

Pathology Assignment

<u>Definition of pathology</u>	<u>Signs & symptoms</u>	<u>What to ask client in consultation?</u>	<u>Which massage techniques are suited for this pathology?</u>	<u>Treatment plan-referral to other therapist/doctor needed?</u>
<p>Herniated Disc: A herniated disc is a spinal disorder where the intervertebral disc centre (nucleus pulposus) extends beyond its normal borders compressing a nerve. Four types of herniated disc exist: bulge, protrusion, extrusion and full rupture. The outer disc (annulus) may have split allowing the central nucleus to be squeezed out. Nerve compression, inflammation and muscle spasm may cause excruciating pain. Herniated discs most commonly occur in the lumbar region but may occur in the cervical area, particularly with traumatic injury. Disc herniation may also be due to degenerative disc disease, lifting/twisting injuries & weak lumbar ligaments.</p>	<ul style="list-style-type: none"> -Severe spinal pain at the level of the herniation and radiating along the route of the impinged nerve (dermatome). -Numbness/paraesthesia/ electric sensation may also be present along the dermatome. -Acute muscular spasm in the area of the herniation. -Exaggerated inflammation in the area of herniation when acute/recent. -A 'stab' of pain felt when coughing or sneezing. -Bending forward or sitting may aggravate the symptoms. -Extreme pain on movement involving the injured area. -Muscle weakness in the muscles affected by the impinged nerve. -Herniated discs are most common in young adults & middle aged individuals. -Other spinal pathologies, such as ligament sprain/irritation, spinal tumours/infection, spondylosis and osteoarthritis of the spine may show similar symptoms-consider! -Sedentary lifestyle & obesity can be causative factors. 	<ul style="list-style-type: none"> -Have you had the herniated disc confirmed by an MRI/CT scan? -What level did the herniation occur in the spine? -What pain medication are you taking? -How did the herniation happen? Was lifting or a traumatic injury involved? -What has your doctor recommended regarding treatment? -Do you have any other spinal or medical conditions? -Do you know what type of herniation you have? Is there any spinal compression? -What are your symptoms? 	<ul style="list-style-type: none"> -When acute, massage and manipulation would be contraindicated (1-2 weeks). -Initially gentle, relaxing work to calm the over activated nervous system is indicated. -Trigger point therapy locally, and on muscles along the route of the affected nerve. -Myofascial Release to ease compressive forces on the disc and release local myofascial adhesions. -Deep tissue massage to release tightened muscles (avoid area local to herniation). -PNF stretching on tight muscles. -Mobilisation of the affected area to open up neural foraminae and increase spinal health & mobility. -Structural integration if postural problems are present. 	<ul style="list-style-type: none"> -Acutely massage should be avoided. Icing and resting the area should be recommended (and acupuncture/energy-work possibly). -Post acutely; when the area of herniation begins to calm a little (2-4 weeks) recommend the client comes for treatment once a week for 6-10 weeks. After this reduce the frequency to fortnightly, then monthly as required. -Cortisone injections can help reduce inflammation and increase healing post-acutely. -Give the client home stretches & spinal rotation/mobility exercises. -A doctor may recommend anti-inflammatorys, muscle relaxants and pain killers to manage symptoms. -Post acutely manipulation by an osteopath can help the recovery from disc herniations. -When symptoms are much reduced (3-12 months) referral to a physiotherapist, sports therapist or Pilates teacher for back exercises, core strengthening & spinal mobility exercises should be made.

				<p>-The client's doctor should be made aware you are treating them and they should be encouraged to have regular check-ups.</p> <p>-Post acutely contrast bathing may help disc repair and calm inflammation.</p> <p>-Surgery may be needed in extreme cases.</p>
<p>Frozen Shoulder: Or Adhesive Capsulitis is characterized by a stiff, painful shoulder which may become completely rigid. The condition is more common in women, people who have diabetes, middle aged/older people, and can also follow a stroke or traumatic life event. The condition occurs due to inflammation and thickening in the glenohumeral joint capsule causing 'adhesions'. The condition usually lasts approximately 2 years. Muscular problems and 'trigger points' around the shoulder may further increase symptoms and reduce range of movement (ROM). Misdiagnosis of frozen shoulder is also common.</p>	<p>-Painful, immobile shoulder.</p> <p>-Very limited abduction, external rotation and extension of shoulder.</p> <p>-Stuck joint capsule, full of adhesions.</p> <p>-Pain referring into the arm and/or trapezius.</p> <p>-Client may suffer with chronic stress or have had a past traumatic life experience.</p> <p>-Muscle guarding near end of ROM.</p> <p>-Intense pain on attempted movement of shoulder.</p> <p>-Arm hangs limply by body side.</p> <p>-Possible muscle wastage on the affected arm/shoulder.</p> <p>-When asked to abduct the arm the client is likely to raise the collar bone to allow abduction.</p>	<p>-Who diagnosed your frozen shoulder?</p> <p>-Do you get pain in the arm or trapezius?</p> <p>-Ask the client to attempt abduction, internal & external rotation, flexion and extension of the shoulder. Observe and note restrictions and pain.</p> <p>-What activities cause most pain and/or do you find most challenging?</p>	<p>-Small 'accessory movements' & light mobilisations initially</p> <p>-Trigger point therapy to all rotator cuff and other muscles indicated.</p> <p>-Myofascial Release around the rotator cuffs, trapezius & chest.</p> <p>-Myofascial arm pulls and 'rocking & rebounding' of the affected arm.</p> <p>-'Slide & glide', distraction and mobilisation of glenohumeral joint.</p> <p>-Deep tissue massage around shoulder.</p> <p>-Orthopaedic 'muscle energy technique'.</p> <p>-Passive stretching indicated within tolerance.</p>	<p>-Heat shoulder prior to treatment.</p> <p>-Referral to an osteopath for shoulder 'manipulation' may be helpful.</p> <p>-Tell the client frozen shoulders take a long time to treat but you can probably help reduce their symptoms and the length of dysfunction.</p> <p>-Give the client home stretches and shoulder mobility & scapula stability exercises. Encourage them to take their shoulder to the limit of all possible movements daily, despite pain.</p>
<p>Myofascial Pain Syndrome (MPS): MPS is the clinical name for 'trigger point pain'. Trigger points are tender bands or nodules in the body's</p>	<p>The client is likely to present with widespread pain over an area of the body (the neck, shoulders and jaw [TMJ] are particularly common). The pain</p>	<p>-Who diagnosed MPS?</p> <p>-Have you had X-rays or MRI scans? Did they show up any pathology/s?</p> <p>-Have you had blood screening</p>	<p>-The painful/problematic areas should be warmed prior to treatment.</p> <p>-Myofascial release (MFR) should initially be used to</p>	<p>-If the client has not had blood tests then It may be worth suggesting they see their GP for them, to rule out other medical pathologies.</p>

<p>muscles/fascia which cause local, and importantly often 'referred' pain. As trigger points are thought to cause over 80% of chronic (longstanding) pain MPS is very common! Trigger points can develop for many, varied reasons including stress/anxiety, postural imbalance, soft tissue injury, repetitive muscle strain and poor lifestyle. There is much debate about what biological process/s cause trigger points. Theories include tight bands of muscle spasm, ischemia, toxin/metabolite build up, microscopic injuries, myofascial adhesions, nerve synapse malfunction, local collagen pathology, lack of energy supply and local release of 'pain causing' chemicals. Unlike FMS & CFS; MPS affects men, women, various age groups and active/inactive people relatively equally.</p>	<p>is likely to present as a 'dull ache' and palpation by a massage therapist will reveal numerous myofascial 'trigger points'. Diagnosis by a doctor is often made by a process of elimination (i.e. Nothing else shows up on MRI scans, x-rays, blood tests performed). The pain may be perceived in a different area to the painful trigger points (referral). The client may present with postural problems/muscle imbalances.</p>	<p>for rheumatoid arthritis, auto-immune diseases, thyroid function etc? -Have you had any treatment? What was it? Did it help? -Do you exercise and stretch regularly? What do you do? -Do you lead a good lifestyle? -What is your job? Does it aggravate your pain? -What are your hobbies? Do they aggravate your pain? -Have you had a workstation assessment (for office workers)?</p>	<p>loosen tight sheets of fascia in & around the painful area. -Trigger point therapy should be used to address trigger points causing the clients pain pattern. Myofascial adhesions around the trigger points should be released. -Deep tissue massage should then be used to address tight muscles and break up 'knots'. -Manual lymphatic drainage can be used to remove toxins & metabolites. -Finally advanced stretching (myofascial & PNF) should be used to stretch muscles treated, realigning muscle fibres. -If the client suffers from postural problems then structural integration may also be utilised to address these.</p>	<p>-MRI scans or X-rays can be suggested if the pain is very severe, sharp, or the client has numbness or paraesthesia present. -MPS will not require treatment from any other 'hands-on' therapist as this is a 'soft tissue' pathology. -Home stretching should be recommended. -The Trigger Point Therapy Manual should be recommended, so the client can treat their own trigger points. The therapist can also teach the client self-trigger point therapy. -Pilates may be useful in avoiding the re-development of trigger point pain. -If the client suffers with emotional issues or stress then referral to a counsellor or stress management therapist may be indicated.</p>
<p>Multiple Sclerosis (MS): Is a progressive, auto-immune disease of the central nervous system (CNS). Suffers own immune systems attack the myelin sheath which covers many of the nerves. This leads to a number of cognitive, musculoskeletal, sensory and movement problems (listed in</p>	<p>-Muscle tension or spasm, including painful trigger points. -Chronic fatigue & depression. -Sexual and urinary dysfunction (eg. Incontinence, difficulty passing urine, impotence). -Severe digestive problems. -Cognitive and memory problems. -Strange sensations (eg.</p>	<p>-When were you diagnosed with MS? -Do you find any specific activities or stress 'flare up' you MS? -What are the main ways your MS impacts on you day to day (your main symptoms)? -What outcome/s are you looking for from massage</p>	<p>-Massage is contra-indicated during flare ups. -You will have to adapt your treatment according to how the MS sufferer is feeling and which symptoms are currently most problematic. -Gentle, relaxing treatment can help calm the sympathetic nervous system to reduce the</p>	<p>-Avoid using heat as this can cause a flare up. -Encourage the client to come in for regular treatment during periods of remission. -A short initial course is usually a good idea to get musculoskeletal complaints to a manageable level. -Relaxing, rebalancing work</p>

<p>the next column). The disease can run in families and is more common in white people, temperate countries and in women. Symptoms usually develop in early adulthood and stress, injury, illness and being 'run-down' often trigger attacks. The area of the body affected varies. There is no single diagnosis test meaning MS can be confused with other pathologies sharing similar symptoms such as CFS.</p>	<p>numbness, paraesthesia). -Optic neuritis & visual disturbances. -Co-ordination & gait problems. -Acute, inflammatory 'flare ups' followed by periods of remission & recovery (very variable). -Progressive degeneration of symptoms/body function. -MRI scans, evoked response eye tests, spinal taps and nerve conduction tests can help diagnosis.</p>	<p>treatment? -How severe/frequent are you flare ups? -Do you prefer firm or gentle treatment? -Would you prefer 'relaxing' treatment, or are you more concerned with having whichever treatment reduces your physical symptoms most?</p>	<p>frequency or severity of flare ups. -Deep tissue massage and trigger point therapy can help reduce associated muscular tension & pain. -PNF & AI stretching can help reduce muscular tension and may improve muscle strength/function.</p>	<p>should be incorporated to calm the nervous system. -Encourage the client to re-visit their GP during flare ups for advice and medication. -Suggesting the client visits a nutritionist is indicated as diet/supplementation may help slow progression. -Care should be taken on areas with sensory problems.</p>
<p>Irritable Bowel Syndrome (IBS): Is pathology of the bowel involving a variety of digestive complaints (listed in the next column). IBS affects 10-20% of individuals and triggers include chronic stress, food intolerances, systemic imbalance, poor organ function and musculoskeletal problems. Diagnosis is usually made by ruling out other digestive medical pathologies and confirming the presence of chronic stress.</p>	<p><i>Symptoms vary but may include:</i> -Constipation and/or diarrhoea. -Bloating & excessive wind. -Abdominal pain and spasm or cramping. -Distended bowel and sense of incomplete evacuation of bowels. -Excessive 'gurgling' and 'rumbling' of the stomach.</p>	<p>-What symptoms do you suffer with most? -Has your IBS been diagnosed by a doctor? -What is your job? Is it high pressure/stressful? -Do you find stress or certain foods aggravate your symptoms? -Do you eat on the run? -Do you chew your food properly? -Have you had any abdominal surgery? -Do you suffer with any other medical conditions? -Are there any activities, treatments or products which help reduce your IBS?</p>	<p>-Which massage/therapy techniques are used will depend largely on the suspected main IBS trigger/s. -Stress is probably the main trigger in most suffers in which case deeply relaxing and rebalancing treatment should be given (such as gentle massage & reflexology). -Myofascial release is indicated around the intestines and psoas muscle. -Visceral Manipulation (VM) around the bowel and sphincter muscles can improve bowel function and decrease symptoms. VM may also help to improve the function of digestive organs. -Amma may also help address</p>	<p>-The therapist should recommend the client has a short course of weekly treatment initially. -After the initial course a fortnightly, then monthly maintenance appointment should be recommended. -The client should be referred to a stress management therapist or taught basic techniques. -If the massage therapists approach is not helping the IBS then the client should be advised to have a check-up with their GP. -Acupuncture and osteopathy can help IBS in some individuals so this could also be suggested. -If the client has serious pain, longer term constipation or</p>

			<p>systemic imbalances/energetic blockages which may be involved in IBS.</p> <p>-Abdominal massage can help with bloating and/or constipation.</p>	<p>blood in the stool they should seek immediate medical attention!</p> <p>-It is a good idea for the client to keep a food & stress diary for a few weeks to identify stress and food triggers.</p> <p>-Referral to a dietician is a good idea, particularly if food intolerance is suspected.</p>
<p>Fibromyalgia (FMS): FMS is a poorly understood disorder characterised by widespread aching and stiffness throughout the body. Fibromyalgia may be suspected when medical tests for other pathologies (eg. blood tests, MRI scans, X-ray's) come back negative. Diagnosis is made by a process of elimination, the symptoms present and the identification of common 'tender points' on the client by a doctor. The causes of fibromyalgia sufferer's pain are unclear, but likely to include trigger points, tight fascia irritating nerve endings, muscular tension, nervous system malfunction and lack of endorphins & enkephalins in the body tissue.</p> <p>Chronic Fatigue Syndrome (CFS): CFS is an auto-immune disorder characterised by extreme fatigue over a</p>	<p>Other symptoms of CFS & FMS include a 'fuzzy head' (fibrofog) including memory & concentration problems, joint pain, un-refreshing 'shallow' sleep, headaches, tender swollen lymph nodes, sore throats, depression, anxiety, IBS, and oversensitivity to light, sound, touch & smell. Fibromyalgia and C.F.S. are more prevalent in women, people who are perfectionists, those prone to stress, neurotic individuals and very busy individuals who 'live for others', at their health's expense. CFS and fibromyalgia are long-term disorders with no known 'cure'. However, symptoms may clear up after several years, particularly in the case of CFS.</p> <p>-Fibromyalgia and C.F.S. are two 'symptom extremes' of the same syndrome line. A period of chronic stress, viral infection or a traumatic life event often pre-</p>	<p>-Who diagnosed your fibromyalgia/CFS?</p> <p>-Have you had x-rays or MRI scans? Did they show up any pathology?</p> <p>-What are the main symptoms which bother you?</p> <p>-Have you had blood screening for rheumatoid arthritis, auto-immune diseases, thyroid function etc?</p> <p>-Have you had any treatment? What was it? Did it help?</p> <p>-What medication are you taking to control your symptoms?</p> <p>-Did a serious illness, virus or traumatic life event pre-date you developing your syndrome?</p> <p>-Are you prone to stress?</p> <p>-How are you feeling in yourself, emotionally?</p> <p>-Do you take time out for yourself?</p> <p>-Do you exercise and stretch regularly? What do you do?</p> <p>-Do you lead a good lifestyle?</p>	<p>-Treatment will vary according to the presenting symptoms. Treatment will also vary according to the client's sensitivity, needs and how they feel on the day.</p> <p>-Heat prior to treatment is likely to be beneficial.</p> <p>-Chronic pain may respond well to myofascial release, trigger point therapy, light massage and stretching.</p> <p>-C.F.S. sufferers will still benefit from myofascial release and possibly deep tissue. However, more 'relaxing and rebalancing' work is likely to be employed. Amma or a 'meridian based' massage and reflexology can be particularly helpful for CFS sufferers.</p> <p>-Most individuals will find a deeply relaxing treatment particularly beneficial as an over activated sympathetic nervous system is a causative factor.</p> <p>-You may have to avoid deeper</p>	<p>-If the client has not had blood tests then It may be worth suggesting they see a doctor for them, to rule out other medical pathologies.</p> <p>-MRI scans or X-rays can be suggested if the pain is very severe, sharp, 'tingly', or the client has numbness/ paraesthesia present.</p> <p>-Light regular exercise and stretching should be recommended, if the client is able to do so.</p> <p>-The Trigger Point Therapy Manual by Clar Davies should be recommended so the client can treat their own trigger points. The therapist can also teach the client to treat their own trigger points.</p> <p>-Pilates may reduce pain if the client is hypermobile.</p> <p>-Relaxation techniques such as Qi Gong or meditation may be helpful for FMS/CFS sufferers, especially is they suffer with</p>

<p>prolonged period. It is more common in women, particularly between the ages of 25-45. Its cause/s are unclear and other debilitating symptoms are usually present. CFS sufferers are often diagnosed by a process of elimination (by excluding other possible medical causes); diagnosis being made from the symptoms.</p>	<p>empties the syndrome, acting as a trigger.</p>	<p>-Are you employed? What is your job? Does it aggravate your symptoms?</p>	<p>MFR, massage & trigger point work if the individual is feeling too sensitive. -If the client has a 'flare up' after treatment you may need to work more gently next time.</p>	<p>stress. -Talking therapies can help many individuals with FMS/CFS so this can be. Suitable therapy types include Trauma Healing, the Lightening Process, CBT, Counselling and Reverse Therapy. -Antidepressants, analgesics and muscle relaxants may be prescribed by a doctor to help control symptoms.</p>
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