Treatment notes, Clinical Impression (Clinic Finding) & Self Care

For Massage Therapy Practice

| Treatment notes for: | | | | | _ |
|----------------------|--------------|-----------------------------------|--------|------------|------------------|
| Date: | Time | e:am pm Duration: | | | _min./hr. Fee \$ |
| Informed conse | nt received: | treatment asses | ssment | Therapist: | |
| Techniques Used | | | | 1 | |
| Swedish | frictions | deep facial joint mobilization | | | intra-oral |
| Areas Treated: | , ,, | • | | | |
| | | shoulders chest | | | leg L R |
| Clinical findings: | | | | | |
| Cli / 6 | . 11 . 1 | | | | |
| Clients reaction / f | eedback: | | | | |
| | | | | | |
| Recommended Self | f-Care: | | | | |
| | | | | | |

Assessment

- History
- Observation
- Palpation
- Range-of-Motion and Resistance Testing
- Special Tests
- Clinical Impression (Clinic Finding)

Treatment Plan

- Reduce soft-tissue pain and dysfunction
- Improve flexibility
- Restore proper movement patterns
- Strengthening and conditioning

Clinical Impression (Clinic Finding)

Hypertonicity

- One of the most commonly occurring soft-tissue pathologies is muscular hypertonicity, or more simply, tight muscles.
- Muscle tightness appears for several reasons It frequently develops due to an increased rate of contraction stimulus, causing the muscle to hold a higher degree of resting tonus than it normally would.
- Some form of stress causes the increased muscular tone. Possible stresses include: mechanical, such as a postural distortion; chemical, such as excessive intake of caffeine; or psychological.

Hypertonicity

- Hypertonic muscles may appear shortened during postural evaluation or range-of-motion testing. They will feel tight when investigated with palpation compared to other unaffected tissues.
- Hypertonic muscles are also more resistant to stretching, and may therefore have limitations in range of motion.
- The client usually reports some degree of pain and/or discomfort with palpation or stretching of the muscle.

Atrophy

- Muscular atrophy impairs function due to disuse and denervation (loss or impairment of nerve supply to the muscle). Denervation may be the result of nerve compression syndromes, systemic disease, or traumatic damage to the nerve or neuromuscular interface.
- Lack of proper neurological stimulation quickly leads to a loss in the size and contractile strength of the muscle. This size and strength loss
- can have significant detrimental effects on normal biomechanics.

Disuse atrophy

- Disuse atrophy is a frequent problem in muscles because it usually accompanies another injury where a limb is partially or fully immobilized during the healing process.
- There is greater atrophy if the muscle is immobilized in a shortened position.
- The primary anti-gravity muscles such as the quadriceps, gluteals, and erector spinae are most affected by disuse atrophy. The anti-gravity muscles are those that resist the downward pull of gravity when one is engaged in normal locomotion.

Disuse atrophy

• For example, muscle disuse atrophy that occurs with knee injuries is more common in the quadriceps than in the hamstring muscles. The quadriceps muscles are anti-gravity muscles, whereas the hamstrings are not. In addition, most injuries that require knee immobilization maintain the knee in an extended position, which puts the quadriceps in a shortened position while the hamstrings are lengthened.



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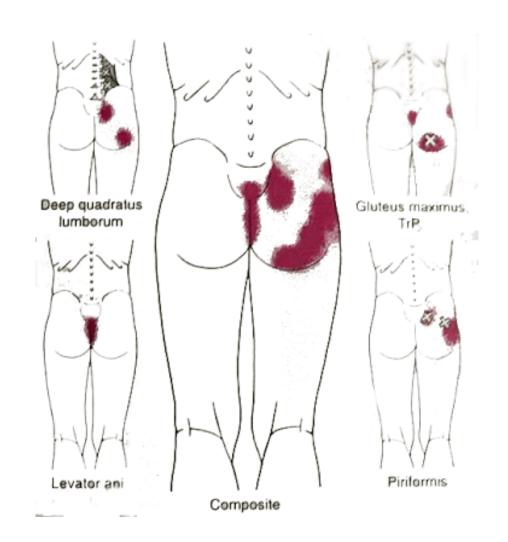
 Travell defined a myofascial trigger point as 'A hyperirritable spot in skeletal muscle that is associated with a hypersensitive palpable nodule in a taut band. The spot is painful on compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction, and autonomic phenomena.



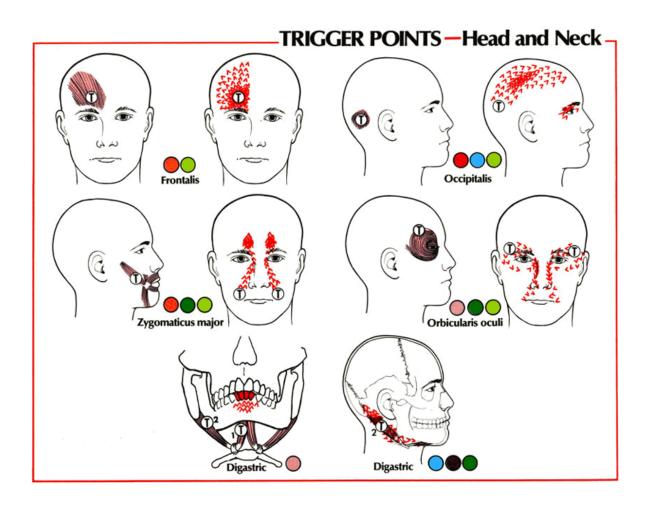
 Trigger points are discrete, focal, hyperirritable spots located in a taut band of skeletal muscle. They produce pain locally and in a referred pattern and often accompany chronic musculoskeletal disorders. Acute trauma or repetitive microtrauma may lead to the development of stress on muscle fibers and the formation of trigger points. Patients may have regional, persistent pain resulting in a decreased range of motion in the affected muscles.

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 hese include muscles used to maintain body posture, such as those in the neck, shoulders, and pelvic girdle. Trigger points may also manifest as tension headache, tinnitus, temporomandibular joint pain, decreased range of motion in the legs, and low back pain. Palpation of a hypersensitive bundle or nodule of muscle fiber of harder than normal consistency is the physical finding typically associated with a trigger point.



 Palpation of the trigger point will elicit pain directly over the affected area and/or cause radiation of pain toward a zone of reference and a local twitch response. Various modalities, such as the Spray and Stretch technique, ultrasonography, manipulative therapy and injection, are used to inactivate trigger points. Trigger-point injection has been shown to be one of the most effective treatment modalities to inactivate trigger points and provide prompt relief of symptoms.



Strain

- Excessive tensile stress on a muscle can produce tearing of the muscle fibers; this injury is defined as a strain. The common name for a muscle strain is a pulled muscle.
- However, it is not an excess of stretch alone that produces the greatest number of strains on a muscle. Muscle strains occur most often from some degree of stretch tension on a contracted muscle, usually an eccentric contraction.
- The forces are greater on a muscle in an eccentric contraction than during isometric or concentric contractions. It is this increased load on the fibers that causes more strain injury from eccentric contractions.

Signs of Muscle Strains

First degree:

- Minor weakness evident
- Minor muscle spasm
- Swelling possible, minor
- Minor loss of function
- Minor pain on stretch
- Minor pain in resisted isometric contraction

Second degree:

- Weakness more pronounced
- Weakness due to reflex inhibition
- Moderate to major spasm in injured muscles
- Moderate to major spasm in nearby muscles
- Moderate to major swelling
- Moderate to major impaired function
- Pain likely strong during stretch
- Pain likely strong with resisted isometric contraction.

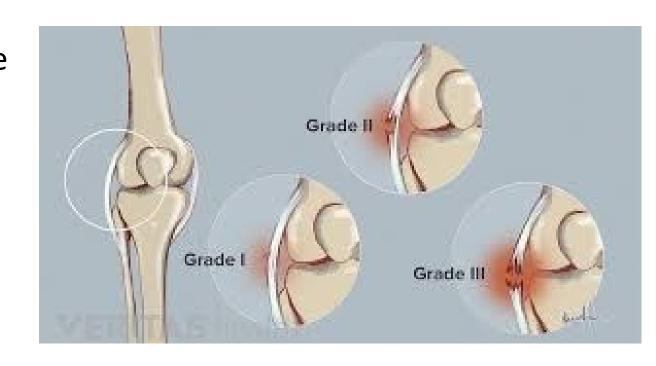
Signs of Muscle Strains

Third degree:

- Pronounced muscle weakness
- Muscle may not function
- Spasm if muscle is intact
- Surrounding muscles in spasm
- Moderate to major swelling
- Loss of function due to reflex inhibition
- Pain severe at injury, but may recede

Sprains

 Ligament injuries usually occur from sudden high tensile loads on the fibers. For example, a blow from the lateral side of the knee puts excess tensile stress on the medial collateral ligament on the medial side of the knee. The severity of the injury is dependent on how much force the ligament must withstand. Ligament fibers have some degree of pliability and resistance to stretch. If the tensile stress is minor, the ligament can usually absorb the force with minor stretching of the fibers.



Signs of Ligament Sprains

Mild or grade 1:

- Few ligament fibers torn.
- Temporary ligament stretching possible
- Mild to moderate pain with stretch
- Minor swelling
- Local muscle spasm likely

Moderate or grade 2:

- More ligament fibers torn
- Ligament overstretching likely
- Joint laxity likely
- Moderate to severe pain with stretch
- Moderate swelling likely
- Local muscle spasm likely

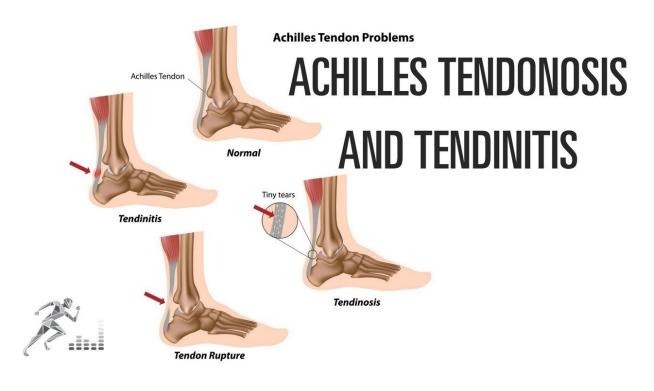
Signs of Ligament Sprains

Severe or grade 3:

- Severe tear or rupture
- Fibers likely need repair
- Permanent changes in joint stability likely
- Pain severe at injury
- Pain may recede if ends detached
- Moderate swelling likely
- Muscle spasm likely

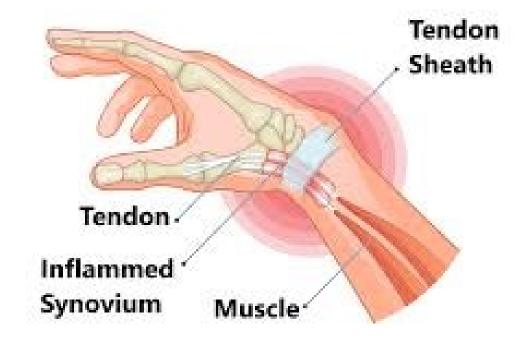
Tendinosis / Tendinitis

 The most common pathological problem involving tendons is caused by repetitive mechanical load placed on the tendon. It was previously thought that the tendon fibers tore and subsequently led to an inflammatory reaction in the tendon, thus the name tendinitis (-itis meaning inflammation).



Tenosynovitis

 Another chronic overuse problem affecting certain tendons is tenosynovitis. This condition does not affect all tendons only those enclosed within a synovial sheath. The synovial sheath, also called the epitenon, surrounds tendons in the distal extremities and a few other locations where excessive friction may irritate the tendon.



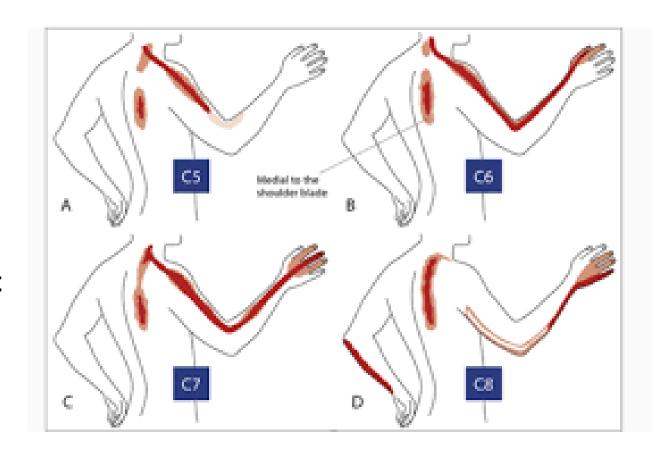
Nerve Compression/Tension Signs/ Symptoms

- Reduced sensory input
- Reduced motor impulses
- Pain in a specific dermatome
- Motor weakness in a specific myotome
- Hyperesthesia or paresthesia sensations



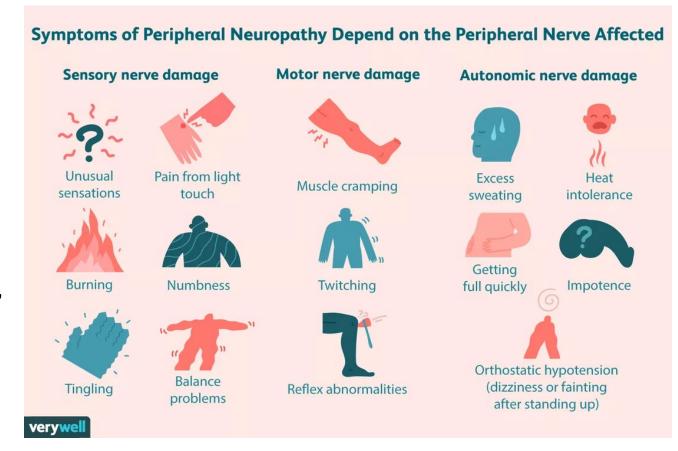
Radiculopathy

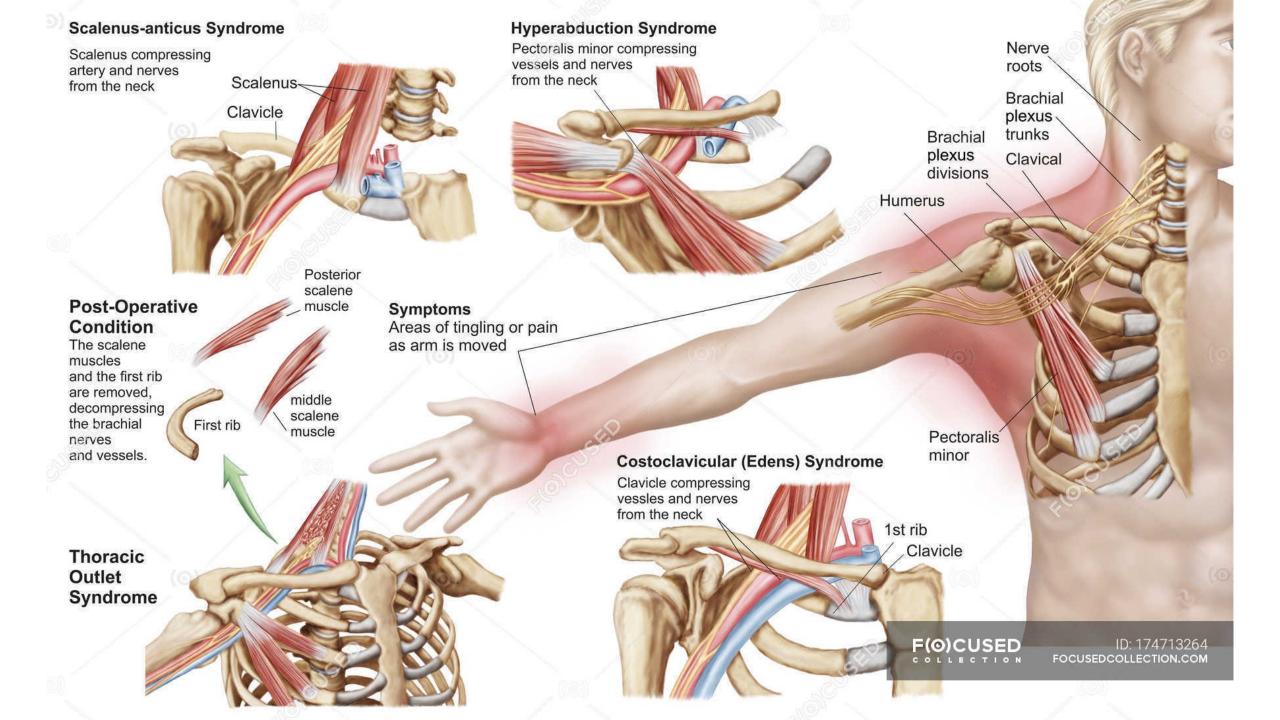
 A radiculopathy is a nerve pathology that occurs at the nerve root. A common radiculopathy is the herniated nucleus pulposus (HNP) or herniated disc, in which the disc presses on a nerve root.

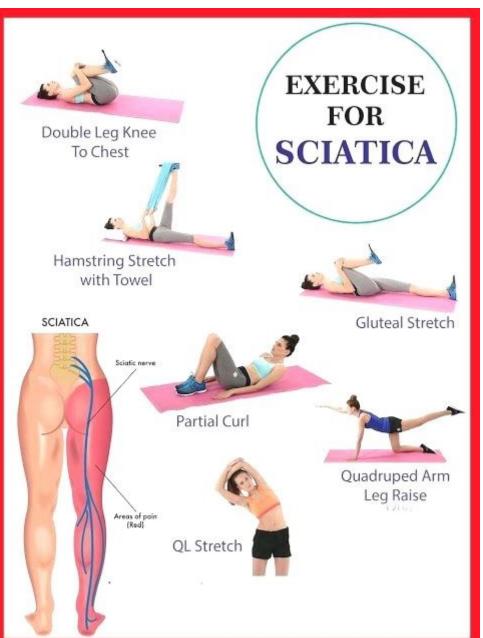


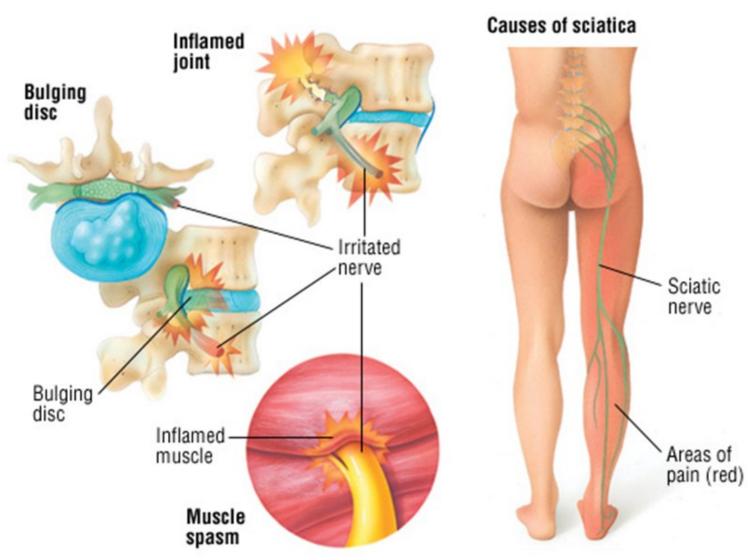
Neuropathy

- Pathology farther along the length of the nerve is a neuropathy. It is also called a peripheral neuropathy indicating that the injury is in the peripheral nerves, distant from the nerve roots and spinal cord.
- Many nerve compression syndromes, such as thoracic outlet and carpal tunnel syndrome, are examples of peripheral neuropathies.





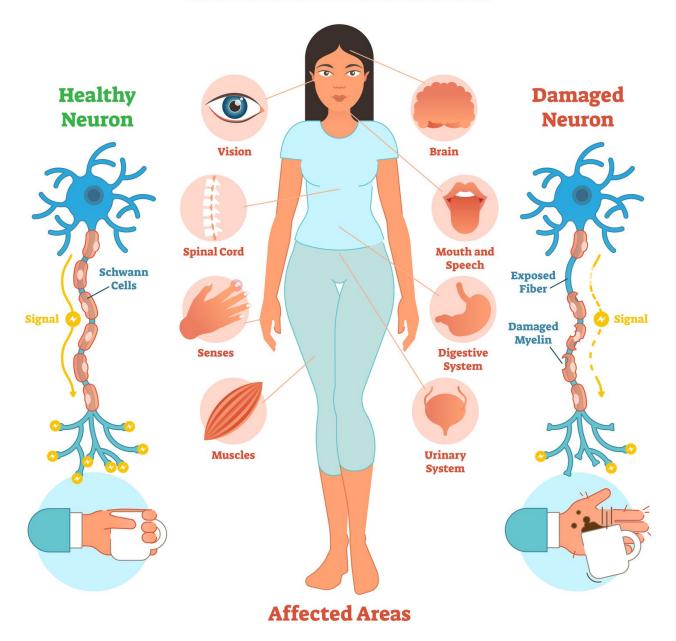




MULTIPLE SCLEROSIS

Nerve degeneration

 Nerve degeneration results from mechanical forces or from systemic disorders that attack the nerve, such as multiple sclerosis.



Effects of Massage on Body (Client Reactions)

https://www.massagetherapyreference.com/effects-of-massage-therapy/

ffects of Massage on the Musculoskeletal System

- During the massage, application of transverse and longitudinal stretch to soft tissue structures promotes proper fiber alignment in healing soft tissues (especially tendons and ligaments).
- Massage helps in stretching and realignment of scar tissue.
- Massage helps reduce adhesions (knots) in the muscles, tendons and ligaments.
- Massage maintains and improves the of range of motion of the joints (passive rom techniques in massage).
- Massage helps address compensatory changes in injury situations.
 This help re-balance the body's muscle groups.
- Massage helps promote better posture.

Effects of Massage on the Respiratory System

- Relaxation of diaphragm tension and encouragement of deeper breathing in massage improve diaphragm function. This promotes gaseous exchange in the alveoli/capillary beds.
- Massage therapy work adjacent to the thoracic spine improves nerve feed to the lungs and related tissue.
- Massage helps reduce tension in the muscles that support breathing.
 It lessens the hypertonicity and trigger points in the intercostal
 muscles (muscles between the ribs), scalenes, pectoralis and serratus
 anterior as well as back muscles increases rib cage mobility.

Effects of Massage on the Circulatory System

- Massage mechanically increases venous and lymphatic flow, helping clear metabolic wastes and by-products from tissue damage and inflammation.
- Stimulation of lymph node activity and release of muscle tension happens during a massage. The muscle tension impairs efficiency of the lymphatics, and a decrease in muscle tension helps our body to work more effectively and efficiently.
- Massage helps in the recruitment of capillary beds in tissue being treated.
 This in turn increases tissue perfusion and drainage. (Perfusion is the passage of fluid through the circulatory system or lymphatic system to an organ or a tissue, usually referring to the delivery of blood to a capillary bed in tissue.)
- Massage helps release restrictions on circulatory flow. Restrictions include fascial tension, muscle spasms, and restrictive scarring.
- General relaxation and increase of blood flow into peripheral tissues help reduce blood pressure.

Effects of Massage on the Nervous System

- Generalized relaxation response from massage helps reduce strain on the nervous system. The relaxation response include decrease in heart rate and decrease nerve firing.
- Massage helps in the reduction of pain.
- Massage helps increase our parasympathetic response, which may help with insomnia.
- The reduction of fascial and muscular tension as well as reduction of joint stiffness from a massage can release impingement of peripheral nerves.

Effects of Massage on the Digestive System

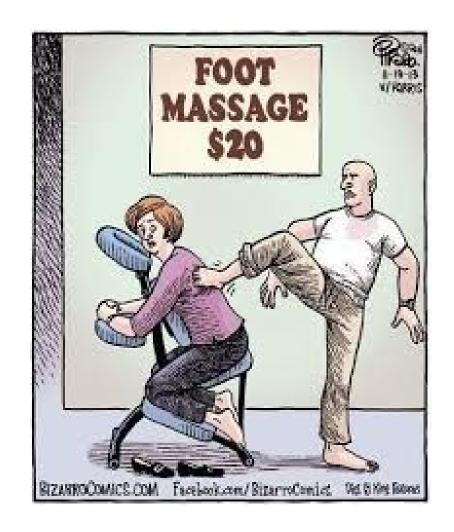
- Massage helps in the reflex stimulation of peristalsis (peristalsis is the series of muscle contractions that occur in the digestive tract).
- Massage helps in the induction of the parasympathetic state, which stimulates the digestive tract activity (Rest and Digest).
- Mobilization of joints and decreasing muscle tension related to the lower thoracic and lumbar spine from a massage, helps facilitate nerve feed to the various digestive organs.

Common side effects after massage therapy

https://www.mhealth.com.au/massage-therapy/

LINGERING PAIN

 Due to the pressurised techniques used in a deep tissue massage, some people have suffered from some version of pain during and/or after their therapy session. While this may seem alarming, this symptom is actually fairly common, simply because of how massage treatments are done. The movement of muscle fibres causes the stimulation that can often lead to a state of pain.



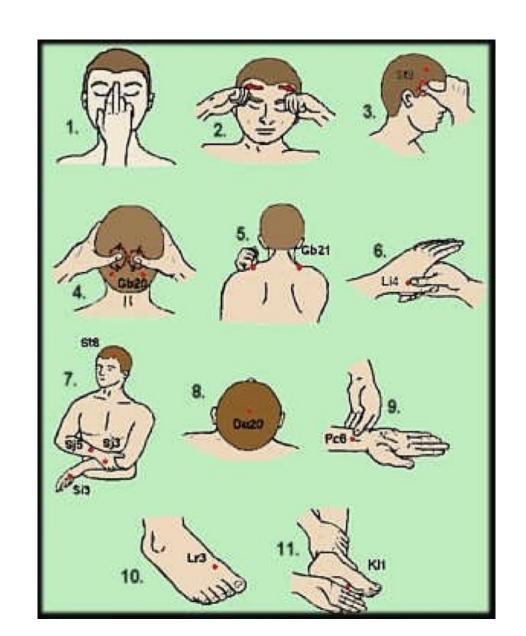
MUSCLE ACHES OR FATIGUE

- Since this penetrates the uppermost layers of muscle. Muscles will then feel relaxed, potentially causing fatigue or muscle aches.
- Again, any pain or discomfort felt after your appointment should only last a few days.



HEADACHES/MIGRAINES

- Experiencing a headache after your deep tissue massage isn't as common as the previous side effects, yet they're generally still not something to stress over.
- Possible reasons for your head pain may be due to odd positioning of your head during the massage; an induced headache from other pain in the pressurised areas; or, if your neck or upper back was massaged. The muscles near your cranium getting a release of tension or pressure can create a headache.



FATIGUE OR SLEEPINESS

- As a result of releasing tension, feeling tired or groggy can be a factor after your deep tissue massage.
- Releasing tension in the body can reduce stress, whether physically, mentally, or both, yet these symptoms shouldn't last longer than a good night's rest after your session.



INFLAMMATION

- Inflammation can be a result of constant stimulation during the treatment. Otherwise, it can be a result of an older injury, poor performance from the therapist, or excessive pressure applied during therapy.
- Inflammation, like other side effects, should be gone within a few days, but applying ice packs to the inflamed area or taking a low dose of pain relievers could help alleviate your condition.



REDNESS OR HEAT (SKIN)

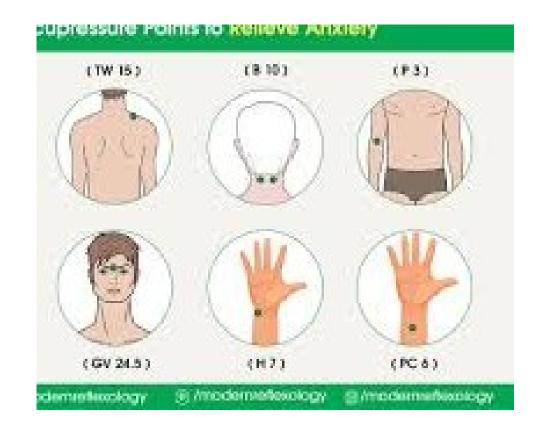
- Seeing signs of redness or feeling heat is highly common, and typically isn't serious.
- Since this form of massage is intent on applying pressure, the result of this rubbing can cause such effects. Furthermore, the feeling of heat can actually be a good sign, showing muscles reacting positively to treatment and beginning to heal themselves.





NAUSEA

- While not considered an average response, nausea can sometimes occur after treatment as a release of toxins from your body.
- Such release is normal, and drinking water to flush out toxins while resting/getting more sleep should eradicate any more issues.



BRUISING

- If you're seeking treatment from experienced professionals, bruising shouldn't become a factor. Speaking honestly with your massage therapist about any pre-existing conditions (or simply your ability to bruise easily) should be discussed before further treatments.
- If the bruising gets worse or lasts longer than a few days, seek help.



AGGRAVATING AN OLDER INJURY

- Relaying past injuries to your massage therapist is crucial for avoiding such side effects from past injuries. And, if you're working with a professional, aggravations shouldn't occur at all.
- Deep tissue massages and the pressure associated with the methods can stimulate old wounds, so communication is key. It's highly important, if for no other reason than to reignite or create new injuries to yourself.



Self Care

Assessment for Self care

- Test specific muscles for shortness or weakness, not muscle groups.
- Choose tests and palpation to differentiate the source of any symptoms. Is numbness due to a compression syndrome or trigger point referral?
- Test for hypermobile or unstable joints as well as restricted ones.
- Is there an underlying condition such as diabetes or rheumatoid arthritis that may indicate modifications to the plan?
- What is the client's overall fitness level?

After you've developed the plan

- Record the suggested plan in your ongoing notes.
- Before you send the client home, make sure that she can do the selfcare activity safely and correctly. You demonstrate what to do, then have the client try it.
- Invoke kinesthetic awareness: have the client focus on how it feels to stretch or strengthen the specific muscle so he can reproduce the exercise at home.
- It's good to have a handout of the exercise or hydrotherapy application for the client to take home.
- Inform the client that if pain and swelling happen the day after exercise, the exercise was too vigorous: he should stop and apply ice.
 You should re-evaluate and modify the self-care plan.

RE-assess the plan

- After your client has been doing self-care activities for one or two weeks, check with the client to see if the plan needs modification.
 Reasons for modification include:
- Stage of healing has progressed (needs more challenging activities)
- No improvement in condition (re-assess to see if self-care plan is appropriate, or suggest a less challenging plan
- Client's goals have changed (suggest new activities)
- Client doesn't like an activity (suggest an alternative)
- Compliance Tracks

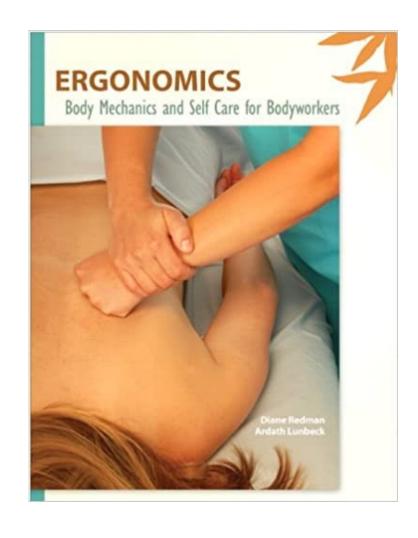
Self Care

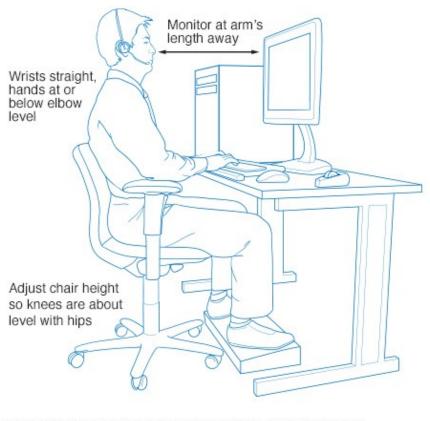
- Teach Self-Massage
- Hydrotherapy
- Remedial Exercises
- Evaluate Your Ergonomics





Evaluate Your Ergonomics





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Thank you! Question & Discussion.