

## What is new at Touching Well

*You can't buy happiness, but you can get a massage, which is pretty much the same thing.*

This is not particularly new, but very true. Thank your endorphins for that (alternatives are exercise and chocolate).

### New Data Protection Regulation

The last few days I have been thinking about the new General Data Protection Regulation (GDPR) coming into force on 25<sup>th</sup> May 2018. Even though it causes a lot of anxiety for work organisations and small businesses (spare a thought for organisations working with children and adolescents – their paperwork is horrendous), I actually think it is a very good idea. It is not really aimed at small organisations, but at larger ones who make a lot of money from our data. And it has proper teeth, the penalty can be 20 Million Euros or 4% of worldwide turnover in the previous year, whichever is larger.

In order to prepare, I have written a [privacy policy](#), and I can let you know what I do with the information I may have on you. I hold all my notes in paper records, which are kept in a lockable filing cabinet. Your email and phone contacts are on my computer (or on my phone, depending on how you found out about me), which are password protected. I cannot find out when I first got an email address, Thunderbird does not give that information. So deleting old contacts is hazardous, as I may delete ones I need. All the contacts were willingly given to me by their owner through enquiries or other direct contact. I will ask you to let me know if you do not want to receive the massage message (implied consent), rather than

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let me know if you would like to receive it (explicit consent). The newsletter is a lot of work, so only sending it to a few people will reduce my motivation to write it.

Wishing you a spring in your step,

*Regina Dengler*

### Recent feedback

*I've been coming to Regina since Christmas for a Lymphatic Drainage/massage, to help with my chronic fatigue syndrome. Since the first treatment I have felt less fatigue and more able to fulfil daily life. I was unsure to start with as to how it was going to help my situation, all I can say is it has helped me massively and I fully recommend Regina's service.*

Jane, Mansfield

*Regina is a skilled and intuitive practitioner. She has a wide range of approaches and techniques to suit individual needs to support change. A session with Regina will enable you to experience a deep sense of well-being. Highly recommend.*

Andrea Duncan, Nottingham

*I arrived thinking that I was fine and was looking forward to a general massage. Regina started on my feet and we never got any further. The result was fantastic. Regina manages to find areas that need attention and gives them just the right amount. I look forward to my next massage.*

Jenny South, West Bridgford

*Thank you very much for the chat and the massage yesterday. The massage was wonderful; I was so relaxed afterwards and last night I slept well for the first time in months!*

Tim W, Beeston, Nottingham

**You can't buy happiness, but you can get a massage, which is pretty much the same thing.**





## Preventing burnout

Burnout syndrome (BS) is thought to result from long-term, unresolvable job stress. It can be thought of as our body's response to chronic stress. Burnout leads to physical and emotional exhaustion, cynicism and detachment, and/or feelings of ineffectiveness and lack of accomplishment. When in the throes of full-fledged burnout, we are no longer able to function effectively on a personal or professional level. However, burnout doesn't happen suddenly, and rather creeps up on us. And it can be prevented. One such strategy is – surprise, surprise – on-site massage.

A recent study looked at the role of massage in preventing burnout in employees of large corporations. Forty-eight employees were divided into 3 groups of 16 each: Control, massage in massage chair and massage lying down on a massage table. The Maslach Burnout Inventory (MBI – 22 questions tried and tested over 35 years to measure five different aspects of burnout) and the State–Trait Anxiety Inventory (STAI – 40 tried and tested questions about anxiety, 20 on state anxiety, or anxiety about an event, and 20 on trait anxiety, or anxiety level as a personal characteristic) were used.

The mean score of emotional exhaustion, depersonalization, and reduced sense of personal achievements (aspects of the MBI) decreased

significantly in both massage groups. It appears that the results for the chair massage group were even more promising than those for the 16 employees receiving lying down massage. Massage on a chair is a better solution in terms of reducing symptoms of burnout among workers of large corporations. (*Complement Ther Clin Pract.* 2017 Nov;29:185-188.).

Out of interest, here is a selected list of [tell tale signs of burnout](#):

Signs of physical and emotional exhaustion: chronic fatigue, insomnia, forgetfulness/impaired concentration and attention. Physical symptoms may include chest pain, heart palpitations, shortness of breath, gastrointestinal pain, dizziness, fainting, and/or headaches (if you get these, see your doctor to check for other causes), increased illness, loss of appetite, anxiety, depression and anger.

Signs of cynicism and detachment include loss of enjoyment, pessimism and isolation.

Signs of ineffectiveness and lack of accomplishment: feelings of apathy and hopelessness, increased irritability, lack of productivity and poor performance.

If you have a number of these symptoms, it might be a good idea to have a loving, long look at your life to see how you can reduce stress and care for yourself better. You may even need to ask for help! What a thought.

*Do you have a favourite massage stroke? Please let me know. Or do you have a good name for one?*

### On-site massage feedback

*A great start of the day and much needed. Jill*

*Once again I felt so much better. Mel*

*Thank you so much for your advice. Liz*

*Found a sore spot in my neck. And it feels fantastic now. Amazing, as always.*

*Shoulder and back pain instantly released.*

*Brilliant for releasing tension in neck and upper back.*

*Excellent. Should have this all the time, and should have more slots. Great for the staff. Director*

*Relaxing and effective, specially for a short (10 minute) session.*

*Lovely 10 minutes at work. I highly recommend it and I would be prepared to pay.*

### What is ...

#### The neck vice?

A delicate combination of stretching your neck, increasing movement and loosening tension. Your neck is placed in the elbow crease of my bent arm. The other hand gently holds your head. Between my bent arm, my hand and your head, neck and shoulders we aim to release your neck. Favourite stroke of Tim.

#### Pulling your leg?

Pulling your leg(s) to release holding in the hip and the leg, and to assess the dynamics of your legs and hips, and how they work with the rest of you.

#### The chicken wing position?

Your arm is bent on your back so that the shoulder blade sticks out. Very good for releasing the shoulder blade, the upper back and mobilising your shoulder.

## Massage after the birth

As exhilarating as new parenthood is, an outstanding feature for me was tiredness. When I woke up in the morning my first thought was “when can I go to bed again?”

A study from Japan wanted to find out whether aromatherapy hand and forearm massage could help new mothers to relax and decrease fatigue. Women completed a questionnaire before and after the treatment. It was found that women were significantly more relaxed after the treatment, and new mothers were significantly less fatigued (both  $P < 0.001$ ). And, not surprisingly, the treatment was well received. (*Int J Community Based Nurs Midwifery*. 2017 Oct;5(4):365-375).

Breastfeeding can be challenging to establish, perhaps even more so after a caesarian birth. As study from China wanted to find out whether breast massage soon after a caesarian birth would aid lactation. Eighty women were divided into 4 groups, one did not receive any massage, the other three groups received breast massage starting 2, 12 and 24 hours after delivery, each of the 60 women received 3 breast massages with the different starting times noted. Blood was taken to determine the level of serum prolactin. Within 24 hour of delivery 10 out of 20 women who received breast massage starting 2 hours after birth were lactating, compared with only 2 out of 20 from the control group. 18/20 and 8/20 respectively were successfully breastfeeding within 48 hours of the birth. The prolactin levels in the blood also showed that breast massage has a positive impact on milk production after a caesarian birth. Or, with the words of the authors: “Breast massage beginning from 2 hours after caesarean section can effectively improve the lactation status of delivered women.” (*Zhonghua Yu Fang Yi Xue Za Zhi*. 2017 Nov 6;51(11):1038-1040).

## Manual therapy for plantar heel pain

Heel pain is surprisingly common, between 4% and 7% of people have heel pain at any given time, and about 80% of these cases are due to plantar fasciitis (*Foot Ankle Surg*. 2014 Sep;20(3):160-5). Approximately 10% of people have it at some point during their life (*Swiss Med Wkly*. 2013 Jul 7;143). It is often treated with joint or soft (mostly the tissues in question are not soft!) tissue mobilizations, but is still not scientifically proven

whether these methods actually work. Anyhow that is what the authors of a critical review claim. They wanted to find out what all the studies about manual therapy for heel pain taken together say. Manual therapy in this case is deep massage, myofascial release or joint mobilization.

They looked for relevant papers using randomised controlled trials (RCTs – the gold standard), and found six relevant RCTs. The quality of all these studies was moderate to high.

It was found that soft tissue mobilization is an effective method for treating plantar heel pain, the evidence is not so clear on joint

mobilizations. (*Foot (Edinb)*. 2017 Aug 5;34:11-16).

Should you suffer from heel pain, here are three things you can do:

Stretch your calf(s)

Roll a bottle of frozen water under your foot.

Roll a golf ball under your foot.



## Aromatherapy for knee osteoarthritis?

When I have clients with knee issues, I generally get two responses: “work on my legs, it might help my knees” or “I have arthritis, there is nothing that can be done”. I get good results with massage and myofascial release. The following study shows that aromatherapy might help, too.

The study looked at the effect of aromatherapy massage on knee pain and function in people with osteoarthritis. They compared three groups of 30 people each: aromatherapy massage, conventional massage and control group. They used various measures to assess pain and function. Compared with the control group, the people receiving aromatherapy massage did best (a “significant” difference), followed by the massage group (but not “significantly”).

Aromatherapy massage reduced knee pain scores, decreased morning stiffness, and improved physical functioning. The authors conclude that as long as the aromatherapists are properly trained, aromatherapy can be recommended for routine use in physical therapy units, hospitals and homes (*Pain Manag Nurs*. 2018 Mar 5).

## MLD and exercise prevent oedema?

I often get asked whether manual lymphatic drainage (MLD) can prevent lymphoedema after treatment for breast cancer. My answer has been that there is no evidence, but I might have to change it to “it depends”. A recent study looked at whether MLD or active exercise (AE) is associated with shoulder range of motion (ROM), wound complication and changes in the lymphatic measurements after breast cancer surgery. They also wanted to find out if there is an association between these and the development of lymphoedema later on.

106 women took part in the trial after radical breast cancer surgery (unilateral mastectomy with lymph node dissection). The women were matched for staging of the cancer, age and body mass index and were allocated to receive AE or MLD, 2 sessions per week for a month, starting within 48 hours of surgery. The wound was evaluated 2 months after surgery. ROM, upper limb circumference measurement and upper limb lymphoscintigraphy (visualising lymphatic flow) were performed before surgery, and 2 and 30 months after surgery.

Incidence of seroma (fluid build up), closure of the wound and infection were similar in both groups. Both groups had not regained flexion (lifting arm forward) and abduction (lifting arm sideways) of the shoulder in the second month after the surgery, and had not gained full movement of the shoulder even after 30 months. Almost a quarter of women got lymphoedema (23.8%), this was similar for both groups. Interestingly, when looking at the lymphoscintigraphy before and after the surgery, it was possible to predict whether a woman was likely to develop lymphoedema within two years of surgery. This again, applied to both groups.

In this study younger women (under 40) were more likely to develop lymphoedema. For women older than 39, obesity increases the chance of developing lymphoedema. In women over 39 years old, women treated with MLD were at a significantly higher risk of developing lymphoedema, implying that they also need to develop strength with active exercise.

This study shows that manual lymphatic drainage is as safe and effective as exercise in rehabilitation after breast cancer surgery. In younger women, obesity

seems to be the major player in lymphoedema development, and actions devoted to reduce body weight may be of great benefit. Women over 40 also benefit from MLD, but they also need to improve their muscle strength, and this has shown to be important in preventing lymphoedema. (*PLoS One*. 2018 Jan 5;13(1)). Two points to note: the women received intensive treatment post-surgery, and this study excluded women who had undergone radiotherapy, in my experience the majority of women have radiotherapy as part of their breast cancer treatment. And radiotherapy is a risk factor for developing lymphoedema, and it does not help with the shoulder movement, either.

## CDT helps with shoulder mobility

Complex Decongestive Therapy is the gold standard of lymphoedema therapy, and consists of compression, skin care, MLD and exercise. It has been shown to help with lymphoedema, but does it also help with other issues after breast cancer treatment? The following study was designed to answer this question, more specifically: *does CDT help with arm and shoulder mobility, the severity of pain, and quality of life?* How do sociodemographic and clinical characteristics affect arm and shoulder mobility?

Thirty-seven women with breast cancer-related lymphoedema (BCRL) (aged 28-72) had intensive CDT, including meticulous skin care, manual lymphatic drainage, remedial exercises, and compression bandages. The arm volume was measured before and after the course of treatment. The women answered various questionnaires pre-and post treatment: a baseline questionnaire, short Form-36 (SF-36), Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire, and Visual Analog Scale (VAS) for pain and heaviness were used as clinical assessment scales.

All the measures were significantly improved by the CDT. Quite amazing: a smaller limb, more shoulder and arm mobility, less heaviness and pain and better quality of life! The response was particularly marked if the women came to the treatment sooner after the development of oedema. The authors summarise: “CDT provides enhancement of upper extremity functions and quality of life in patients with BCRL. The reduction in lymphoedema volume, pain, and heaviness and the improvement in shoulder mobility may be the contributed factors.” (*Lymphat Res Biol*. 2018 Jan 22.).

