

SET TALK

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REHABILITATION OF BREAST SURGERIES

Today breast surgeries are common in both men and women and present soft tissue challenges after healing for the massage therapist. Breast surgeries range from simple removal of a cyst or tumor to radical mastectomies. Clients who have had breast surgeries will often have residual soft tissue issues. When these soft tissue conditions are properly treated with massage techniques you can make a significant difference in your client's overall well-being and recovery. Therefore, it is important that you understand what can and can't be done, and that there are protocols and massage techniques to effectively support your clients.

Whenever you are working with breast tissue, or in the area of the breast, it is of utmost importance to be clear about your motives, and to be very professional. Have a conference with the client. Make sure that the client wants this tissue worked and that the goals of treatment are understood. Having clients sign a statement that they understand the reason and agree to the treatment of this specific tissue protects both the client and the therapist, and removes any grey areas that could be open for misunderstanding. If you are not comfortable working on this tissue with your clients please refer them to someone who is.

As always, the first consideration is "above all else do no harm." Therefore it is necessary work within appropriate contraindications. Pay special attention to your clients' medication as blood thinners are especially contraindicated for massage when working around surgical sites, even if a physician has prescribed massage. They do not always understand all the effects that massage has on the body. Ultimately you are responsible when applying massage techniques on a client on blood thinners even though the physician has given a prescription for massage.

Before working on or near the surgical site the tissue has to have healed so that massage, adhesion and scar tissue treatment will not interfere with healing tissue. Superficial massage that releases ischemia, swelling and inflammation can be applied much sooner in the healing process than myofascial adhesion and scar tissue work which needs the tissue to be more completely healed. A good rule follow is to have the physician state that the tissue is sufficiently healed for the client to resume normal life activities. At that time applying massage to release ischemia, swelling and inflammation is usually

beneficial and of little risk to the client's healing. Limiting the work you do staying with superficial layers before progressing into deeper work that requires the tissue to be completely healed around the surgical site and scar is necessary. The scar area needs to be close to normal coloration is a good safety standard to follow.

The 3-step approach has been extraordinarily successful when working in and around surgical sites. The first step is to use softer slow superficial strokes to move fluids, toxins, inflammation and ischemia. Pay attention to lymphatic drainage directions. This prepares the tissue for deeper work and also gives the massage therapist an indication of how sensitive the tissue may be and how healed it is. If it is extremely sensitive continue with the superficial strokes to the client's tolerance.

If the tissue is sufficiently healed and not extremely sensitive move on to the second step which is the deeper, slower, directed myofascial unwinding strokes. These strokes need to move and release the myofascial holding pattern in a direction that will allow structural balance and full range of motion associated with the tissue. If these strokes do not support structural balance and range of motion you will reduce their positive effect. Pay special attention to the splinting of the area as collagen fibers and fascia will have woven through the tissue in a pattern to minimize movement while healing. The surgery should be sufficiently healed so that the release of these tissues will not compromise the actual surgical site.

After the myofascial holding pattern has been released there will be a softer more complete range of motion. You will be able to palpate adhesions and scar tissue without the tight restrictions of the myofascial holding pattern. If it is extremely painful while working the myofascial holding patterns do not go on to adhesion and scar tissue work, but reapply the directed myofascial unwinding within the client's pain tolerance. Be aware that sometimes it is better to just sink in, sink in, sink in and wait for the tissue to soften or melt than it is to try to move through the tissue.

After the myofascial holding pattern has softened and released specific adhesions and scar tissue are very easily defined. This is the time for the third step of the 3-step approach which are the deep specific strokes to the adhesion and scar tissue. Working for structural balance will make these strokes be most effective for the client. These strokes are more specific and need to be even slower than the myofascial unwinding. Using fingertips or thumbs sink in, sink in, sink in onto the fibers of adhesion and scar tissue and wait for them to soften. The direction of force for these strokes is in the direction you want the tissue to lengthen. Follow the

softening of the tissue. Different fibers of scar tissue may go in different directions. Often it is necessary to work one layer of tissue in one direction and another layer in a different direction. Let the scar tissue dictate so that you are working along a specific fiber. There may be times when it is necessary to do counter strokes where one hand goes one direction and the other hand goes in the opposite direction to release the tissue. Still another option is to sometimes work across the fibers of scar tissue so they separate and can be worked individually. Counter strokes seem to be most effective for spreading out bunched scar tissue fibers. Afterwards be sure to work along the length of remaining fibers.

The smaller lumpectomies have less scar tissue and consequently are less involved. Have the client pull the breast away from where the surgery took place to move the adipose tissue of the breast out of the way and to provide safety for the client. Then apply the 3-step approach as described above. Be aware that splinting and myofascial holding patterns often go from the sternum out to the shoulder so the myofascial holding pattern strokes need to cover those areas. Pay attention to the medial rotation of the shoulder and release it outward. This can also take pressure off the brachial plexus and release the internal rotation of the arm. Also pay attention to where individual fibers of scar tissue and adhesions go and how they affect the structure. Be sure to release all palpable scar tissue paying attention to how they affect the structure.

Mastectomies and radical mastectomies produce extensive scarring that also pulls the shoulder down and forward restricting breathing and lymph flow. There are some disciplines that think working on the scar tissue left from mastectomies will inhibit lymph flow. This is not the case when using the 3-step approach. Ideally the scar tissue can be worked before a prosthetic is inserted. When this is the case apply the 3-step approach being especially cognizant of working from sternum toward shoulder to improve the structure, expand the restriction to breathing, and create slack in the muscle for the prosthesis. The slowness of the strokes will also mobilize lymph. After the prostheses have been inserted for breast reconstruction you can work just up to the edge of the prosthesis. However, there is significant risk if pressure is put directly on the prosthesis. Therefore work just up to the edge of the prosthesis because if any damage is done to the prosthesis leaking silicone can become a life threatening condition. Unfortunately some leak even without any undue pressure or damage. When working around the prosthesis have the client hold the breast and pull it as far to the side as possible to make more of the adhesion and scar tissue available for release. This can be done around all edges or angles of the prosthesis.

Radiation burn, adhesion, and scar tissue can be extensive and very limiting structurally, restricting breathing, range of motion and lymph flow. Apply the 3-step protocols to the area paying special attention to the heaviest scar tissue and how it affects the structure of pulling the shoulder down or restricting the breathing. Even though the scarring is substantial there are significant gains to be had. Be patient, move only as the tissue releases, and advise the client that this will be a multiple session process. Each session will work deeper as each layer is released. Don't try to do it all in one or two sessions, but work for the normalization of the tissue over a period of time. Cold laser and some oils are also extremely good as a complimentary therapy with radiation scarring.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.