

# SHIATSU & SHOULDER PAIN



## SHIATSU IN THE NHS

### Shiatsu and Shoulder Pain

Adelaide Medical Centre in Newcastle upon Tyne developed a small research project with Shiatsu practitioner Anne Palmer, MRSS(T). For her MSc dissertation Anne evaluated the effectiveness of Shiatsu for patients with chronic shoulder pain. GPs at the centre, which is linked to the University of Newcastle, referred patients who came with this condition to Anne. Patients had the opportunity to join the research if they chose to. A programme of Shiatsu sessions was offered over several months. Although one of the reasons for selecting chronic shoulder pain was because it is frequently presented.

The use of the SF-36 evaluation questionnaire and objective measures of range of movements suggested all patients showed improvements after the 2 month follow up. As a result of this, Shiatsu is now one of 6 complementary therapies being used by the Primary Care Group.

## RESEARCH

### **Vega RH. Shiatsu, a pressure technique. Physical Therapy. 55(4):381-382, 1975.**

This is an early account of Shiatsu by the Chief Physical Therapist of a medical centre in New Mexico, USA. It includes four very brief vignettes and suggests that Shiatsu may be useful in helping to alleviate a range of symptoms including muscle spasms, headaches, low back pain, painful shoulder and limitation of movement.

### **The Use of Shiatsu in treating people with shoulder pain. A pilot study. Anne Palmer, MRSS(T) January 2000. MSc Dissertation, Northern College of Acupuncture/ University of Wales**

#### Results Abstract

A protocol was developed to explore the use of Shiatsu in treating people with shoulder pain.

Using a single study case design (4x n=1 studies) the progress of four people who had been suffering from unexplained and previously intractable shoulder pain for between two and eight years was monitored. The subjects received eight weekly Shiatsu treatments at their local GP surgery.

Outcomes were measured using both objective (measurements of joint mobility) and subjective (SF-36 Health Questionnaire) methods at weeks 1, 5, 8 and at a follow-up two months later.

The physical, diagnostic and energetic aspects of Shiatsu treatment are described, together with a review of the limited research material available.

The results were encouraging, with three out of the four participants showing great improvements in mobility, reduction in pain, and increase in general well-being during the course of the treatments. Some of these improvements were reduced at the follow-up, but not to the original low levels. The fourth participant did not complete the course of treatments.

The strengths and weaknesses of the design are discussed and suggestions for further research are

made.

The protocol proved to be effective. A modified version of this protocol may now be used to repeat the study in a number of centres. It is hoped, thereby, to accumulate a significant body of evidence which will further support the findings of this preliminary study, that Shiatsu is indeed effective in treating people with shoulder pain.

## **CASE STUDIES**

### **Susan Crawshaw, MRSS**

In May 2001 I treated Mr Jones (*name changed*) twice for his frozen shoulder.

#### Presenting Symptoms

He had had the problem for 2 weeks on this occasion. His symptoms were dull aching severe pain mainly in the upper arm (deltoid muscle area), but spasmodically radiating down to his wrist. Lifting his arm up in a sideways arc from fingers pointing to floor to fingers pointing to ceiling was the most painful, and he could only lift his arm about 30 degrees from the floor. Lifting his arm up in a forward direction was also painful when reaching about half way from floor to ceiling. Rotating his arm in a backward arc was a bit stiff, but pretty much pain free. Twisting his arm up his back (as if he was trying to fasten a bra!!) was also quite painful and restricted. He could reach outwards or downwards without problem.

2 years previously he had had a similar problem lasting for around 6 months, and his GP had referred him to hospital and for physiotherapy; heat and ultrasound treatment eventually worked on that occasion.

Mr Jones was 49 years old and otherwise in good health. He is left-handed.

During discussions I discovered that two or three days before the problem arose on this occasion he had been working on his roof in a cold wind.

#### Diagnosis

Visually his right shoulder appeared much more 'hunched' forwards than his left. He looked extremely 'held' in his upper body. He was obviously quite tense and nervous about what I was going to do to him.

In Traditional Chinese Medical terms I suspected that an invasion of Cold was causing Painful Obstruction Syndrome of one or more of the meridians (energy channels) in the arms, as a result of his exposure to the cold wind whilst on the roof.

#### Aims

To reduce the pain, increase the mobility and generally relax and improve the posture of the shoulders. To expel the Cold.

#### Treatments

During the first treatment, several of the left arm channels were very painful to the touch, so I spent a lot of time holding and visualising the improvement of energy flow. I also heated the area using moxabustion herbs. I did a lot of gentle mobilisation techniques on both his shoulders and his back and neck in particular. He found it very difficult to relax, which made working on him quite difficult. Afterwards he said how surprised he was that 'it was nice' ... he had expected it to hurt. Over the next few days he saw a gradual improvement — it felt much better and he had more movement. He even managed to cut a tall hedge without adverse reaction and generally he felt more relaxed. Two weeks later I saw him again for a follow-up appointment. The pain was now concentrated further down the left arm and was much reduced. There was still some restriction in movement, but it was much improved on what it had been. Again I carried out warming with moxabustion and also

worked the channels, which were much less painful to the touch. I also did some stretches to increase the mobility of the arm. I spent a long time trying working on both his shoulders and his neck. Generally he was much more relaxed than at the previous session, and even 'drifted off' a couple of times.

### Results

Mr Jones experienced a complete recovery from his frozen shoulder symptoms over the next few days and I did not treat him again. We both worked for the same company, so I saw him regularly over the next 12 months, and there was no recurrence of the symptoms during that time.

9 March 2006

## **Anna Garry**

Kristina Oliver (*n.b. false name*)

### Personal history

Kristina is a 43, a single parent, with a 5 year old son. She works as a primary teacher part-time. Her mother and sisters live in the area and help out with the child, but she finds life challenging, and can feel emotionally unsupported and has to withdraw. A lot of the time she wants the world to go away, and can struggle with depression, but puts on a cheerful face, tries to get on with things, not make a fuss, ignore pain. At times she will explode, and it seems really out of character. She was a nurse for many years. She is a fish-eating vegetarian, and is very slim.

### Medical History

Her questionnaire shows she's had measles, whooping cough as a child, and had an operation to straighten a squint at 7. She still gets herpes, and has had anaemia. I have been treating her almost weekly from February 2003 (about 20 treatments) and she's talked about how she has been in excruciating pain over the years: in her lower back (plus sciatica), neck, shoulders and under her feet. She keeps going, ignoring it, continuing to work. In crisis she's been to chiropractors, physiotherapists, and had cranio-sacral work (the latter left her in terror because she could feel all the pain at once and she didn't go back). Nothing has helped. She gets bouts of psoriasis (since a teenager), which can take a couple of months to clear.

### Presenting Symptoms

She came to me because sleeping badly, shoulder pain, sciatica, neck problems. It becomes clear that she is very stiff in joints and muscles all over.

### Diagnosis

#### Zen Shiatsu

The diagnoses for KO show mainly kyo in the metal element (Lu and LI) and jitsu in the fire element (SI and HT). Using Masanaga's theory of the amoeba, it can be argued that there is a hidden need in stage one, that of "making a border and initiating exchange" and this need is manifesting in stage three, the area of "assimilating and integrating nourishment," the phase related to absorbing our own identity. In addition KO has a lack of flexibility in her muscles, tendons and joints which suggests an underlying stagnation of Ki or liver disharmony, meaning that stage six "choice of direction" is involved in this diagnosis, at an underlying level. This may link into the time that she explodes with anger, which seems to be out of character.

KO has problems with her borders, or the metal element, both in terms of them being tested (she has a young child) and in terms of exchange with the outside world. She's a single parent and can struggle with seeing people, both knowing whether she wants to see people, and saying no when she doesn't want to. She hasn't had strategies for herself and tends to deal with it by going with the flow and getting more and more rigid and stressed. This has been manifesting on a physical level, as she has been living with, and ignoring, a great deal of pain, particularly in her shoulders, her neck

and her hips. Here we have the almost consistent diagnosis of SI jitsu, though more recently this has become HT jitsu. She sleeps very badly and cannot relax. In her treatments she keeps her eyes open and once, she was so startled that she had drifted off, that for the rest of the treatment she became more rigid and unable to relax.

This is a long term pattern, which is why liver disharmony is involved, as KO has been suppressing her emotions and ignoring the consequent pain in her body. She finds stretches and rotations of the joint very difficult. Even rotations of the ankle joints lead to her say "this feels abnormal and scary". I have asked her about accidents, as shock is another part of the SI manifestation and she's spoken of falling as a gymnast as a child, rollerskating (at 23), hurting herself lifting a patient. There does seem to be an underlying lack of ability to absorb and assimilate, and the need is to assist the borders: on a physical level with breathing, but also issues of self-value, and eliminating old emotional structures which don't allow exchange.

### TCM

On a TCM level one of KO's major issues is liver stagnation which has arisen from suppressing her emotions for years. This manifests in stiff muscles, joints, tendons, and in pain in shoulders, neck and hips. Liver makes the blood, and if there is a deficiency in the blood, perhaps arising from lack of circulation of Ki (KO's upper body is rigid, and there is an almost bar-like block over her HT meridian in RHS) there is no restful place for the emotional core. This can lead to insomnia and agitation. KO has slept very badly, for as long as she can remember. As Metal is a consistent diagnosis, and KO tends to ignore her body, it is likely that the Po cannot reside in her body with ease, adding to her problems with relaxation. Another sign of imbalance in the metal element was an eruption of psoriasis which occurred over the summer, which may have been her body attempting to eliminate some of the stagnation.

### Treatments Given

**A:** Aims **D:** Diagnosis **T:** Treatment **R:** Recommendations

7/10/03: LI kyo SI jitsu

**A:** balance inner to outer self through elimination of old emotional structures, give experience of relaxing; help pain in shoulders.

**D:** needs to assimilate her world of work, home (SI) and not to hold all the stress in her muscles, needs support in letting things go.

**T:** SI, LI, BL and used SP 1, LI 1, 4, 10, 11, and yu points

**R:** take time to notice self every day.

14/10/03: Lu Kyo SI jitsu

**A:** to give vitality, self-value and experience of relaxing

**D:** inner to outer self. Ignoring how she feels until explodes. Needs support in valuing herself, giving time to breathing and relaxing.

**T:** Lu, SI body, GB in shoulders. Used SI 3, HP 8, Lu 1, 5, 7, 9, 10, 11

**R:** take time on day off for self. (n.b. I repeat this in subsequent treatments)

21/10/03: GB kyo SI jitsu

**A:** to support emotional decision making to allow absorption of her environment

**D:** struggling to prioritise so that she can cope better with school, her child (GB). Still in a lot of shoulder pain and finding everything hard (SI)

T: Worked GB, SI, BL through body. Used GB 12, 20, 21, 44, LI 4, SI, 3, 9, 10, 11, SP 1, 3

12/11/03: LI kyo SP jitsu

A: to bring energy down, calm the mind and help relax, let go

D: totally in head as result of long days work (Sp), said very little(LI).

T: worked LI, Sp, BL through body. Used Yu points, good reaction

18/11/03 Lu Kyo Ht Jitsu

A: to calm emotional core, bring energy down, support breathing, relaxation

D: very emotional week, sickness in upper chest (HT), exhausted (Lu)

T: Worked on emotional level, Lu, HT, BL in body, LI in legs as support to giving self-value and space.

26/11/03 Li Kyo HT Jitsu

A: calm emotional core, ease pain where can, bring energy down

D: she's all over the place, trying not to be, feel (HT), pain in shoulders, unable to express where she is emotionally (LI)

T: Worked LI, HT, BL in body gently, helping her feel physical self

#### Results of Treatments

I'm recommending that she find space for herself, however little, and explained that SI is about being able to absorb things, and needing space to link outwards, and know what she needs. I encourage her to tell me how she feels as I work, to make her more conscious of her body. She is now taking some time on her day off, for herself. Plus she's observing how her body feels in different situations in her life, work, with her family, whereas before she just ignored it. She still loses focus on her physical and emotional self, but the regular treatments bring her back. She also decided to get out and do some theatre work, an activity specifically for herself.

#### Conclusions

The problems that KO is dealing with are long term, and long established, from as far back as childhood. She has been in chronic pain for most of her life. Initially I tried to deal directly with the presenting symptoms, particularly her shoulder, but have found that a patient, holistic, regular approach, where I repeat the issues (listen to your body, think of yourself) so she can absorb them, is starting to lead her to incorporate them into her life. Shiatsu treatments remind her of her place in the world.

## **ARTICLES**

### **An Investigative Approach to Pain and Frozen Shoulders**

**Pamela Ellen Ferguson Dipl. ABT (NCCAOM), AOBTA – and GSD-CI, LMT.**

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Most of us have been daunted by pain at some time in our careers – either personal pain or a client's unrelenting pain that defies all our creative and intuitive diagnostic and treatment procedures. In Asian Medicine, those of us who are avid readers of detective stories and murder mysteries, track clues in teamwork with our clients to pinpoint the source of the pain and an appropriate treatment/or exercise procedure as a contrast to the modern obsession with prescribed or over-the-

counter painkillers and any possible hint of addiction. I'm working with a client I'll call "Melinda" who experienced painful frozen shoulders, prompted I'm sure, by the uncomfortable positions she was obliged to "hold" while receiving post-mastectomy radiation – although her oncologist denied there was any connection. Those of us who are body-workers always visualise any fixed position or RSI or distorted body movement casting a beam through our prismatic approach to pain.

As I had worked on Melinda post-mastectomy months ago, and taught her my Qi-inspired series of exercises, I knew how comfortably and fluidly she moved before the radiation treatments. One physical therapist told her it would take "six months" to correct the frozen shoulder problem. I balked at that sweeping generalisation, the more so because it disheartened and dismayed Melinda emotionally. She didn't need that. More diplomatic by far would have been a general comment about frozen shoulders taking time, care and patience, but that each case was unique.

Alas Melinda also had an unfortunate experience with one very busy acupuncturist. He needed her and left her in a cold room in a fixed position that caused physical distress because of the vulnerability of her upper body. She lay there and wept. Being a breast cancer survivor myself, I fully empathised with her reaction.

#### Different Meridians and Points?

Some of my Acupuncture colleagues have found success needling distal points for a frozen shoulder, including GB 34, St 25 and St.36, depending on the diagnosis. Being a body worker, I found it helpful to apply subtle pressure along Melinda's Large Intestine meridian with slow Qi movements, with holding emphasis on LI 4, 10,11,15. Other helpful and releasing points included GB20, 21, and SI 11.

Depending on diagnostic observations, body language, and the source of the problem, I have used very different meridian and point combinations for other clients with frozen shoulders. With another client, I found it even more helpful to mobilise distal joints (mainly hips, knees and ankles) to send positive messages to the shoulders through the joints' social networking systems.

#### Another View

Richard Kowal DC, my New York City Chiropractor friend also emphasises the importance of incorporating movement in any treatment procedure for frozen shoulders. "Adhesive capsulitis means that the humeral head is adhering to some part of the joint capsule, or socket." Kowal added, "There is almost always an underlying component of rotator cuff strain/tear. The rotator cuff muscles (supraspinatus, infraspinatus and subscapularis – though typically not teres minor) – are not so much shoulder/arm movers as they are stabilisers of the shoulder through movement," Kowal explained. "They keep the ball down in the socket as the shoulder moves. When the cuff muscles are weakened, the ball begins to rise in the socket with movement which is what causes the impingement of tissues in the capsule that underlies frozen shoulder syndrome." Kowal advised, "therapy to the tissue has to take place while the arm is moving through different range of motions."

#### Qi movements

Beyond "technique" I say it's vital to be reassuring and supportive while working with clients experiencing frozen shoulders, to ease the fear of immobility and stress that intensify pain. I improvised some subtle Qi movements to blend with Melinda's specific needs, encouraging her to repeat these as many times as possible during the day. Melinda had a counterproductive tendency to hunch her shoulders and force exercises by elevating her arms while holding her breath, apprehensive of deepening the pain. So I advised her to sit in a relaxed position, do some deep and calming breathing exercises, avoid force, and concentrate on slow, soft Qi circles, allowing arm movements to come primarily from elbows and wrists as a way of coaxing and freeing her shoulder joints.

As Melinda found it difficult to brush her hair, I showed her how to simplify the task by propping her elbows on a table to give her hands direct and immediate access to her head. None of this takes

rocket science. It hastens recovery to help a client achieve simple everyday tasks that have become daunting because of frozen shoulders and debilitating pain.

I know this from my own agonising experiences of shoulder injuries caused by cycling accidents. As often as possible during the day (even in lines at the post office or waiting for a bus) I would allow my arms to “float” in Qi movements as though coaxed by a lovely breeze. No onlookers didn’t call me crazy, in fact some joined in! Frequent repetition enhanced range of motion and maximised my regular needling and Shiatsu treatments. I sought comfy sleeping positions surrounded by a number of soft pillows. That prompted me to incorporate all sorts of supportive, colourful cushions to enable my clients with shoulder (or any other) injuries to maximise comfortable treatment positions for themselves.

It’s inspiring when a combination of an investigative zeal, procedures and dialogue help us lead a client into a deeper insight into both source and solution. Teamwork is the key. Ah, but what if the client resists? What if pain provides a crutch, an avoidance excuse – and your wise efforts to alleviate pain result in cancelled appointments and a client you never see again, as was my experience with a certain client of some years ago? Let go gracefully, I say. Just hope a few seeds were sown in the client’s consciousness that could take time to root, perhaps in someone else’s therapeutic garden?

Complex forms of pain prod us to think outside of the box. To be creative. To listen to a patient with fresh ears and an open mind. To avoid making instant assumptions that often result in fatal errors. Like the tragic case of a guy who sought help for shoulder pain that resisted the full gamut of conventional and alternative treatments for months until a concerned physician sent him for further tests and X-Rays. They discovered he was terminally ill with advanced lung cancer.

Pamela Ellen Ferguson, Dipl. ABT (NCCAOM), AOBTA and GSD. Certified Instructor, LMT.

Pam writes the Asian Bodywork column for Acupuncture Today, and teaches advanced classes in Shiatsu annually in Germany, Switzerland, Austria and USA. Pam has written several books including major textbooks Self Shiatsu Handbook and TAKE FIVE – the five elements guide to health and harmony. Together with Debra Duncan Persinger Phd, she co-wrote/co-edited the anthology SAND TO SKY - Conversations with Teachers of Asian Medicine. Her most recent work is a children’s book Sunshine Pickelime, about a child’s philosophical quest to understand issues of divorce and death.