Jian Shen

School of Tai Chi Hobart

Possibly one of the few Tai Chi Schools in Australia which is supported by a City Council, Jian Shen meets in the rose gardens of Glenorchy City Council each Monday, Wednesday and Friday at 8.00am for an early morning session during most of the year and then moves to a Council hall for those months when the cooler weather prevails.

Founded by Bill Pearson the School is regularly invited to perform at various occasions and appears annually at the Cygnet Herb Fair, performed for the delegation from the China Academy of Chinese Medicial Sciences and most recently appeared for the Natural Medicine and Therapies Registration Board meeting held in Hobart.

Next year the School will be traveling to Beijing for an intensive weeks training in Tai Chi and Qigong at the Beijing Institute of Sport.

Photos from the top show students with the delegation from the China Academy of Chinese Medical Sciences; a class with Adult Education in Hobart and in the rose gardens in Glenorchy. For further information ring: 0409 972 668.

Clinical Orthopedic

By Dr Joe Muscolino

Clients seek out massage therapy for many reasons. Sometimes it is for simple human touch; other times it is for relaxation. However, in recent years, clients are increasingly turning to massage therapy to help remedy their musculoskeletal complaints. Performing massage toward this end can be called clinical orthopedic massage therapy (COMT).

Fundamentals

It might seem that the world of continuing professional education (CPE) for COMT offers a dizzying array of treatment technique options. But when we look a little closer, we see that most of these techniques are variations of a few fundamental treatment approaches. The four fundamental treatment approaches that form the foundation of COMT are hydrotherapy, soft tissue manipulation strokes, stretching, and joint mobilisation. Following is a brief overview of these fundamental components.

Hydrotherapy

The term hydrotherapy literally means water therapy (hydro means water), and was named because water is used to apply hot and/or cold therapy to the client. Although water is not the only means of transferring heat and cold, the term hydrotherapy is generally used as a blanket term for all techniques that involve hot and cold. Cold hydrotherapy (also known as cryotherapy) usually involves the use of ice or ice packs and has anti-inflammatory and analgesic effects (Figure 1). Ice is an anti-inflammatory that decreases swelling because it causes vasoconstriction of local arteries; and it is an analgesic that decreases pain because it can numb pain receptors in the region of application. Heat hydrotherapy acts to relax and loosen musculature and other soft tissues where it is applied. Heat accomplishes this both by relaxing nervous system control of muscle tone and by loosening fascial tissues.

There are a number of options when it comes to hydrotherapy application for orthopedic work. Cold can be used to numb a region before deep tissue work is done. By lessening sensitivity, the client will likely allow deeper pressure to be used than otherwise might have been comfortable or possible. Cold can also be used after deep tissue work to decrease swelling that might

cross-fiber, compression, and deep stroking, to name a few. The benefits of each stroke vary depending upon the condition being treated and the individual preferences of the client receiving the work. What is common to all these strokes is the introduction of pressure into the client. Although deep pressure is not always the appropriate or best treatment option for every condition or every client, it is an extremely valuable tool for the clinical orthopedic massage therapist. When called for, it is critically important that we can generate deep pressure without excessive effort. Fundamental to this is the quality of our body mechanics.

There are many aspects to optimal body mechanics; however it is likely that the most important one is generating pressure from our core (trunk and pelvis). To accomplish this, our core must be positioned behind and in line with the stroke.

When we are standing and pressing into the "top" surface of the client (the body surface that is oriented toward the ceiling), we need to place our trunk over the client; this requires the height of the table to be low so that the client is literally under us (Figure 2). A good guideline is to have the top of the table at the height of our knee. Of course, if we are using our elbow or forearm as a contact, the table can and should be higher. Electric lift tables are not only convenient, they are extremely valuable because they allow us to optimize the table height by simply pressing on a foot pedal. This allows for optimal quality of work throughout the session, which translates into therapeutic success.

When we are seated and working the supine client's neck, positioning our core behind the stroke involves laterally rotating the arm at the glenohumeral joint and placing our elbow inside our anterior superior iliac spine (ASIS). We then generate pressure by leaning in from our core. This core pressure translates through our forearm, hand, and then into the client (Figure 3).

Stretching

The third fundamental approach of orthopedic work is stretching. When appropriately applied, stretching is a critically important aspect of our orthopedic massage session. Because it is most effective when the client's tissues are already warmed up, stretching is best performed after heat and/or massage are done. Typically,