

DearLyndaLMT

"Touching the Massage Today readers one letter at a time"

By Lynda Solien-Wolfe, LMT

DearLyndaLMT,

I'm a massage therapist in a small country town. Most of the residents are elderly.

There is a high incidence of strokes. The physiotherapist at our local hospital said to me, as I visited a stroke victim, "Massage doesn't do any good; it has no benefits." I was furious! I believe that massage in someone who has lost all movement in a particular part of his or her body does help - if only to enhance blood and lymph supply to that area. Do you have any references on massage and stroke victims? Thanks.

~ *Fiona from Australia.*

Dear Fiona,

I sent your question to David Kent, LMT who teaches human dissection; deep tissue/neuromuscular therapy; and practice-building seminars. He was lecturing at the Florida osteopathic convention on the results he achieved working on a stroke victim, utilizing soft-tissue techniques. David's patient was a 47-year-old female who, three years earlier, presented at an emergency room with a severe headache and nausea.



Before massage treatment: A stroke patient three years after surgery for intracranial hemmorage. A CT scan revealed a "large right subdural hematoma with

possible underlying mass lesion." The patient was immediately taken to the operating room, and a frontotemporal craniotomy was performed to correct the bleeding. While in the hospital recovering from the surgery, she experienced a stroke, which partially paralyzed the left side of her body. Extensive conventional therapy helped improve some stroke-related deficits; however, the patient still had a left claw hand, left claw foot and severe postural distortions.

The results David achieved with 13 treatments are impressive.



The same patient after 13 treatments with David Kent, LMT. The "before and after" photos clearly show the positive changes that took place: The left hand opened completely; and the left foot opened, even while bearing weight, which facilitated proper gait patterns and overall improvement in her posture and the elimination of the torque, or rotation, of the body to the right.

David tells me this patient still calls him on a regular basis to say "hi" and "thank you," even though he has not treated her in over seven years.

Here is what David shared with me on your question:

Dear Fiona,

Despite the above-mentioned case I shared with Lynda, I am not familiar with any specific studies showing the therapeutic benefits of massage therapy on stroke victims. Yes, massage would definitely aid circulation, lymph flow, etc. to areas of the body functionally deficient due to stroke. However, the physician of a person with a history of stroke should always be consulted, and a prescription for treatment should be issued before performing any massage therapy, as blood clots, plaque in the arteries, etc. could still cause harm or produce another stroke if released by the massage therapist during the massage session. Once clearance from the doctor has been received, precise manual therapy to the body by a skilled therapist versed in soft-tissue therapy can have amazing-and sometimes surprising-results, as the pictures of my patient show.

I want to stress that I don't always get results, but I can assure you that I never go into a therapy session mentally limited or defeated by any prior diagnosis or the outcomes (or lack thereof) of "traditional therapies" received prior to my treatment. There is also an important psychological component to factor into the results a patient is going to achieve: The patient has to want and believe his or her condition can improve. I believe, in the near future, massage therapy will be looked at as the first option and not the "last ditch effort," as in this case.

When working with complicated dysfunctional patterns, I encourage you to focus on reestablishing normal structure and function of the body, because that will often solve the problem. Often, the most obvious and effective answer is the one most commonly overlooked. The main limitation of soft tissue therapies is the skill level of the practitioner, or proper and precise application of the technique. A therapist who does not have advanced training should seek additional training; however, a full-body massage has many therapeutic effects and should never be underestimated.

Hope this information is helpful!

~David Kent, LMT

Dear Lynda LMT,

I would like to know if there are any restrictions or techniques I should use when someone has a right-sided stroke. Someone approached me to do a massage on the person's father, who had a stroke. I thought this was a contraindication. Please help in any way.

~ Kathy from the USA.

I have worked on several clients that suffered strokes. I always require a written prescription for massage therapy from the patient's doctor. The timing of your question is excellent because David Kent, LMT, who teaches human dissection; deep tissue; neuromuscular therapy; and practice-building seminars, is answering another stroke-related question for me (see above). I asked him to address your question as well:

Dear Kathy,

You asked a two-part question. Let's start with the first half about restrictions and contraindications. A large percentage of stroke survivors will have a repeat stroke; many stroke victims have underlying cardiovascular diseases, which can have considerable consequences and are contraindicated for massage therapy. I always require a physician prescription for therapy for every patient that has a history of stroke.

The second part of your question inquires about techniques when someone has experienced a right-sided stroke. First, I believe there is no one technique that is the "silver bullet," since many techniques can achieve the same results. When treating patients with stroke as well as other conditions, it is vital to examine the person as a whole. The previously mentioned case had received years of treatment to isolated areas of dysfunction (i.e., left claw hand and the left claw foot) with minor improvement. The left clawed hand, left foot and postural distortions were resolved (see photos above) once the entire structure was assessed and treated for global implications. The body is not a collection of isolated parts - it is one dynamic unit. Paying more attention to the shortened and contracted soft tissues and less time on the lengthened tissues will help restore the body to, or as close as possible to, structural homeostasis or balance (when the body is aligned on the mid-sagittal, coronal and transverse horizontal planes). Active and passive range of motion (ROM), (Mattes) and movement retraining exercises (Feldenkrais, Aston, etc.) can help to free up or prevent restrictions from reestablishing.

There are many beneficial modalities and techniques. I encourage you to integrate as many as possible. Networking with other health-care providers is vital, since a team approach can quickly address all obstacles in the path to wellness. Never overlook obvious things like proper nutrition, hydration, exercise, mental state, etc.

~David Kent, LMT

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