

SET TALK

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REHABILITATION FROM THORACIC SURGERIES

Many clients who come for massage have problems that relate to having had a thoracic surgery. These can be as simple as a slight restriction in the expansion of their chest while breathing, or as complex as a rib removal and binding scar tissue that entraps nerves causing extensive pain. As a massage therapist it is important to be able to assess and treat the issues related to post thoracic surgeries. Please note that you need medical direction as to when it is ok to treat the area where the surgeries were performed. Most doctors will give their patients the ok to resume normal life activities when there has been sufficient healing that will allow us to start using soft tissue treatments in the surgical area. That along with common sense goes a long way. In addition observing the scar tissue and evaluating the healing based on color, inflammation, and sensitivity will also tell you when the tissues have healed enough to allow treatment.

Robert, a 30 year old professional golfer, developed extreme pain radiating down his right arm. A surgeon had removed his 1st rib on the right to take pressure off his brachial plexus to try to relieve the cause of the nerve compression. Robert had been pain free for the first month after the surgery, but when he returned to playing golf the pain returned and spread across the pectoralis muscles and under his scapula. This prevented Robert from playing golf and the surgeon's response had been "he could try another surgery". Robert felt that the surgery had only made things worse and a 2nd surgery was too risky.

Jim, a 68 year old retired accountant, had a quadruple bypass where they had to open his chest and cut the ribs along the sternum. After the surgery Jim had difficulty doing breathing exercises that the doctors had given him because he experienced pain going down his left arm when breathing deeply. He also had low energy, was depressed, and had difficulty breathing a year later.

Marjorie, a 43 year old office manager, had a mastectomy along with radiation and chemotherapy for cancer in her right breast over a 6 month period. She was experiencing pain and difficulty with restricted breathing, movement of her right arm, and swelling on her left chest. Her tissue where the surgery and radiation had been applied was rigid and had formed keloid scar tissue compressing nerves and restricting movement.

She was hesitant to have a reconstruction until these conditions were improved.

All these clients had thoracic surgeries and were having complications resulting in pain. The doctors had limited solutions or solutions that required additional invasive treatment. These clients are coming to massage to seek a solution for their problems. They expect and hope that I, a massage therapist, will have the skills and knowledge to assist them.

Robert, the golfer with the right rib removed, was in the core distortion upon structural evaluation. The entire thoracic rib cage twisted down and to the right, and the right shoulder and arm were rotated inward. The degree of this distortion had increased over years of playing golf while in the core distortion. There was also a surgical scar in his armpit where the rib had been taken out.

To address the structural imbalance of the core distortion the Cranial/Structural Core Distortion Releases (aka CSCDR) was the first treatment applied. This initiated the balancing of the thoracic rib cage, shoulder and arm all taking pressure off the brachial plexus. Additional soft tissue work was then applied to the pectoralis area with special attention being paid to the collagen fibers that ran into the surgical scar. These directly affected the brachial plexus. The serratus anterior, subscapularis and latissimus dorsi were also treated to further release the core distortion and the specific scar tissue from the rib removal. Robert reported almost immediate lessening of pain and a restored range of motion. Structurally the release of the core distortion was restoring structural balance and taking additional pressure off the brachial plexus. After four more sessions Robert was back to playing golf pain free.

Jim, the retired accountant with the quadruple bypass, was in the core distortion upon structural evaluation with not only the rib cage twisted down to the right and the right shoulder and arm rotated inward, but the left shoulder and arm were rotated inward as well. His head and neck were pulled forward out of alignment compressing his rib cage. In addition there was hardly any expansion in his chest when he tried to take deep breaths and he had very little energy.

The structure was the first thing addressed by applying the CSCDR which brought the rib cage out of its twist down and to the right freeing the diaphragm and the lower ribs for more expansion. It also released the medial rotation of his arms and shoulders and brought his neck and head further back into supported alignment. A soft tissue protocol was applied starting with the diaphragmatic arch, and then working through the

pectoralis, serratus, and subscapularis muscles and related connective tissue on both sides of his chest. Specialized myofascial and scar tissue techniques were applied along his sternum and ribs to treat the surgical scars.

After the first session Jim was breathing easier and his structural alignment was improved. He also was no longer experiencing pain with deep breathing. Jim had six more sessions to further improve his structural alignment using Cranial/Structural techniques, specialized soft tissue myofascial releases and scar tissue treatment. Jim was pain free, walking two miles a day, had renewed energy, was breathing fully and easily, and was standing straighter.

Marjorie, the 43 year old office manager with scar tissue from the right mastectomy and radiation was also in the core distortion upon structural evaluation with the rib cage twisted down to the right and the right shoulder and arm rotated inward. The keloid scar tissue from the mastectomy and radiation was hard and restricting causing pain with any movement on the right side when she breathed. The medial rotation of the right shoulder and internal rotation of the right arm along with the drawing from the scar tissue were compressing her brachial plexus resulting in radiating pain down her arm. Movement of her right arm was dramatically restricted. Her right arm was swollen and in pain from the scar tissue from the removal of lymph nodes which restricted the lymph drainage.

The CSCDR was applied to restore structural support and balance and start the unwinding of the myofascial holding patterns and restrictions of the right arm. Special myofascial techniques were applied to the obliques, rectus abdominus, psoas, and diaphragm to restore structural balance and increase movement of the diaphragm while breathing. Treatment of the right pectoralis area started at the rib heads and sternum and progressed through the pectoralis area to release fluids and toxins, clear trigger points, release myofascial holding patterns, soften keloid scar tissue and restore function to the muscles. Additional specialized myofascial techniques were applied to the intercostals, serratus anterior, subscapularis, and the scar tissue and connective tissue of the axillary area (arm pit).

After 10 sessions Marjorie was pain free, the rib cage was no longer rotated down and in and the shoulder and arm were no longer rotated internally. Her scar tissue had dramatically softened and become pliable to where she felt she was ready for her breast reconstruction. In addition when she breathed the right side now expanded to the same degree as the left side. Her right arm was no

longer swollen due to the release of the lymphatic blockage.

All three of these clients had complications from thoracic surgery that were related to the structural core distortion. For successful rehabilitation the core distortion needed to be released with the CSCDR and specialized myofascial work to allow for better structural balance and function. In addition each of these clients had scar tissue restrictions and adhesions that restricted their breathing and consequently their energy and life force. The combination of the imbalances, soft tissue holding patterns of the core distortion and the scar tissue was also contributing to the pain. As these imbalances of the core distortion and scar tissue were released each of these clients improved to the point of no pain, and they were able to move on with the activities of their daily lives.

It is important as a massage therapist to recognize how the structural imbalances contribute to pain and dysfunction after thoracic surgeries, and that you have the skills to restore structural balance, release myofascial holding patterns, and normalize scar tissue.

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