

## Concept of Therapeutic Pressure

Therapeutic pressure is a big controversy in the massage business. Should it be deep pressure or lighter pressure?

Let's set the stage for this discussion. First, the massage and bodywork world is very broad with lots of styles and techniques. Not all techniques impact the body in the same way. Think about how different these bodywork styles are.

- Swedish massage\*
- Deep tissue massage
- Rolwing
- Positional release\*
- Ortho-bionomy\*
- Cranial sacral work \*
- Heller work
- Somatics
- Barnes myofascial release\*
- Saint John's myofascial work
- Reiki\*
- Thai massage\*
- Shiatsu\*
- Ashiatsu
- Acupressure\*
- Active release
- Reflexology
- Sports massage\*
- Lymphatic massage\*
- Lomi Lomi\*
- Visceral manipulation\*
- Polarity therapy\*

\* **Not pressure-based modalities** Not all these bodywork techniques are pressure-based modalities. In fact, 14 of the 22 are not pressure-based. Many modalities utilize various components of the nervous system and intervene in a way that leads the body to restore a more normal homeostasis or normal resting state. Most myofascial techniques seek to normalize abnormal neurological patterns. Most modalities don't require pressure to accomplish that. What they do require is massive amounts of skill and knowledge about how the body is composed and how it operates. These techniques also require a willing and patient client.

Keep in mind that different types of myofascial conditions respond to different myofascial techniques. For example, an irritated infraspinatus tendon might respond better to pin and stretch techniques than a craniocervical maneuver. A hiatal hernia might respond more to a fascial-based technique.

I'm a big fan of pressure-based techniques such as deep tissue work, pin and stretch techniques, Rolwing-based techniques, Saint John's work, and active release for the following reasons:

- The average massage therapist can easily grasp the concepts behind these techniques and can learn the techniques with relative ease.
- The customer base is fairly receptive to these techniques. These pressure-based techniques are something customers can easily feel. The pressure-based techniques impact the clients significantly, and clients can often feel an immediate change in their bodies. They are not nearly as subtle as the understated, gentle techniques of craniocervical work and ortho-bionomy. These lighter techniques are often difficult for clients to feel. It generally takes a more experienced sensitive client to appreciate the subtler techniques. The pressure-based techniques are closer to what clients are already used to, including deep Swedish and deep tissue work.

- In general, the results with these pressure-based techniques are very effective for a wide variety of pain patterns. Of course, they are not effective for all myofascial conditions, but clients get up from a session and often immediately feel very differently.

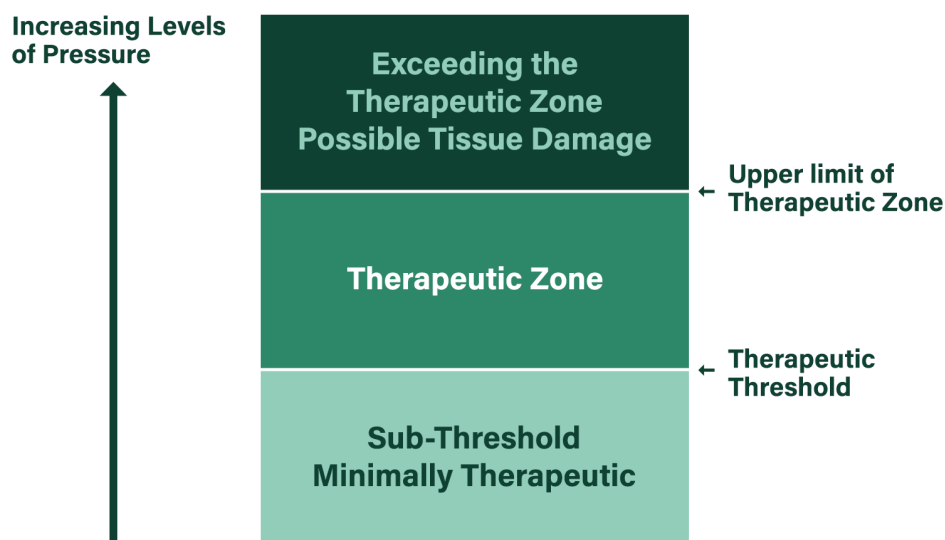
With this discussion of the various types of bodywork, it should be clear why we can't make a blanket statement that more pressure is better. More pressure is certainly not better if someone is practicing a cranial sacral technique, a Barnes myofascial technique, postural release, ortho-bionomy, or zero balance. These techniques are just a few of the modalities that fall into this category. There are dozens more.

But the vast majority of massage therapists are not utilizing these advanced myofascial techniques. They are using the more standard Swedish and deep tissue work. That is the domain, the style, and the category of bodywork we will be talking about in the rest of this discussion. They are the standard myofascial techniques being used by 95% or more of bodywork professionals.

I maintain that for this pressure-based style of bodywork, which is a derivative of Swedish massage and deep tissue massage, pressure does matter.

## The Concept of a Therapeutic Zone

For the purpose of this discussion, I also maintain that there is a therapeutic range of pressure for these pressure-based modalities. To be of therapeutic benefit to a client, you must exceed the threshold that crosses over into the therapeutic range. Because it is a range, you can exceed it. You can go past or beyond the upper limits of the therapeutic range, and indeed, in my experience, therapists do this every day.



## How I Came to the Philosophical Position That Pressure Matters

I spent nearly 20 years in a myofascial-based chiropractic practice. I worked with eight massage therapists who together treated more than 100 clients each day. My experience was that if clients allowed me to do my work, which included some pretty significant pressure, we got amazing results.

At Oak Haven Massage for the past 16 years, therapists have often sent me clients who were not progressing. I simply utilized a therapeutic level of pressure, and the clients progressed with two or three treatments when 10 previous treatments at a lesser pressure had not helped.

My experience during 33 years of treating clients with these pressure-based techniques has taught me that there is a minimal effective dose required for reasonable effectiveness. There is a zone of effectiveness. If you exceed the zone, you run the risk of doing tissue damage.

### **Some Notes about Deeper Pressure**

Deep pressure is not for everyone. No modality, method, or style is for everyone. It's not for every therapist, and it's not for every client. Be sensitive to whether your client seems to be on board with the deeper style of work. If they are not on board, offer to go lighter or to not do the session at all.

Don't force this work on clients.

This seems like a no-brainer, but you would be surprised how often therapists force their work on clients. The pressure should always be according to the client's tolerance. You must explain to the client from the outset that you are attempting to use enough pressure to give them a therapeutic benefit but not so much to cause them grief or multiple days of soreness after the treatment.

I aim for a treatment intensity that causes one to two days of mild soreness or discomfort after the treatment. I communicate this to my clients by telling them to monitor the soreness after the session. I ask them to let me know on the next visit how long the soreness lasted.

I usually schedule a client to return two to three days after the first session. If they are still sore on the day of their next scheduled session, I let them know they should postpone the session for another day or two. I want them fully recovered before another session. It is very rare for me to have a client sore for more than two days. Half of the clients I treat have almost no soreness the day after the treatment.

I take time to explain these concepts to new clients. It's time well spent. Take care with new clients to not get too aggressive on the first session. They should have a positive initial experience. I'm willing to go more slowly for the first session or two and build rapport before getting aggressive with pressure.

Some therapists have problems in this area. They seem to have a need to go all out with new clients. Perhaps they think the client wants to be fixed in one treatment or that they will only get one shot at correcting the problem. Therapists may feel they must prove themselves to the client. They may feel the need to show they have a viable treatment option for them and that the best way to make their case is to work with a high level of intensity or pressure.

As we discuss this issue of intensity, don't forget that the therapeutic effect in deeper work is also impacted by the duration of the treatment. How much time you spend in the therapeutic mode is a factor in treatment effectiveness and will be a factor in how much soreness the client has after the

treatment. Take care to limit your therapeutic treatment time in the first session or two in order to reduce the chance of a negative reaction.

I also encourage you to respect the client's request to go lighter. Don't make them ask repeatedly. Never imply that they are sissies for not being able to take what you think is a light or moderate amount of pressure. Every person has a different tolerance to pain. Every client has a different criterion they use to judge the effectiveness of your sessions.

## **The Body Does the Healing**

Another thing we must remember is that we as practitioners are not doing the healing. We don't heal any more than a doctor does who stitches up a cut. The doctor is simply approximating the tissues; the body heals. The body kneads the tissues back together. The doctor is a facilitator.

Likewise, we are facilitating our clients' healing. The body has its own timetable for healing. We must respect that timetable and try not to over-treat or rush the process. The body can only handle so much of a therapist's intervention at one time. If we try to do too much, the body will reject the intervention. That can increase soreness and aggravate the condition.

It is true that too much pressure is often a problem in the massage world. But my experience is that a much bigger issue is the therapist who does not use enough pressure to get into the therapeutic range.

Why don't therapists (easily nine out of 10 in my experience) get into the therapeutic range with a client? I routinely see that therapists use way too little pressure when attempting therapeutic-level work. There are probably many reasons for this phenomenon. Let's list a few here.

- Therapists might have a philosophical issue with going deep. They may not agree with me that there is a therapeutic threshold that needs to be crossed.
- Some therapists don't know their anatomy well enough. If you don't know what is under your fingers, you might hesitate to go deeper.
- Some therapists fear they will make the client sore and the client will complain. Therapists are concerned it will reflect badly on them.
- Some therapists might be afraid that by using deeper pressure, they will injure their own bodies.
- Deeper work requires more effort on the part of the therapist. There are some who don't want to work that hard.

We have found over the years, that this issue of pressure is the most important thing you can get right in a client's visit. It impacts both the enjoyment level of the session as well as the therapeutic benefits of the session.