

“Having the client understand the importance of frequency of care can only occur if we do a good job of client education.”



treatment planning & client education

HELPING CLIENTS WITH CHRONIC CONDITIONS REQUIRES MESSAGE THERAPISTS TO EDUCATE CLIENTS ON THE IMPORTANCE OF FOLLOWING A TREATMENT PLAN

Treatment is as treatment does. There is a great deal of truth in this homage to Forrest Gump. We may become the most educated clinical orthopedic therapists that we can. We can read every book on anatomy, physiology, kinesiology, assessment and treatment, as well as attend every continuing education technique workshop. But if we do not become skilled at treatment planning and client education, all of our work may be for naught.

Ultimately, all of our knowledge and skill will only help our clients if we are able to develop an effective and appropriate treatment plan, and if we can educate the client about the importance of following that plan. *Ultimately, the only treatment that matters is the treatment that is carried out.*

TREATMENT PLANNING

When we think about treatment planning, we usually think of the components of the session: what strokes to use, whether to include heat, stretching and perhaps joint mobilization. Just as important to the success of a treatment plan, however, are the frequency and duration of care that is delivered.

AMTA RESOURCE

For more on muscle tone and muscle memory, see the “Body Mechanics” column “What is Muscle Memory” in the Spring 2009 issue of the mtj.



This is especially true when it comes to treating a client with a chronic condition.

It's usually thought that the severity of the client's condition is the major factor to consider when determining how long it might take to improve a client's problem. However, more important than severity is chronicity. In other words, how long the client has had the condition. There is an adage in the world of musculoskeletal health that states that it takes half as long as a problem has been present to heal it. This is a gross generalization, but it does reflect the idea of chronicity as the major factor to consider when working with a musculoskeletal pathologic condition.

CHRONICITY

The importance of chronicity can be seen when evaluating tight muscles and restricted joint motion—the two most common conditions treated when doing clinical orthopedic work. Muscle tone is controlled by the nervous system (except for myo-

fascial trigger points, which are local phenomena). The longer that musculature is tight, the more entrenched the nervous system pattern for muscle tightness becomes (Figure 1).

Greater chronicity also leads to increased fascial adhesions within the tissues. Compounding this problem is the fact that the client's problem is usually more chronic than what they indicate because in the early stages of the condition their body compensated by shifting physical stress to other structures. It's only after their compensation mechanisms fail that the client becomes symptomatic and aware of the problem.

This may be weeks, months, or even years later. And at this point in time, the problem is more complicated because it now involves not only the original problem, but also the failed structures that were compensating. Our job is to rehabilitate a body that is invested and entrenched in its chronic unhealthy pattern. This is where the importance of frequency and duration of care becomes so crucial.

FREQUENCY OF CARE

In the world of massage therapy, it seems that the care frequency of "once a week" is considered to be the gold standard. Massage therapists are usually very happy that a client is coming in every week! However, when it comes to rehabilitative clinical work, once a week is rarely sufficient.

Consider every other health care and athletic discipline: chiropractic, physical therapy, occupational therapy and athletic training—all employ treatment plan frequencies of two to three treatments per week for rehabilitative care of a condition. Learning an athletic skill is similar: if a person wants to become an excellent golfer, soccer player or tennis player, they need to take lessons two or three times a week or more. Simply put, rehabilitation of the musculoskeletal system requires frequent repetitive treatment and/or training if a new pattern is to be learned and embraced.

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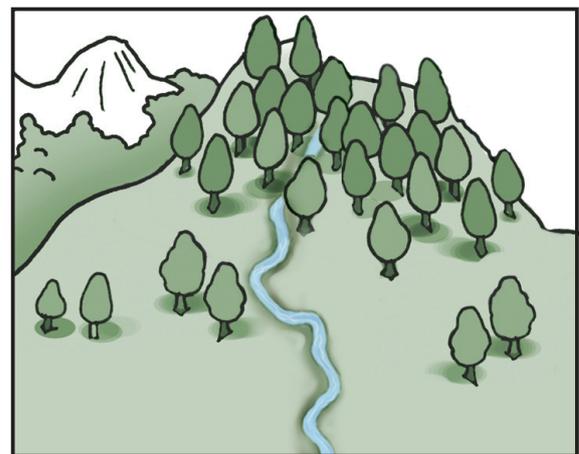
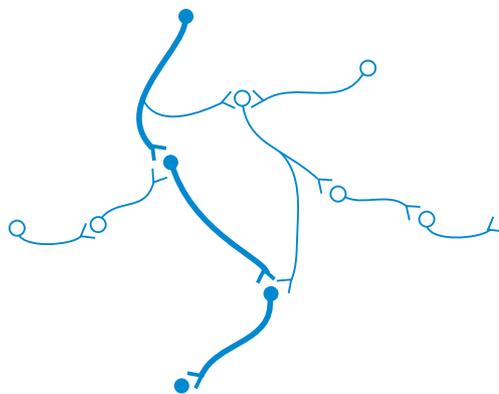


FIGURE 1 The pattern of neuronal connections being made is analogous to water etching a deeper and deeper pathway into the side of a mountain over a period of time.

“It is only after their compensation mechanisms fail that the client becomes symptomatic and aware of the problem...”

Why is once a week so commonly employed? Perhaps it is because the client states that he or she does not have enough money to pay for more frequent care, and the therapist feels guilty asking the client to come in more frequently. Or perhaps it's recommended because the therapist does not realize the value of the increased frequency of care. Either way, if the best interests of the client are being considered, more frequent care should be recommended.

Why? After an effective treatment session, the client's condition usually improves. But this improvement is often temporary, and with each passing day after the treatment, the client regresses as their pattern of muscle tightness gradually returns. By the time one week has passed, the client's condition has usually regressed all the way or nearly all the way to their status before the previous treatment. As a result, once a week care often ends up being an

ineffective use of the client's time, money and effort.

In fact, it's likely that after a period of time, the client will become convinced that massage therapy does not help, and choose to discontinue care. If instead the client is asked to return every two, three or four days, each successive treatment can build on the previous one and real progress can be made (Figure 2). The result is that the client improves much more quickly, spends less money over all, and the therapist has a more successful practice.

Having the client understand the importance of frequency of care can only occur if we do a good job of client education. Visually describing the typical progress for less versus more frequent care as shown in Figure 2 can be very helpful.

DURATION OF CARE

In addition to frequency of care, the other key factor is the duration of the treatment plan. Clients often judge their health by how they feel. When they *feel* better, they assume that they *are* all better and therefore discontinue care. From their subjective point of view, wherein they are evaluating only their symptoms of pain and discomfort, this is a reasonable thing to do.

The problem is that there is usually a lag between how clients subjectively feel and the objective health of their musculoskeletal system. Even though a client feels better, the condition may still be present—its severity has

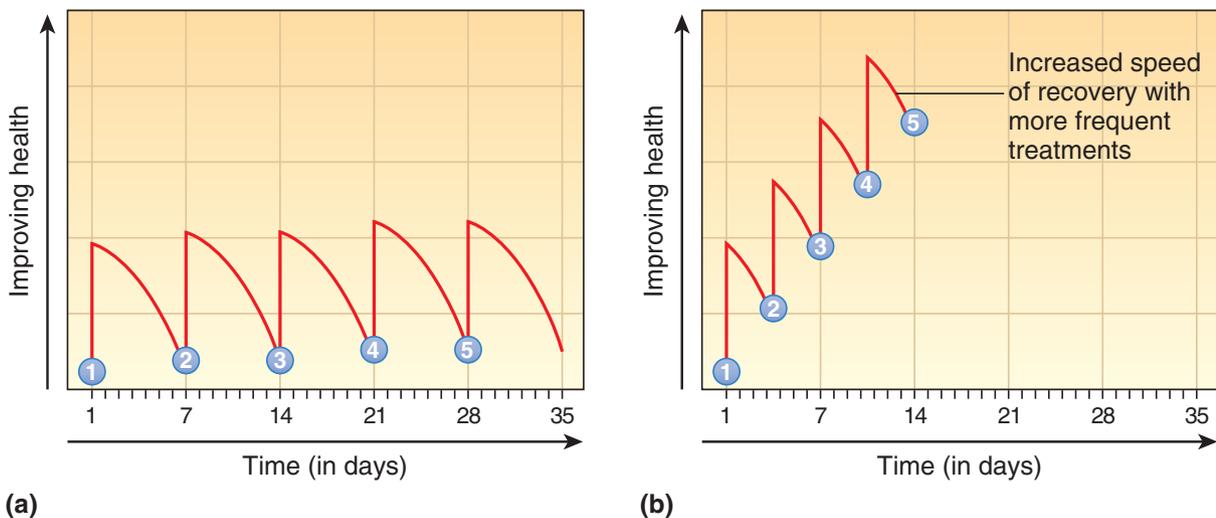


FIGURE 2 Graphs depicting the degree of improvement of a client with two different frequencies of care. Each treatment improves the client, but after each treatment, the client's condition tends to regress. In A, treatments are done once per week. In B, treatments are done twice per week. Note the increased speed of recovery of the client's condition when treatments are more frequent.

the importance of a home self-care program

Giving our clients proper home self-care advice about postures, heat, and especially stretching, is extremely important to helping them maintain good health after we have completed our hands-on care for their condition. However, when clients feel better, it's not uncommon for them to discontinue their self-care program.

When the client then returns later with an exacerbation of their condition, I often like to emphasize the importance of continuing to do their home self-care, even when they are not in pain or discomfort, by teasing them. I ask: "Did you brush your teeth this morning?" When they inevitably answer yes, I follow up with this question: "Why? Did your teeth hurt?" Of course, these questions must be asked in a fun and light manner, and only with clients with whom you are comfortable and who you know have a good sense of humor.

I then explain that similar to brushing your teeth everyday to proactively prevent cavities, stretching and other home self-care should be done on a regular basis to proactively prevent muscles and joints from tightening and locking up.

simply lessened below the threshold for pain and discomfort. Stopping treatment at this point leaves the client vulnerable to further exacerbations, inevitably causing them to return once again in crisis. Allowing this approach to continue can lead to repetitive crisis care, with each episode leading to further chronicity and entrenchment of the problem.

At some point, too, it's likely the client will discontinue care because, in their opinion, massage therapy did not work. In these cases, it's not the quality of the hands-on therapy that failed them, but rather the quality and implementation of the treatment plan.

EDUCATING USING ANALOGIES

Again, the key is client education. One effective way to educate the client about proper duration of care is to use an analogy to something that is experienced in everyday life. One effective analogy is to compare the client's condition to a yard of grass. In this analogy, if the yard has lots of weeds, it's unhealthy. So to restore health, we need to remove the weeds.

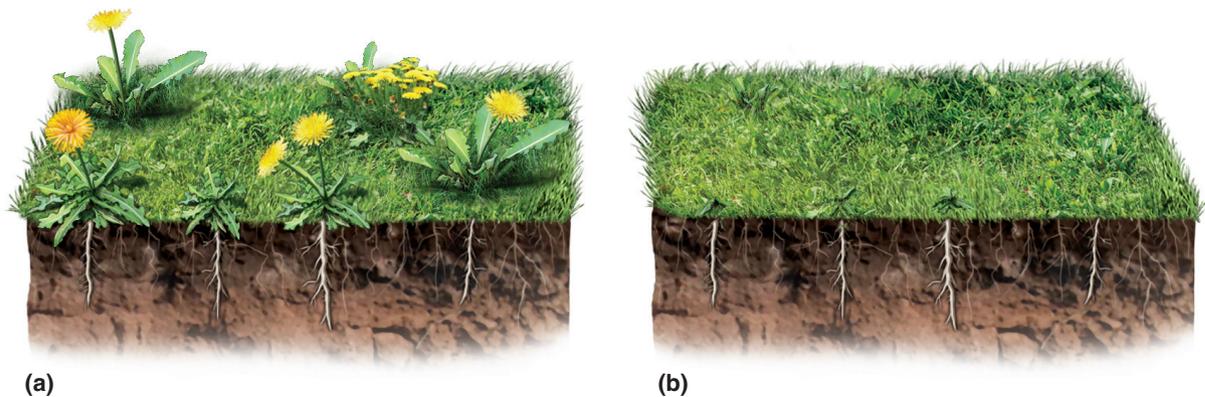


FIGURE 3 Analogy to a yard of grass where the presence of weeds represents ill health. In A, many weeds are present and the yard is clearly unhealthy. In B, the grass has just been cut and the yard appears healthy because the tops of the weeds have been cut off, but the yard is still unhealthy because the roots of the weeds are still present under the surface.

If the grass is cut with a lawn mower, all the tops of the dandelions and other weeds are cut off and the yard appears to be healthy. However, the roots of the weeds are just below the surface and they will quickly return (Figure 3). To truly make the yard healthy, more work is necessary to remove not just the tops of the weeds, but also the roots.

Carrying this analogy over to client care, the moment that their symptoms go away is analogous to having cut the grass. But the roots of the problem are still present just below the surface. Further care is needed for sufficient improvement and stability of the condition.

Another good analogy about duration of care is to relate care to a glass containing water. The amount of water present in the glass represents the degree of the actual problem. If the glass is overfilled and begins to spill onto the table top, the spilled water represents the client's symptoms.

The client often looks at the amount of spilled water on the table top and describes it as the entirety of their condition. In reality, their condition is larger and encompasses the spilled water and all the water that is in the glass (Figure 4). If our care succeeds in cleaning up and removing the spilled water, the client feels better and may believe that they are all better.

However, the glass is still full, and the problem is still present, making the client vulnerable to exacerbations. If care is discontinued at this point, most any physical stress or aggravation to the affected region of the body will add water to the glass, perhaps causing it to spill over once again—and our client will be back in crisis.

Although in these analogies we may never be able to completely empty the water in the glass, or completely remove all the roots of the weeds, it's imperative that we continue working to further improve the client's condition.

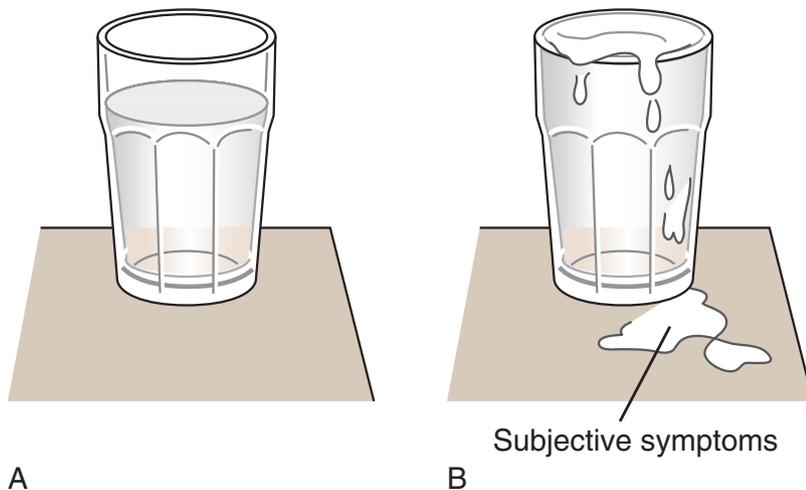


FIGURE 4 Analogy to a glass of water. The amount of water represents the degree of the client's objective ill health; as long as the glass contains the water, no subjective symptoms are felt. The amount of water that spills onto the table top represents the degree of subjective symptoms.

We need to at least lower the level of the water in the glass or remove enough of the roots of the weeds so that the client is more stable and has some leeway to live life and experience its inevitable stresses without the condition immediately flaring up and symptoms returning.

Generally, with a chronic condition, the more treatment that clients are willing to have, the more stable they will be, and the more able they'll be to live comfortable, active and pain-free lives.

Being an effective clinical massage therapist requires many things. Certainly, competent hands-on assessment and treatment skills, as well as a solid foundation in anatomy, physiology and kinesiology are prerequisites. However, development and implementation of an effective care plan with appropriate frequency and duration of care are also required. For this to occur, we need to learn how to communicate with our clients, educating them as to how to make the therapeutic choices that are in their best interest for true and lasting improvement. ■



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