

NielAsher.

Advanced Trigger Point Techniques



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PART I

MASSAGE

TECHNIQUES

1

Introduction

This book has been written from years of experience in working with and teaching massage and seeks to provide practical information on using massage to treat a range of medical conditions. Massage has been used for thousands of years to treat a whole array of conditions and was traditionally passed down through families as part of everyday life. With the increase in modern medicine two things have happened: firstly the power of massage has been largely forgotten, and secondly, with the increase of a litigious culture, it has been politicized and people have become scared to touch for fear of litigation.

This book seeks to both educate and empower two groups of people: the qualified massage practitioner wanting a ready reference book for unfamiliar conditions, and everyday people wanting to help a friend or family member who is dealing with a health problem.

As a qualified massage practitioner there are very few courses that will cover every medical condition that you will come across in your massage career, or you may have been taught to simply not massage a specific condition when in reality massage would be effective. Cancer is a good example of this; many colleges still teach that massage when someone has cancer is contraindicated, even though the medical research has moved on in this area. This book

aims to fill in some of those gaps and to not only provide an easily accessible reference point for the condition but also discuss how to treat someone effectively and safely.

The book is also aimed at empowering individuals to give effective massage treatments to friends or family members. While in many cases individuals will feel happier going to see a qualified practitioner, there may be times when for reasons of finance, life circumstances, or simply client choice this is not possible, and it is perfectly fine to use massage in the home. So long as you are not charging for your services, which takes you into the professional arena, then it is possible to give safe and effective treatments.

There are some conditions that would benefit from daily massage to make a real difference. The tremors of Parkinson's disease will respond well to massage, but ideally this needs to be given daily and not many people can afford a daily professional massage. Twice daily massage to a child with cerebral palsy can have a real impact on the tone and spasticity of muscles but, again, not many people can afford this—but it can be integrated into the daily care routine given by a parent or carer. The book is therefore also aimed at empowering friends and family members to be able to treat conditions at home.

There are some caveats that need stating at this early stage.

- This book will not promise cures for medical conditions. Massage for serious medical conditions should be carried out in conjunction with conventional medicine and in collaboration with the client's doctor. Even if the massage makes a huge difference to the person's life and they want to start reducing medication, that must be under the supervision of the client's medical practitioner.
- The premise for all of this advice is to "first, do no harm." Some of the treatments in this book use deep massage techniques but that should never be at a level deeper than the client wants to work and is able to breathe through. Always err on the side of caution and if in doubt—don't.
- This book is not a replacement for professional massage training. While you can follow the instructions in the book to treat friends and family members, reading the book does not qualify you as a massage practitioner. There are ample courses, both short and long, that you can do to gain hands-on supervised experience. Using some of these techniques on friends and family may leave you wanting to do more, which is great, but go on to train with a school or college and get professional insurance to work professionally. The length of course needed will depend on the massage regulations where you live and these vary significantly around the world.

There are certain terms used in the book that need explaining at the start. A *contraindication* to massage refers to a reason why you should not massage; these are given for each condition in the book where they are applicable, but make sure you also read the whole of this introductory chapter where I discuss general contraindications for massage.

I refer in the book to the *client*. This is simply the person receiving the massage, be that a paying customer if you work professionally or the friend or family member receiving the massage.

A Little Bit of History

It can be useful to know a little of where massage has come from to understand what it is that we do. Massage has a long history across cultures, and in both traditional Eastern and more Western medicine. Although we loosely divide massage into Eastern and Western, especially in terms of history, there will doubtless have been crossover between them as travel across countries and continents developed.

Eastern Approaches

Eastern massage styles have been a part of everyday life for thousands of years, passing down the generations, people sometimes learning from each other at the parent's knee, and these were seen as an important and integral part of health care.

In China we have the first documented descriptions of massage, dating back around 5000 years to 3000 years BCE (before the Common Era). Chinese Taoist priests practiced "qigong," a meditative movement revealing and cultivating the vital life force. Traditional Chinese Medicine (TCM) is based on the principle that every illness, ailment, or discomfort in the body is due to an imbalance of "qi," or "ch'i."

Records in India also date back to at least 5000 years ago, and the unique form of medicine known as Ayurveda (the "art of living"), which, amongst other things, describes massage and herbal treatment for various conditions.

3000 years ago, around 1000 BCE, Japanese monks began to study Buddhism in China. They witnessed the healing methods of TCM and took them back to Japan. The Japanese not only adopted the Chinese style, but also began to add to it by introducing new combinations, eventually reaching a unique form called Shiatsu—"shi" meaning finger and "atsu" meaning pressure.

Traditional Thai massage, also called Thai yoga therapy, is a therapeutic style of massage therapy that dates back thousands of years. Its origins are unknown, but practitioners traditionally trace their lineage to Jivaka Komalaboat, also known as Shivago, who was a personal physician to the Sangha, a friend and physician to the Buddha and renowned as a healer in Buddhist tradition. Thai massage, like most oriental forms of massage, combines massage, stretching, and what we now refer to as chiropractic manipulations into one treatment. This is just a small sample of the longer-standing Eastern massage techniques, but massage has also had a long history in the West.

Western Traditions

Hippocrates (ca. 460 BCE–ca. 375 BCE), the “father of modern medicine” argued that massage was “one of the arts” with which a well-rounded physician should be familiar, believing that a real proficiency in massage only came with lots of practice. He suggested that massage could both firm up muscles or organs that were too lax, and relax muscles, joints, or other organs that were too stiff, rigid, or tense.

Hippocrates also reversed the traditional Eastern direction of massage. In cultures where the focus was on energy and, for some, negative entities, massage was conducted from the center of the body outward to the extremities, as this would draw stale, excess, or negative energy out from the body. Hippocrates established the principle instead that massage should work toward the heart in order to assist the heart and circulatory system in their work, and to transport and finally eliminate pathogenic wastes and toxins from the body.

This is a divide which still exists in massage today with, generally speaking, Western-based massage working toward the heart and Eastern-based massage working from the center outward.

Massage is still developing; for example, we are only just beginning to understand fascia and how this affects the body, but we are able to draw upon these various systems of massage and

take what works and what makes sense to us and integrate them. Some people will argue for light-touch massage, others will argue only for deep massage. If we can learn anything from the history of massage then it is that all forms have their uses; one client might respond to one form of treatment and another to an entirely different approach. That doesn’t mean that one is right and one is wrong; the diversity offered in massage is its strength. Provided you do not massage when it is contraindicated, work only to the depth that the client is happy to work to, and also go by the maxim “first, do no harm,” then there is nothing to be lost from this focused application of touch that we call massage, but there may be a great deal to gain.

Using Massage Oil

For some parts of the massage treatments using a massage oil will help. There are lots of commercially produced massage oils, but you can use a good quality, simple oil such as grape-seed. Almond oil, holly oil, and a whole variety of other oils can be used—be careful with nut-based oils in case anyone has a nut allergy. There are also good quality preblended massage oils, which are base oils (such as grape-seed) mixed with essential oils. Essential oils are powerful oils derived mainly from flowers or plants and have “qualities”—some are calming, others are uplifting or are good for muscular aches and pains. A few chapters recommend specific oils, but if you are not experienced in blending oils then it is simpler, and possibly cheaper, to buy a preblended oil.

You should not need a great deal of oil but make sure that when you come to use it, you pour it onto your hands and then rub your hands together to warm the oil. As well as taking out the shock of having cold oil applied, it also spreads the oil more quickly, and not having a pool of oil on their skin will be much more pleasant for your clients! You only need enough oil so that your hands don’t drag the client’s skin, so apply it a little at a time; remember some massage doesn’t need oil so don’t apply it all of the time, just as needed and directed.

Contraindications

There are some times when it is not appropriate to massage; these are known as contraindications, and the details for these for each condition are given chapter by chapter. There are also times when it is generally not appropriate to massage someone in the usual way or when specific areas should be avoided, and these are listed below, along with the reasons.

- If someone is feeling sick or has a cold, flu, or fever, massage is contraindicated. The client would likely feel worse and their fever could intensify. If they are feeling sick, they are likely to be sick. As you are working in close proximity with that person and what they have may be contagious, you are also leaving yourself open to catching or becoming a carrier for that illness.
 - Massage should never be carried out over, or close to, an area with varicose veins—this could cause the vein to burst, which would be a medical emergency.
 - If a bone is broken, if a joint is swollen, or if an area of tissue is red and inflamed, massage should be avoided.
 - Massage is contraindicated when the client has had recent alcohol intake—it is likely to heighten the effect of the alcohol in their system and make them nauseous.
 - If a client has a burn, open sore or wound, or open eczema, massage should be avoided on that area. Not only would it be painful, but you are risking introducing infection into the area and inhibiting healing.
 - If the client has had recent surgery it is best practice to wait a minimum of three months post surgery before massaging close to or on the area that has been operated on. This is to allow the time for the scar tissue to form and for deeper-level healing to take place. In the case of abdominal surgery, wait six months before carrying out any abdominal massage. The client should have the “all clear” in their routine postoperative checkup and be signed off from their surgeon prior to commencing massage treatment.
- Conditions not contraindicated but with special precautions not covered elsewhere in this book:
- **Diabetes:** Massage is not contraindicated for someone with diabetes but there are additional precautions that you need to take into account. Clients who are type 1 diabetic (reliant on insulin injections) will be used to regularly testing their blood sugar and should be asked to bring their blood-testing kit with them. Ask them to test before the treatment starts and have sugary snacks or drinks available if needed. You then need to ask them to test every 45 minutes during the treatment. Do not worry about disrupting the flow of the massage; it is more important to avoid what could be a potentially dangerous dip in blood sugar.
 - **Asthma:** Ensure that clients have their inhaler with them and that you know where it is prior to commencing treatment so that it can be easily accessed if needed.
 - **Epilepsy:** If clients have epilepsy, they are likely to know how well controlled it is. If they indicate that they think an attack is coming on, get them off the massage table onto the floor and clear the area so that they cannot hurt themselves during a fit. Most people with epilepsy will not need hospital treatment, but check how your clients would like you to respond if they do have a fit; do not try to restrain the client at all during a fit.
- For other contraindications specific to individual conditions, please see the advice given in each chapter.

Breathing

Working with the client's breath is important to get the most out of massage treatments. Encourage your client to take deep, slow breaths and wait for their out breath before using deeper massage moves or working on more tender areas. Using the breath like this will help you pace your massage better so that you are not rushing in or rushing through a treatment. If clients are struggling to breathe in a deep and relaxed way ask them to place one hand on their belly and one on their chest and to breathe so that the hand on the belly comes up more than the hand on the chest. This may feel odd to begin with but it is a natural way to breathe—watch a baby or young child breathing and you will see this happen very naturally. Deep breathing will also slow breathing down; if your client is anxious or stressed this focus on breathing will start the relaxation process.

Massage Tables

Massage tables (also known as massage beds, or plinths) are soft, padded tables with a face hole or cradle at one end—this allows your clients to lie down in comfort and be able to breathe without needing to keep their head turned to one side. It is possible to do many aspects of massage without a massage table as the client can be either seated or lying toward the edge of a normal bed (even the dining-room table will do if you're pushed), but there are some moves that should not be done without a table as they are dangerous when the client's head is turned to one side—these are all identified in the descriptions of the individual treatments.



To get the correct height of your massage table, stand either barefoot or in the footwear you will massage in, and the table should be somewhere between the main part of your hand and your first knuckles. If your client is larger than average you may need to put the table down one level so that you can comfortably stretch over their back.

Buying a Massage Table

If you are going to be doing regular “at-home” massages on friends and family it is worth considering investing in a massage table, and you can often get a good second-hand table fairly cheaply. There are some things to keep in mind if you are going to do this. Firstly make sure it does have a face hole or an add-on face cradle; you can adapt all of the techniques here to a face hole or a face cradle, but tables with face holes can be more comfortable for your clients, especially if they have neck problems, and can feel more secure for you as the practitioner.

Secondly make sure that the table is height adjustable; there are a few different mechanisms for these, some are quicker to release than others and these are a matter mainly of personal preference. If you are working on a particular friend or family member then you will not need to change the height too often, but you do need to ensure that you can adjust it to the correct working height for you.

Finally check the weight-bearing ability of your table; if you will be working on heavier clients then tables with aluminum frames and legs will generally be stronger than wooden ones.

As with many things, you get what you pay for in a massage table and you may be better getting a good quality, strong second-hand table than a cheaper new one. All massage tables should be easy to wipe down with antibacterial wipes so buying a second-hand one should not be any compromise on health—just check it's not damaged and that all nuts, bolts, and screws are tight.

Water

After a massage treatment it is important to encourage your client to drink lots of water. This supports the body in its natural process of eliminating toxins; if someone gets a headache after massage they should be encouraged to drink water. Massage will help flush out both natural and chemical toxins from the body, but this process must be accompanied by hydration to allow the body to do its job. If clients' urine is very dark after a treatment they again should be encouraged to drink plenty of water to assist the process of healing.



Rest

In busy lives it is tempting to squeeze a massage in when there is a small gap in a schedule; however, your clients will get the most out of a massage if they are able to rest after the treatment. Specifically, if clients are going to drive after a treatment and are in a deep state of relaxation they need to be given time to sit and sip water and gently “come round,” rather than dashing out slightly dazed post treatment.

Hygiene

Good hygiene should be maintained at all times while you are giving a massage treatment. Careful hand washing should be done before a treatment starts—include the forearms and elbows in this as you may use these to massage, and if you sneeze, cough, or need to blow your nose then stop and rewash your hands before continuing.

You are not likely to catch any serious illness giving a treatment, but be sensible, and blood contact should be avoided at all times; if your client has a cut or open sore then you should not be massaging on or near that area. If you have a cut on your hand then this should be covered fully, either with a secure waterproof medical dressing or even with a thin glove.

Ensure that the area you are working in is clear and clean and that you have fresh towels for your massage table; if you are working on more than one friend or family member, these should be clean for each person. If you are working professionally then, naturally, full professional-clinic levels of hygiene apply.

If you are working at home, make sure that the television is switched off and the answerphone is switched on, so that both you and your client can fully focus on the treatment in hand.

Finally, enjoy giving your treatments. If you are relaxed giving a treatment, your client will be relaxed. To make a difference to someone's life by specific and focused touch is an incredible gift to be able to give, enjoy!

PART II
AN A-Z
OF MEDICAL
CONDITIONS

Ankylosing Spondylitis

Background to the Condition

Ankylosing spondylitis (AS) is “a painful, progressive form of inflammatory arthritis. It mainly affects the spine but can also affect other joints, tendons and ligaments.”¹ Most often diagnosed in people between the ages of 18 and 30. Ankylosing is a Greek word meaning “fusing” and spondylitis refers to inflammation of the vertebrae.

Early symptoms of AS are pain and stiffness usually around the middle of the back, but the pain can start anywhere within the spine and can also affect other areas, and any joint can be affected. Knees may be swollen, hips and heels painful, and for a number of people their eyes will be impacted by the disease, with pain and/or photosensitivity experienced. For some people, the lungs, heart, or bowels can also be affected with the inflammation. Some people with AS will be at risk of osteoporosis, while others can develop a skin condition known as psoriasis.

There are ways of managing the symptoms of AS but, at present, there is no cure. Although genetic testing is now being introduced in early diagnosis, this is an area of ongoing research and is not yet fully understood. There is often an

8- to 11-year gap between developing the early symptoms and the effects of the AS showing on x-ray or other imaging. Some fusing of the spine usually takes place, but it is unusual for the whole spine to fuse.

It is useful for the massage practitioner to understand what takes place within the body in order to be able to treat a person with AS effectively. Massage is safe to use provided the practitioner acts with care and caution and all manipulative moves of joints are avoided.

AS is a progressive condition; some people will experience periods of remission where their symptoms settle down significantly, others will see no break in symptoms and, because of the nature of the disease, symptoms become progressively worse.

The first stage of degeneration occurs at the “entheses.” Entheses are the areas in the body where tendons and ligaments meet the bone and it is this area that is the “primary target organ in a collection of rheumatic conditions, the best known of which is ankylosing spondylitis.”² In AS, “inflammation [occurs] at tendon, ligament or joint capsule insertions.”³ Enthesitis is inflammation in the entheses—the point at which

¹ Ankylosing Spondylitis Guidebook, National Ankylosing Spondylitis Society (UK), October 2012.

² Where tendons and ligaments meet bone: attachment sites (‘entheses’) in relation to exercise and/or mechanical load, M Benjamin et al., *Journal of Anatomy*, 2006 April, 208(4): 471–490.

³ <http://www.arthritisresearchuk.org/health-professionals-and-students/reports/topical-reviews/topical-reviews-autumn-2009.aspx>

the tendon or ligament joins to the bone becomes inflamed. This inflammation causes a knock-on effect where part of the bone will be eroded; once the inflammation begins to subside, the body's natural healing response takes place and the body lays down new bone. As this process is repeated with subsequent bouts of inflammation and healing, movement can be restricted as "bone replaces the elastic tissue of ligaments or tendons."⁴ Eventually this can lead to the fusing of vertebrae and other joints.

AS is usually worse first thing in the morning or after sitting or working in one position for a long period of time, and pain will decrease as movement is reintroduced. People diagnosed with AS will be encouraged to exercise (with nonimpact exercise) and to be very careful about their posture. A physiotherapist will be able to guide the individual client as to the exercise that is best suited for that individual, and massage can be very beneficial, helping to keep movement and restore correct posture from bad postural habits.

As the body stores tension, so massage releases that tension. Massage works on the skin, fascia, and muscles and their attending ligaments and tendons, which then has an impact on the skeletal structure. Massage can free up the body to move as best it can within the confines of its individual structure. Massaging someone with AS will not cure the AS, you will never unfuse a fused bone, but you can help that person to gain the best movement that is possible within the limits of their condition, and you will release tension and, therefore, pain in the muscles impacted by the condition.

As the mid and lower back are both affected by AS, it is important to work with your client both on the upper and the lower body—only massaging one of these will restrict the outcome.

Specific Contraindications

Some AS sufferers may be able to tolerate deeper massage, but for others this will be too painful and you will need to work gently, at least at first, until the muscles begin to release and relax.

You need to work closely with your client to first of all establish their comfort on the table, additional folded towels or pillows may be needed for support for joints already affected by the AS, and you will need to be in dialogue with your client throughout the treatment as to the appropriate depth that you work to.

Massage Treatments

It may be best to start with lower-body work, as the sacrum is an area that is often first affected by AS; in order to do this you should work from the feet upward. Begin the treatment by following the protocol for the foot massage in Chapter 3.

When working up from the foot, be careful to work all around the ankle by gently pressing and releasing all of the tissue around the ankle joint; this is done by applying static gentle pressure all around the outskirts of the ankle bone, pressing in with your thumb, holding for 20–30 seconds, releasing, and then moving around the ankle so that you cover the whole of the ankle area, but without dragging the skin.



⁴ Ankylosing Spondylitis Guidebook, National Ankylosing Spondylitis Society (UK), October 2012.

Then you can gently rotate the ankle, supporting the foot as shown in the photograph. As you do this rotation you are simply moving the foot through its natural rotation—do not manipulate or overextend the joint.



Once you have fully worked the foot and ankle you can move up the leg into the muscles of the calf and the front of the leg, being careful not to apply any pressure on the area behind the knee joints.

Work up the leg, in the direction of the heart, in medium-length strokes so that you are covering around six inches of muscle in any one stroke. If your client can take deep pressure, work up to this so that you first free up the fascia and the surface layers before working more deeply.

Once the muscles of the lower leg have released and are softer to the touch, you can move up to the larger muscles in the upper leg. Using the heel of your hand will be more comfortable for your client than using your thumb (and will protect your thumb from damage) and you can also use your forearm or the side of your hand so that you are working up these muscles with a larger surface area; this will also help to protect your client from unnecessary bruising. Ask your client to turn over so that you can also work the front side of the thighs, concentrating your treatment on the outer thigh muscles.

Stretching is very important in treating AS so, after you have finished working each limb, finish treating that area with long stretching strokes up the full length of the muscles, making sure that you stretch all of the areas you have been working on.

You should work in the same way up both legs before you do any work into the hips. While most massage work would include the sacrum in lower-body work, for the client with AS you should leave the sacrum work until toward the end of the treatment, when you will have also worked the upper body, so that all areas of muscle that impact on the sacrum and sacroiliac joint have been worked prior to you treating this area.



Now that you have completed this lower-body work you can begin again on the hands and arms; follow the protocol in Chapter 2 for this massage work, to start the release of the upper body.

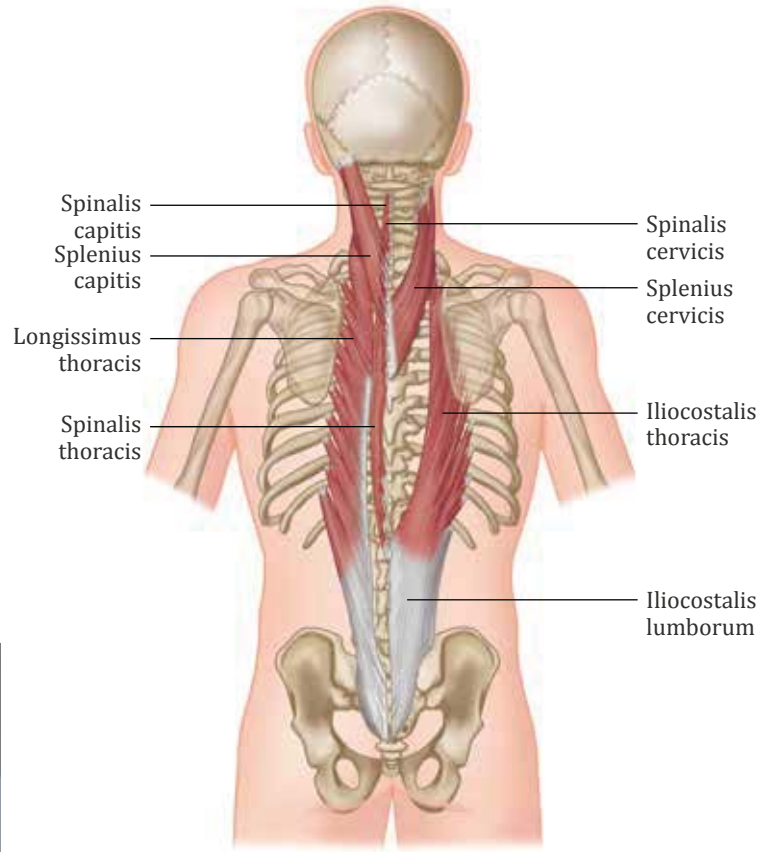
With your client faceup you can then follow the instructions in Chapter 4 on how to give a massage treatment to the head; do not omit the jaw massage from this unless any of the specific contraindications listed in that chapter apply.

The muscles of the back should also be stretched by long massage strokes as part of this treatment. Some AS sufferers will have restriction of the ribs, so special care should be taken around the intercostal muscles, the muscles between the ribs, to ensure that stretching of muscle takes place but that there is no direct pressure put on bones where there may have been skeletal fusion. You can do this by using one continuous stroke, starting at the top of the shoulders and stroking all the way down to the sacrum; use your thumbs either side of the spine for this, being careful not to press on the spine or the ribs either side of these muscles.



The muscles surrounding the spine are designed to allow it to flex in different directions, but AS can result in a permanent “looking down” as it “sets up a serious tug of war between the spine and the muscles that move it, and the increased flexing of the spine causes chronic shortening of

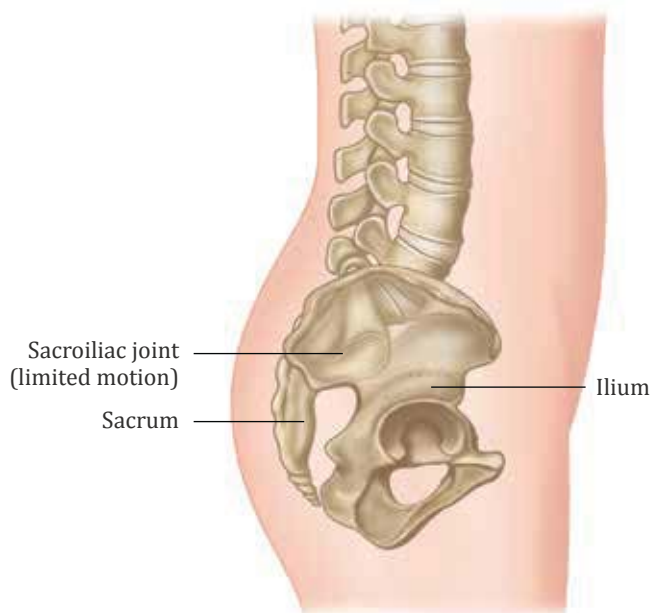
the flexor muscles, which cause the extensors to have to compensate by increasing contraction to maintain as upright posture as they can”.⁵ The aim for AS massage is to lengthen the spinal flexor muscles while at the same time relaxing the spinal extensor muscles (see below).



Stretching the erector spinae muscles and working in detail down the spine toward the sacrum are critical in achieving this. Long movements that start at shoulder level and extend all the way down to the sacrum will provide this stretch. At all times be very careful with your pressure and get constant feedback from your client so that you know you are working at a comfortable depth for the client, and follow the massage below for the sacral work.

⁵ <http://www.sacramentomassagecenter.com/massage-ankylosing-spondylitis/>

The erector spinae muscles embed into the sacrum so it is key to work all the way down to, and then carefully across, the sacrum. The role of the sacrum in AS is pivotal; according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases in the US, “the hallmark of ankylosing spondylitis is “sacroiliitis,” or inflammation of the sacroiliac (SI) joints, where the spine joins the pelvis.”⁶



The sacrum is a key player in both the stability and the strength of the body; it allows the pelvis to move without twisting, whilst at the same time providing stability between the spine and the lower limbs. The sacrum is the attaching point for a number of muscles including the gluteus muscles, the stabilizing muscles of the lower back, the piriformis, and the hamstrings. Tightness in any of these muscles will put pressure on the sacrum and cause a knock-on effect of tightness elsewhere in the body, often tilting the pelvis and having a marked effect on gait, which in turn can cause problems in the hips, knees, and ankles. Add to this that AS often causes a fusing of the SI joint. The SI joint is a

major stabilizing joint, yet it has a very small range of movement—but even small movements have an effect on the spine, and on the rest of the body.

While massage will not free the SI joint when it has fused, massaging all of the areas that lead into it will help to eliminate the uneven “pull” on the SI that tight muscles can lead to. Usually, as massage practitioners, we would avoid massaging onto bone as this will be painful and unhelpful, but the sacrum is the one exception.

This massage should, however, be done slowly and carefully. Ask your client to lie facedown with a pillow placed under the ankles to prevent the spine being stretched uncomfortably while you work. Using the flat of one of two fingers, gently press and hold the skin above the sacrum—the client should feel the pressure but there should not be any sharp pain. Hold each press for 10–15 seconds, lift the fingers and replace them a little further along the sacrum; the aim is to massage the entire sacrum. The sacrum is usually easy to find and you will feel the edges at a wide V from the center of the lower back. Working the whole of this area can provide an immediate sense of relief and it will also encourage healthy blood flow to the area.



⁶ http://www.niams.nih.gov/Health_Info/Ankylosing_Spondylitis/



The raised leg should be fully supported so that you are not putting any undue pressure on the hips or sacrum as you work this area. The pressure that you can place on the hips will depend on the development of the AS, so be very careful to check often that your client does not find the pressure too much.



Place your hand at the top of the femur (you will be able to feel the head of this bone on most clients) so that your middle finger is continuing on the same line as the femur. Spread your fingers, and your three middle fingers will be approximately on the three points in the hip that you need to work. It will vary depending on the size of your hands and the size of your client, but this is a good guide. Using three or four fingers together, feel around this area—you should find three points in the hip (roughly adjacent to the spread of the three fingers) where, when you press gently into the hip, there is more resistance than in the other areas of the hip. These are the three areas that you need to press into to help the hip to release.

Having completed this work you are able to do some deeper hip work. If your client is able, ask him or her to lie in the side position, supporting both the raised knee and the client's head with pillows.



If you are a trained massage professional then you can, if you were trained to do so and are confident in your ability, use your elbow to apply the pressure here. If you do not have this level of training then use either the heel of your hand or two or three fingers forming an open fist.



It is vital that you work with your client's breath for this move; you can apply pressure on the out breath. The client should not feel any pressure on the hip joint or sacrum—the pressure is within the muscle. The hip may roll forward, and you should encourage your client to allow this to happen. As you first go into this move, ask your

client to rate the depth: one being a feeling of light pressure and ten being very painful—aim for five or six out of ten if your client is happy to work to that depth and if you feel confident in what you are doing, otherwise aim for a three or four (or to your client's maximum if that is lower), and now hold that pressure. You may need to hold this for up to a minute, but as you do the client will report that the pressure feels like it is dropping. When they get to the point where it just feels like you are leaning on them, you have achieved your goal. As you have not released the pressure until this point, it is the tightness in the muscle that has released. Release slowly from this position.

Repeat this process for all three points on both hips, being careful to support the client's leg and hip with the pillow at all times. This move will also stretch out the muscles that hold the hip tight, and will begin to gently stretch the muscles around the sacrum and SI joint.

Massage can give symptomatic relief of AS and help the individual to maintain muscle movement; it can also encourage lymphatic flow, which itself can help the body to deal with inflammation. Massage will also help to increase circulation and bring much-needed oxygen to the damaged tissues. As with any medical condition, if you are in doubt as to whether an area should be treated, ask the client's doctor or specialist and work within the bounds of your training. If you are massaging to assist a friend or family member, work with caution and get constant feedback from the person you are working with. As time progresses you will be more confident in what you do, and the person receiving the treatment will be able to direct you to areas that need attention. There may be times that you want to seek the professional guidance of a massage practitioner, but you can also ask your practitioner for guidance in how to complete self-care for your loved one.