



REINVENTING PRACTICE - REVIEWS

The Wellington National MNZ conference was a wonderful success, a chance to reinvigorate, refresh, reconnect and all the while reinvent your practice. Below are reviews of the presenters which headlined the event.

PAUL LAGERMAN: KNOW PAIN

Reviewed by Di Reefman RMT, Hawkes Bay



Paul Lagerman

What an inspiring way to begin what was to be a wonderfully fulfilling conference.

Funny, clear, informative, creatively and masterfully presented, Paul brought us the science supporting what we already knew to be true from experience, but he did more of course, and the techniques he offered have been easily integrated into my practice with great success!

Paul and his many research fellows support the 'bio-psychco-social' model (BPSM) over the "postural-structural-biomechanical" (PSB) model for pain management. Much has been written on this model and Paul's references were thorough and meaningful, tracing the development

of the major proponents of the practice.

It's based on the idea that there is no distinguishing between physical and emotional pain; it's all the same thing and that pain is not a measure of the state of the tissues. Clients are often being told, "it's all in your head" and in fact it is, but not because they are making it up, but because the key lies in the brain, in how and why it receives messages to say/do "PAIN" and together with the increasing knowledge about brain plasticity and suggestibility this client led programme to change and reduce pain pathways has emerged.

The concept to "KNOW" your pain, (the pun did not go unnoticed), embraces helping clients to intellectually know what's going on in their bodies through education with fun slides that simplify a complex set of circumstances and then encouraging a different way of engaging with it.

Practitioners then assist with creating "safe bridges" through communication to help the client engage more deeply with their pain. This requires changing the language we use, changing how we interact with our clients, using metaphor to describe pain, using art,

as in drawing pictures, to represent that metaphor and then more art to change the metaphor and ultimately the way the pain is perceived by the brain, cutting pain off at the pass, like in a cowboy movie!

For example, my client with Fibromyalgia who had very disturbed sleep owing to burning hot legs in bed at night, who had to get up and walk on the cold ground outside to settle it down, changed her metaphor of "burning hot" to thinking, seeing, and feeling a freezing cold water hose pouring down on her legs. Her pain diminished and she went back to sleep, without getting out of bed. She was very impressed with herself. She had just learned to put up with it.

By meeting pain, or pushing into the pain, it reduces the threat perceived by the brain and changes what messages are subsequently sent out, thereby having a desensitising effect.

Paul produced a document showing the huge myriad of influences on recovery, the main categories being practitioner influences, psychological influences, physiological influences, patient beliefs, emotional comfort, and behaviour facilitating recovery. Many other factors feed into each of these categories. Crucial to the paradigm is empathy for the patient's experience, that leads to an open-ended communication to help them feel valued, that they then make meaning of their pain experience to lead to ownership of their behaviour decisions, that they have a sense of control and empowerment and feel valued, and that goal setting is a shared affair.

In the workshop Paul had us doing interesting communication exercises that proved it can be really frustrating not being heard and understanding what's being said! We also had fun doing some metaphor art.

I found myself nodding in agreement so much I thought my head would fall off. Now there's a good metaphor.



Di Reefman (right) chats

ROSIE GREENE: INTRODUCTION TO VISCERAL MANIPULATION

Reviewed by Julie Bland, RMT, Wellington

I was fortunate enough to attend Rosie Greene's practical workshop Introduction to Visceral Manipulation at this year's MNZ Massage Pre-Conference in Wellington.

Visceral Manipulation is the brainchild of Jean-Pierre Barral. He was an Osteopath who started his career as a Physical Therapist. He eventually developed this body of work in visceral and tissue manipulation after noting the profound effect of visceral manipulation on a number of body systems. It; "is a manual therapy, consisting of gentle, specifically placed manual forces that encourage normal mobility, tone and inherent tissue motion of the viscera, their connective tissue where physiologic motion has been impaired". Integral to this are the concepts of organ mobility and motility as each organ has a distinct pattern of movements which can become restricted and are implicated in soft tissue dysfunction.

Rosie gave us numerous examples of soft tissue dysfunction that could possibly have a link, (though not necessarily cause, like the chicken and the egg), to visceral restriction. Common chronic complaints such as frozen shoulder, left sided varicose veins, left side neck pain, right shoulder pain, lower back stiffness, hip ankle and knee pain and numerous others could all potentially be linked in with organ motility restrictions.

She also used the great example of Jenga to illustrate how imperceptible a problem could be as long as compensation is possible. It's only when the system can no longer adapt that the symptoms appear i.e. the collapse of the Jenga stack.

We watched a fabulous video clip by Gill Headley on You tube called Gut Intelligence which is well worth viewing! https://www.youtube.com/watch?v=BdRqLrCF_Ys

It shows brilliantly the organs and fascial connections and where restrictions can arise.

Rosie's teaching was fantastic. A balance of clear, concise theoretical with plenty of practical. She effectively utilised fabulous 'organs' she'd made to really connect us with 3-D visuals of size, shape and location and was readily available and willing to provide assistance and answer questions.

We began the practical side of the workshop with the time-tested exercise of fingers sinking into a mix of cornflour and water to reconnect with the speed and pressure appropriate for working with soft tissue. This was followed by a layer palpation exercise where we physically felt our hand working through and connecting with the layers of the abdomen. It required patience, openness and a stillness as we connected and then allowed the hand to follow any tissue movement.

This was followed by visceral manipulation of the liver, stomach, ascending and descending colons. With pre and post testing of muscular tissue area we were wanting to address we could very quickly see the impact of the small amount of work we did. This was very clear with the liver release we did where the pre and post-test noted the degree of restriction in flexion through the thoracic spine.



Rosie Greene (tutor) in full swing

There was an anatomy lesson here with pencil drawing out the outline of the organs which although we know roughly where they are we realised we were actually pretty vague on the specifics - I had no idea the lower border of my stomach aligned with the level of my belly button! Other stomachs can sit as low as the level of the pubis. The subtlety of touch required to find the borders of the stomach was interesting as the innate sense of 'knowing' that we as manual therapists have developed came in to play.



Julie Bland

I really like the fact, that although we're dealing with organs which seem very mysterious, it is grounded in anatomy and very tangible. She was very clear that in order to do the work effectively it is necessary to be directly on the targeted organs. It is pointless otherwise. The great thing is that the structures are there to be found. With good anatomical knowledge and good palpation skills the organs can be interacted with in a very specific and effective way. It is very precise and gentle work and the adage of 'less is more' is highly applicable.

Under Rosie's excellent tuition I have gained a valuable insight into this powerful modality. It is absolutely an area worthy of further consideration and training. It clearly provides an important piece of the puzzle when addressing chronic pain and dysfunction and is without doubt an area we overlook. Sometimes we can't see the wood for the trees in our search to resolve soft tissue issues. It seems very applicable to the clients that have exhausted all avenues of bodywork for a resolution to their pain or dysfunction where it seems nothing has worked or lasted. I'd highly recommend Visceral Manipulation workshops to anyone wanting to deepen their understanding of the body and wanting to provide more effective sessions to those 'I've tried everything and nothing works' clients.

DIANE JACOBS: DERMONEUROMODULATING

Reviewed by Rachel Ah Kit, RMT, Christchurch

I was familiar with Diane Jacobs' work prior to the MNZ Conference programme being announced, so when I saw she was offering a full-day workshop I signed up for it straight away. I'm glad I did as it was a sell-out workshop.

I walked into the room with limited knowledge of what she was offering – DermoNeuroModulating was a very big word, but when you break it down, it's pretty straight forward:

Dermo = skin Neuro = nerves Modulating = changing

Diane offered up DermoNeuroModulating (DNM) to us as a concept. A concept that by touching and moving the skin, we can affect the nervous system. While we are trained as massage therapists to understand and work with soft-tissue – muscle, fascia, tendons and ligaments, the reality is, as Diane reminded us, we can ONLY touch the skin. And under that skin, the largest organ in the body, lies a 72km network of peripheral nerves. So, perhaps before we dive into to “stretch tight muscles” and “release fascia”, should we consider that it is actually the nervous system we're dealing with? This was quite a paradigm shift for most of us in the room.

DNM is described by Diane as an “structured, interactive approach to manual therapy that considers the nervous system of the patient” – she wants us to interact and work with our clients, not just on them.

Diane taught the concept of DNM to us through a series of techniques – but she also prefaced these techniques with the idea that not every body is the same; their anatomy is different and so to practice DNM we must also be prepared to experiment a bit, to try things out. And be patient.

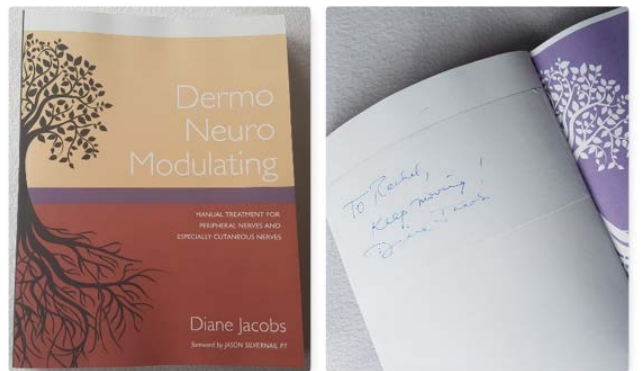
The workshop began with some theory – mostly neural anatomy, but also about pain – because pain is a nervous system function. Pain exists because of the relationship between input from our sensory nervous system, the way our brain processes that input and how we think and feel about it. DNM can help reduce pain that a client feels by treating them in a way that reduces nociceptive input (danger signals) and allows the cutaneous nerves to move more freely, and therefore change the way our body “feels” pain.

We learned to stretch, slide and twizzle and use contract-relax to help stimulate the nervous system. We learned how to use squares of “dycem” – non-slip material that helped us grip the skin. We learned how to position the client to reduce loading of the nervous system. We learned how to work with the skin organ in a way that didn't create more pain for the client. We learned to work with our client's body, not ON it. And we learned to be patient.

An interesting point about Diane's work, is that whilst it is heavily science-based in terms of the theories and the learning Diane undertook while developing DNM, there is not yet any scientific evidence to support its efficacy.



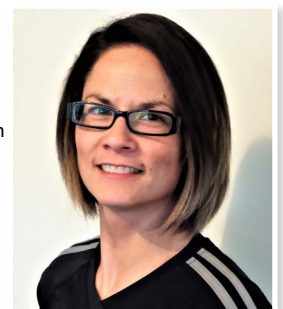
Diane Jacobs and Marcus Tidwell (NZCM – primary sponsor)



Diane Jacobs Book

Thanks to Diane, I came away from the workshop with a new appreciation for our skin organ. With a new way of approaching and treating pain. And with a thirst for more knowledge – so much so, I had to go and buy Diane's book.

Jacobs, D. What is DermoNeuroModulating?
Retrieved from <http://www.dermoneuromodulation.com/>



Rachel Ah Kit

CONFERENCE PHOTOS

2017, WELLINGTON



Beth Beauchamp, Myofascial treatment for the TMJ



Femke Koene, Body Architecture



Paul Lagerman, Know Pain



Laurent Pang, Systems Approach



Tui – are always so willing to support these events



The Therapists Towel from Australia



Kawakawa products – smelt great



Key Conference Organiser – Bridie Munro (Extraordinaire), Wellington RMT and NZCM tutor



Reina Reilly with Good Buzz Kombucha



Marie who supplied the great coffee just kept pouring - in discussion with Joanna Tennent



Meg and Steve from NZCM provide chair massage sessions in the lunch break



Good Buzz Kombucha - gifted a whole lot of bottles - it was so tasty.



Busy Exec - Nicole Hedges (Executive Administrator), Reina Reilly (Treasurer), Helen Smith (President) - getting some space to catch up