

TREATMENT NOTE — A PLEA FOR MASSAGE

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Having recently been on the receiving end of physiotherapy, administered by an "oldie" like myself, I feel constrained to draw the attention of younger and more recently trained physiotherapists to the tremendous benefit to the patient of massage, regarded by many today as obsolete, unnecessary and time-consuming.

For those of us trained before and during the Second World War of 1939 - 45 (when physiotherapy really expanded into the profession it is today) the skill of good massage is still regarded as one of the most valuable media in our armamentarium. I would be so bold as to say that other modalities and techniques come and go, but that massage will go on for ever! However, it must be objectively performed.

Having been well instructed in the manipulations of "effleurage, petrissage and tapôtement" by such great names in the profession as Miss Mary Higham and Miss Gladys Summerhays, pioneers in the teaching profession, I was fortunate later to attend a course in London by Dr James Cyriax, way back in 1952, thus adding "Cyriax transverse frictions" to the more accepted massage manipulations.

Dr Cyriax's "examination of the patient" is indisputably effective — he actually told us in relation to diagnosis of soft tissue lesions that "physiotherapists must, because doctors can't!" The physiotherapist's hands are her most valuable asset in assessing the nature, site and cause of the lesion. She develops a sensitivity in her hands and fingers by assisting and resisting movement and by palpation of soft tissues — almost a 6th sense. Following the observation and history of the patient, Dr Cyriax's technique, requiring the use of the physiotherapist's hands, was always the same, namely passive movements, active movements and palpation last, having decided by then where the pain *should* be. "Do not prod where the pain is" was a great maxim of his.

During the sixties, when she visited all the branches of the South African Society of Physiotherapy a course by Miss Maria Ebner, M.C.S.P., on "connective tissue massage" was also a valuable experience in the beneficial use of the physiotherapist's hands. Although personally not attracted by the technique, I was immensely impressed by her division of the back into "areas" from glutei to occiput, her concept of the necessity to clear areas of tightness in muscle, and her accuracy in determining the causative areas of referred pain. The use of

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more conventional massage techniques, mainly deep kneading, rolling and frictions, in the specific areas relating to the cause and distribution of the pain, achieves most rewarding results; this is far more effective and lasting than electrotherapy in many instances.

The benefit to the patient of the physiotherapist's hands is immeasurable as a means of contact to give him confidence. The examination makes him aware that someone understands his problem. Then comes the benefit from physical treatment, be it massage, manipulation, exercise or electrotherapy, or a combination of any or all of these. But how often is massage considered as one of the available modalities? How many young physiotherapists have known the satisfaction of bringing relief and joy to the patient by the judicious use of their hands with massage? — actually feeling the easing of an asthma attack as the physiotherapist stands behind the patient, who is sitting relaxed forward over pillows, and gently massaging the muscles of his neck and shoulders to induce relaxation; reducing the swelling in

an oedematous arm after mastectomy, when the patient has possibly not been adequately instructed in post-operative exercises; removing altogether in one treatment the referred pain of an intercostal neuritis by firstly finding and then attacking the offending "nodule"!; stretching an unresolved haematoma deep in the quadriceps group due to an old untreated rugby injury; giving magical relief to "tension" between the anterior tibial and calf muscles in their efforts to effect compulsory movement in the sub-talar and mid-tarsal joints following an arthrodesis of the ankle. Certainly other modalities are also effective in treating these conditions, but it is the massage that the patient will remember and return for, should the condition recur.

It is the careful selection of the correct modalities for the individual patient that ensures the success of the treatment. The sense of satisfaction to the physiotherapist is the reward of our profession. The value of "the laying on of hands", as in every other aspect of life, must never be underestimated.