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MAGAZINE

▶ FALL/WINTER 2024

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Contents FALL/WINTER 2025



- 4 Contributors
- 5 Editor's Note
- 7 Fascia: The Most Overlooked Part of The Human Body
- 10 Degenerative Disc Disease, Pinched Nerves and Proper Posture Treatments
- 16 Pause and Presence: Finding Connection in the Festive Season



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Daniella is an accredited Cognitive Behaviour Therapist with 17 years experience in the mental health field. She has worked in residential, corporate, public health and academia and has her own private practice. Alongside working with depression and anxiety disorders, she specializes in supporting women on their journey to and through motherhood and helping families with food allergies to thrive. Originally from the sunny twin island Republic of Trinidad & Tobago, she now resides in England. She is a mother to two powerful girls and enjoys baking allergy-friendly cakes and treats!



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As we develop future issues, we want your input. We want to hear about the great things you're doing and about the things you'd like to learn about through this magazine. Tell us what you have been doing or simply email us your ideas for future articles and features. We'd love to hear from you!

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Editor's Note



Silent Nights, Bright Insights: Well-being at the Year's End

Amanda Cooke, RMT
Editor

We have made it to the end of another calendar year. This time of year, my social media is filled with memes either wishing this dreadful year away, hoping for prosperity in the upcoming year, or reflections on how fast time is moving with some inspirational quotes for accepting things as they are, making moves to foster change, or slowing down to soak in the preciousness that is life. Wherever your mindset is at the end of a year, some things are undeniable- your mental and physical health need to be a top priority. This is the time of year that people's mental health may begin to suffer with the shorter days, colder temperatures, viruses all around us, the expense of the holiday season, and the pressure to level up for the upcoming year. This is also the time of year for injuries! A combination of less sunlight, less outdoor physical activity, more strenuous activity such as raking leaves and shoveling snow, and more time rotting on our couches. On one hand, 'tis the season for rest and recuperation, on the other hand, we cannot forget that daily movement is necessary for our mind, our muscles, joints, and fascia.

This last quarter, we wanted to talk about some hot topics both in our profession and amongst the general public. Mental health is always on our minds. Although we are body workers, we deal with humans and now more than ever we are all coming to realize that we need to be aware of how the stress of our society and busyness of life have such an impact on our own mental health and the mental health of our patients. This awareness can assist us in being better therapists and allowing us to recognize when something may be affected by our mental health. In this issue, we have our cognitive behavioural therapist with some tips and reminders on checking in with our mental health and strategies to keep us healthy this winter.

Low back pain. That is a complete sentence this time of year. We all have patients that we see regularly who experience some type of pain in their lower back. This time of year, we seem to see an increase in lower back pain and injuries simply due to the work mentioned above. For those of us in colder climates, we have a lot of strenuous work to do with raking and shoveling, but there are also the added issues of being cold all the time and trying not to slip on ice! Skiing, snowboarding, skating, snow tubing, and other winter sports are fantastic but can also lead to lower back injuries. During this time of year, it may be a good reminder for us and our patients to revisit degenerative disc disease so we may educate them on proper posture and mechanics to prevent any winter injuries to our lower backs. . .and other parts of our spine of course!

Speaking of posture, I have had the great pleasure of getting to know two educators from the United States this past year and they have reignited my desire to learn more about fascia. Fascia can be a controversial topic in our profession and I am always open to reading current research, hearing about the clinical experiences of other therapists and educators, and learning techniques that may have an impact on this large sensory organ that runs through our entire body. We are learning more and more how this network impacts pain, posture, mobility, and sensory feedback, and how manual therapists can apply techniques to keep this part of our system healthy and happy. Fascial densification tends to happen most with inactivity and sedentary lifestyles. Coming off of the summer we may feel loose as a goose but as the chilly weather creeps in, we may feel more like Frankenstein's monster.

This year I turned 40. Mentally I feel 25- carefree, enjoying life and everything it has to throw at me- even when it throws 90 mile

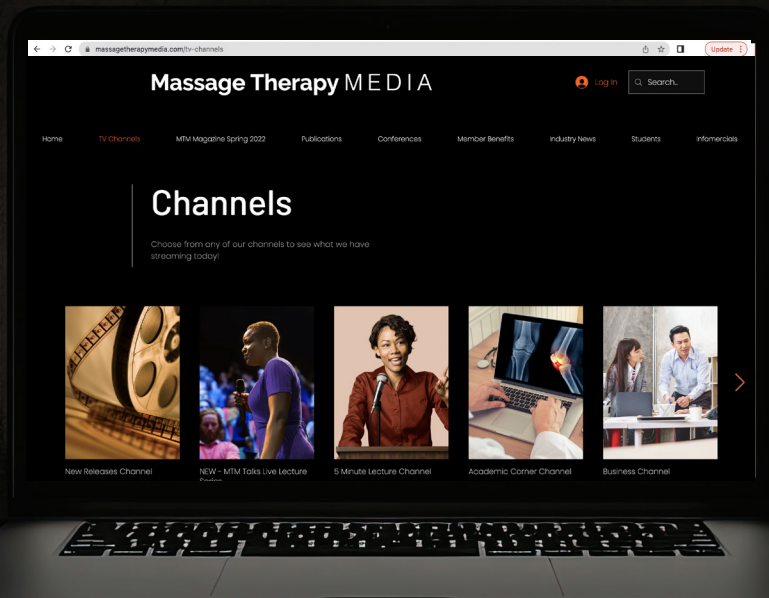
per hour fastballs and curveballs that may seem impossible at the time for me to hit. But even a swing and a miss doesn't seem to get me down too much unless I am not at my most optimal level of health. Pain, stress, discomfort, or physical limitations can really make dealing with life's little surprises seem too daunting at times. Although I mostly feel like a spring chicken, this time of year can really remind me that I'm more of a stewing hen when I don't keep myself healthy. I am a person that loves the sun, the heat, being on the beach, and nighttime campfires. I know I am not alone when I say that November-February can make me feel like hibernating. I love to be at home, in comfy sweats, drinking coffee, and cooking soups and stews, while cuddling up on the couch watching my all-time favourite movies. This is a must this time of year. It truly is. There is a reason that spring cleaning is a

thing. There's a reason that many animals do take this time of year to hibernate. We are meant to slow down, honestly. But slowing down should not mean losing strength, mobility, sunlight, fresh air, or human connection. I hope these articles serve as little educational reminders that we need to keep our health a top priority especially at a time of year that there may be some extra challenges. This time of year is also really beautiful in my opinion. Maybe it was a hard year. Maybe it was a great year. Maybe there was nothing overly exciting, or memorable. But this time of year does always symbolize a slow down for me. A time to reflect. Might be a great time to start journaling if you don't do so already. A time to decide how you want your next year to go. A time to start planning for the spring while enjoying the calmness of the winter. Be well my friends.

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FASCIA:



The Most Overlooked Part of The Human Body, Now Perhaps
the Most Talked About Technique in Manual Therapy

BY MAGNUS & BOBBI EKLUND

Why Massage Therapists Want to Work with Fascia, and Why Clients Want to Receive it



“Over two decades ago, I learned about someone who was the only massage therapist in her town for many years. Upon meeting her, she mentioned that she had stopped practicing due to carpal tunnel syndrome. She strongly suggested that I would likely experience the same issue. I was determined not to accept her prediction. This motivated me to focus on my body mechanics at the massage table. Throughout my career, while using oils and lotions, I did experience occasional aches and pains. At times, I struggled with back discomfort and questioned the long-term sustainability of my career in massage therapy. Eventually, I discovered a solution through dry work and synergetic myofascial therapy developed by Magnus Eklund. By going through the training to learn this work my body aligned and opened in a way I had not felt before. Finally, I could easily stand at the table in a strong stance with ease. The body mechanics I learned and continue to develop evolve my practice every day. The techniques encourage a flow and creativity I’ve not experienced with any other modality.” B.E.

Fascia is a three-dimensional web like network with properties such as collagen, protein, and water. It is 75% water. It should be very open and pliable providing glide between tissues, but it doesn’t always and many factors contribute to this tissue becoming stiff. The connective tissue surrounds and supports all muscles, nerves, bones, arteries, veins as well as, the internal organs, the brain, and the spinal cord. Injuries, surgeries, trauma, and poor posture are among factors that can cause restrictions in fascia, known as adhesions or what is now being termed densification. Fascia is one continuous network throughout the body consisting of about 20% of its mass. It is the largest sensory and feedback organ allowing us to sense our environment and have a sense of self. In fact, the vibration of sound passes through the fascial network as it is transmitting faster than nerve conduction.

Fascial layers have an ability to slide as we move by use of a liquid called hyaluronan. Healthy fascia can slide up to 75%, and unhealthy rigid fascia below 50%. When the fascia dries up and tightens around muscles it can limit our ability to move freely. Fascial manual techniques are a very effective way to improve this sliding capacity in the fascial layers.

Fascia tends to shorten and become dense with inactivity which can affect the function of muscles and cause nerve impingements. The often-painful knots we feel in a human body are often sticky

and thick fascia. When we apply pressure to the tissue of the body we can change the consistency from a solid gel state to a fluid, elastic and hydrated state. This means when you move after a session your body feels spacious.

In the past, modern medicine thought fascia was a sort of packing material with not much function. Manual osteopaths and other practitioners realized in the early 1900’s that fascia had more sophisticated function in the structural support of the body. Fascia plays a role in not just functional movement and structural support but also in metabolism and all basic functions of the body. Without fascia contracting in a supportive way the muscles could not contract effectively, and bones and joints would not be a solid structural system. Fascia holds everything together in a tensegrity system. This term comes from two words: tension and integrity. It is a structural principle describing how fascia holds the body together in its shape and position. (1)

When we find tension in one area of the body, including tightness and non-pliability, we see it causes tension in other parts of the body. This can cause structural misalignments such as forward head posture, spinal deviations, pain, and limited flexibility. It even causes instability and creates a sense of limited space and freedom in the body. For instance, in forward head posture the weakness in the neck flexors and lower and middle trapezius along with serratus anterior, will cause upper trapezius and levator scapula in the upper back, and pectorals to be tight, and in a state of constant contraction. The body would then fight gravity by being out of structural balance as the brain is receiving information from proprioceptors and sending signals back to muscles to keep the head on top of shoulders at all costs. This would feel like you are fighting gravity just to keep your head up. Imagine the strain if you must be moving all day like this.

Since fascia is a key organ of sensory perception which means that the nerves of the CNS, and specifically sensory nerves located in the fascia respond to stress. The sympathetic nervous system (the involuntary nervous system that connects your brain to every organ in your body) is triggered by a fight or flight response when



you are under physical or emotional stress. When this happens, it causes chemicals to be released which, contract blood vessels, reducing blood flow and therefore creating pain sensations in the fascia. Again, this could explain why back pain worsens when people are under stress.

Synergetic Structural Integration is manual fascial therapy. We use a deep slow scooping technique. When applied at the correct layer these techniques ease pain and change the state of the nervous system in the body from sympathetic to parasympathetic. Dr Robert Schleip in Germany is conducting scientific research on thoracolumbar fascia and low back pain. He demonstrates how deep, slow, specific manual fascial techniques improves fascial glide and reduces pain.

Here is what a session typically looks like: The client is dressed in shorts and a sports bra (for women) and no lotion. We begin with a postural analysis and functional movement check. The information gained is a part of creating a strategy for the session. This also, gives us a gauge of comparison when the session is complete. We begin based upon what we have determined from the assessment. The client may be seated initially then move to the table prone, supine or side lying, all in one session. Often, we continue the assessment on the table checking for joint range of motion. It's very important to instruct the client to breathe. As therapists, when we slow down the breath, our mind also slows its thinking, which allows us to cultivate the feel for what should come next in the session. If the client

finds it difficult to breathe as we are working with them then that's a clear sign, we need to adjust the technique of scooping which is lifting the tissue and creating the expansiveness we are seeking to accomplish. We may ask the client to move in a session for example, while seated, the therapist working upper trapezius will ask the client to rotate their head to the opposite side. This helps us stay within the fascial network and work with ease. We teach students not to force the tissue to move.

Ultimately, we assist people in fighting gravity by structurally balancing and integrating muscles and fascia, and thereby improving posture, which leads to functional movement. We don't have clients who want a relaxation massage, we have those who need more mobility, more functionality, and alignment of the body. What is weaved throughout the entire system of this body that we all have is the fascial network. This is what we work on and affect.

We have developed Synergetic Structural Integration to be a benefit to the client as well as the therapist. The body mechanics that go along with this system are unique and leaves the therapist feeling strong and energized. While the client stands up and claims they are out of pain, or they are no longer fighting gravity, and it's now easy to be in the body. This is longevity and that's our goal, for you and your clients!

Bobbi and I teach continuing education workshops with manual fascial techniques and functional movement assessments in the USA and internationally. Once a year we offer a 300-hour program in Synergetic Structural Integration.

Note: Magnus and Bobbi Eklund are not medical doctors and information in this article should not substitute for medical advice, but for overall wellbeing.

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Degenerative Disc Disease (DDD), Pinched Nerves and Proper Posture

How are they Related?
The Five System Approach to Treatment

BY: MIKE DIXON, RMT

I have authored this article with the patient's perspective in mind, it was written for the eyes of therapists and patients alike. Please excuse any elementary aspects of the article. If you are a Massage Therapist, consider this a handout to your patients; I know mine have appreciated it.

Through my 38 years of practicing massage therapy, I have had the opportunity to meet and treat many people with conditions, such as "Degenerative Disc Disease" (DDD).

Patients, who receive this diagnosis from their physicians, often are left with the feeling of despair and hopelessness. I wanted to author an article that can be useful to the reader in understanding DDD. Frequently, this condition is misunderstood or better yet not understood. When a patient receives the diagnosis of DDD, this does not mean that he/she is disabled and does not mean that they are headed for a downward spiral of health and further spinal degeneration. DDD tends to be part of the natural aging process that we all go through, to one extent or another. In this article, I hope to explain degenerative disc disease, the resulting signs, and symptoms, and what can be done about managing this condition.

Firstly, we need to know a few facts about the body as it ages. Secondly, we need to have a general understanding of what the condition is, and thirdly, we need to know what can be accomplished to mediate the effects of this condition. I will try to explain this in terms so that the general population can comprehend it, as many articles are written for the medical practitioner, and as so, not comprehensible to the general public.

What happens to our bodies as we age?

As we age, the body's mobility starts to decrease. We start to feel stiff in the mornings, and it's generally harder to get out of bed. The first 30 minutes in the morning are the worst and then the body starts to loosen or warm up. It also may be harder to find a comfortable position to lie in when going to bed. Turning over in bed might start to become a challenge, whereas before, you may have never given it a second thought. Yes, even sex might be difficult at times. I am sure this hits home with the reader who is now past forty-five years of age. It is also common, for the younger population, not to relate to these signs of aging, as they have not yet experienced it.¹ By the age of 35, approximately 30% of people will show evidence of disc degeneration at one or more levels

These are all normal incremental symptoms people feel, usually starting at around 35- 40 years of age. So why does this happen?

One of a plethora of reasons is when we are younger, our intervertebral discs (IVD), which are situated or positioned between each vertebra in our spine, are full of a viscous fluid (jelly-like material). This fluid is called the nucleus pulposus. The nucleus pulposus is in the center of each disc; whereas the outside of the disc is a tough fibrous tissue called the annulus fibrosis. To give an analogy to this, discs are akin to a rubber tire on a car that is full of jelly, instead of air. The rubber tire is like the annulus fibrosis, and the air inside the tire is where the jelly-like substance is.

As we age, the fluid in the disc becomes thicker and the annulus fibro-

sis degrades or weakens. The fluid becomes more like tar than jelly. Being a proud Canadian, I call this the "hockey puck syndrome", as the disc becomes more like hockey pucks rather than tires full of jelly. ²

By the age of 60, 90% of people will have some degree of degeneration as the disc dehydrates. Most of the fluid has transformed into this much thicker tar-like fluid, than soft hydrated jelly. The outside of the disc, the annulus fibrosis, may become bulging, develop cracks, or may herniate. (leaking the nucleus pulposus)

This scenario primarily plays out (pun intended) in the lower back, between the fourth and fifth vertebrae and the fifth vertebrae and the sacrum. These are the aptly named the L4 and L5 intervertebral discs.

Discogenic pain (pain arising from discs or surrounding tissues) can be felt in the lower back when these discs are dehydrated and deformed. It is not necessarily the disc causing any pain but the pressure from the disc on the surrounding tissues especially the nerves exiting the spine. The secondary area that is affected is the cervical spine (neck) usually between C4-C5, C5-C6, and C6-C7. Or the mid to lower part of the neck.

This degrading process of the discs is known as degenerative disc disease.

In some people, as the discs degrade, the space for the nerves where they exit out of the spine, called the intervertebral foramina, or IVFs, becomes narrow. This narrowing, or stenosis, can put pressure on the nerves that exit the spine where they travel to the arms or legs.

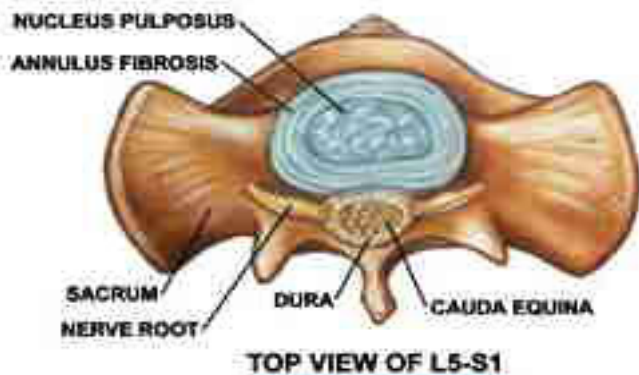
When this stenosis (narrowing) occurs in the neck, it can cause pressure on the cervical nerves. This is sometimes called a pinched nerve. When pressure is applied to the nerves in the lower back or lumbar spine, it can cause a condition called Sciatica, which is when pain radiates down the back side of the leg to the heel. When the pressure is applied to the nerve roots at the neck, or cervical spine, the pain travels down the arm and sometimes into the hand depending on which nerve is compressed.

The most common area of compression in the neck is the C5 nerve root, which causes pain radiating over the deltoid (shoulder) and outside of the upper arm or lateral brachial region. The most common area of compression in the lower back is the L5 nerve root, which causes pain radiating down the leg to the heel.

These areas of pain or sometimes numbness, are aptly called the dermatomes, which are the areas of skin that are supplied by that particular nerve root. If the muscle is affected corresponding to the nerve root, this is called the myotome. Muscular weakness without any pain is possible when the myotome is affected and not the dermatome. If the dermatome is affected without the myotome, then pain or numbness is felt according to the nerve root being compressed. So, the symptoms are dependent on which nerve that is being compressed.

These conditions are known as peripheral nerve stenosis, which means a decrease in the opening of the nerves exiting the spine (Intervertebral Foramina). These conditions can be very painful and limiting to functional activities such as walking, running, hiking, and daily grooming activities, like brushing the hair and getting dressed. These activities can pose a real problem for some people who have this affliction.

Figure 1



Ok, now that we understand some of what may be happening with this condition (DDD), what can we do to help mediate the effects of this condition?

Here is my “five-system approach” to conservative treatment and management of DDD.

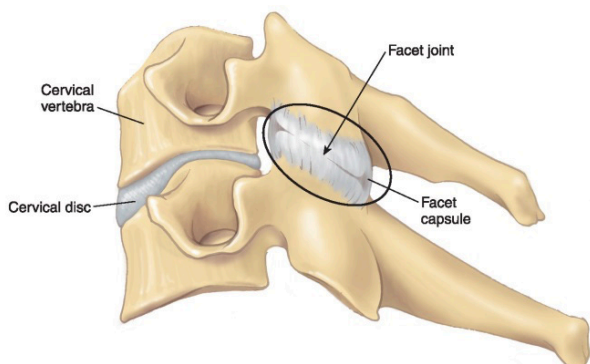
Here is the “five system approach”:

1. Education
2. Postural correction or mechanical extension of the spine
3. Nerve mobilization and mechanical drainage
4. Exercise therapy for core stability and cardiovascular health
5. Therapist-assisted maintenance for general spinal and musculo-skeletal health.

1. Education

The client/patient must understand the condition and the musculo-skeletal effects of poor posture including sitting and standing postures. A healthy spine is a spine that has gentle curves from front to back (anterior to posterior). The lower back or lumbar spine should have a small curve forward called a lordosis. The middle back or thoracic curve should gently curve backward, called a kyphosis. The neck or cervical spine should have a gentle curve forward, called a cervical lordosis. When these curves are increased or decreased, the result is an enormous amount of stress on the discs (IVD) and the facet joints in the spine.

Figure 2 (Three joint complex = 1 IVD and 2 facets joints)



Let’s talk about the 3 joint complex for a moment.

The three joints that support each vertebrae, allow us to move freely and in multiple directions. They are the two facet joints on either side of the vertebrae (see Figure #2 and the disc (IVD) in between each vertebra). These three structures are known as the three-joint complex. Each of these structures is designed to control and attenuate specific loads onto the spine. When one of these structures is affected, the other two are also affected. One of these structures can’t be affected without the other being affected.

When the disc is disrupted, so are the facet joints, and when the facet joints are disrupted so are the discs. This tri-complex is notably so connected that mechanical disruption of any of the components of the “three joint complex” can lead to DDD and osteoarthritis of the spine. Compare this, if you will, to a car; if the tire is flat and you continue to drive on it, the wheel and bearings will break down. If the bearings and rim are not right, then the tire will break down. One of these 3 complexes can’t work without the proper function of the other.

Results that are seen on imaging (MRIs, x-rays, CAT scans, etc.) are that DDD and osteoarthritis of the facet joints go hand in hand with each other. The term that is used is Spondylosis.

Postural Correction

Again, and to reiterate, poor posture puts an enormous amount of pressure on the skeleton, especially the discs between the vertebrae. The truth is that gravity pulls us forward into a slumped posture. When you have a slumped or forward posture, there is a lot of pressure on the discs (IVDs), which causes discs to slowly degrade. Simply put, the fluid within the disc creates bulges in the annulus fibrosus and causes disc degeneration. This degeneration can cause spinal, and back pain and sometimes leg and arm pain.

The following is what I commonly see and observe every day in my practice. I will outline the following three dysfunctional postures:

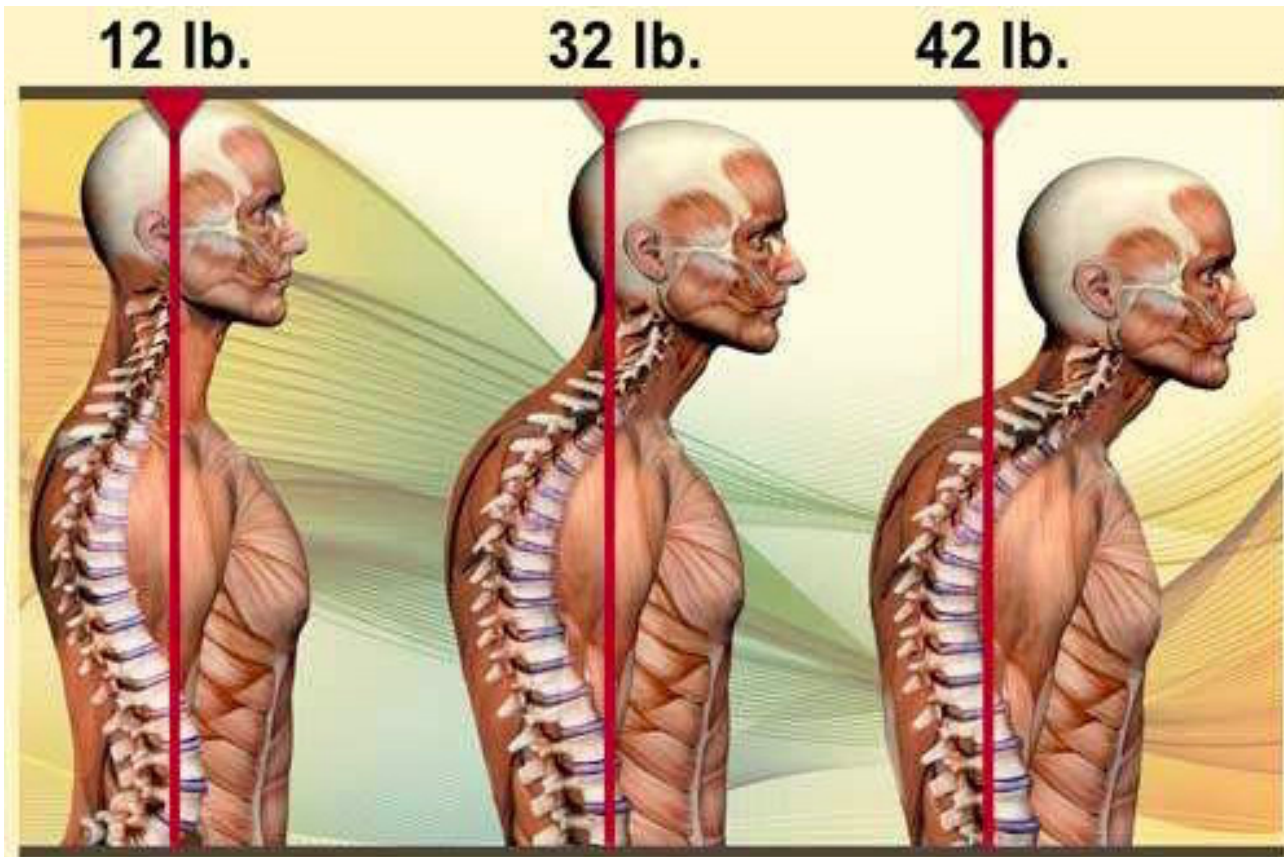
1. Head forward carriage or posture.
2. Slumped posture with rounded shoulders (Hyperkyphosis).
3. Flattening of the lower back (hypolordosis) and or exaggerated curve in the lower back (hyperlordosis)

Head forward carriage or head forward posture.

Most people have 1–3 inches of head forward carriage or posture. This is viewed and measured from the center of the ear to the center of the shoulder joint while looking at the side view of the person.

A general guide is that for every inch of head forward posture the neck (cervical spine) compression is equal to the weight of the head. So, for example, if the head weighs 8 pounds, and a head forward posture of 3 inches is noted, then this position adds 24 pounds of stress on the discs (IVDs), and facet joints. This prolonged stress can lead to DDD. So, correcting head forward carriage can unload the compressed discs and joints significantly. This procedure can reduce neck and arm pains and even reduce headaches. The solution is to do a mechanical correction of the head forward posture supported or followed up by specific exercise therapy.

Figure 3
www.google.ca



Hyperkyphosis or slumped forward posture of the upper thoracic spine and rib cage.

This is when the shoulders are rounded forward, and the spine is rounded too far backward. The muscles in the back are too weak and the chest muscles are too short and tight. The back muscles have what is known as stretch weakness.

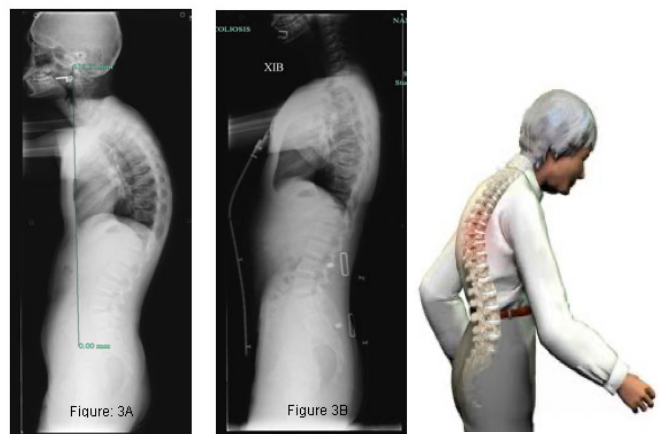
The rib cage starts to compress in the front of the body. This posture generates pain in between the shoulder blades, upper back tension, and stress in the trapezius and related muscles. Myofascial pain can result from weakened back muscles which are over-stretched. Some of these muscles develop active trigger points which can generate severe muscle-skeletal pain.

In this typical posture, the muscles in the back are constantly contracting to try, unsuccessfully, to right or correct the person's posture (fighting against gravity).

This muscle-skeletal condition is an extremely common complaint of slumped posture or hyperkyphosis. Along with muscle-skeletal pain, the cardiovascular (heart-lung) system is compromised as the heart and lungs get compressed between the spine and the rib cage/sternum (chest bone). The abdominal organs can also be negatively affected due to compression and lack of proper nerve flow from the spine to the organs and visceral tissue. For example, with the condition of hyperkyphosis, I have found a correlation to a condition called Gastroesophageal Reflux Disease or GERD (see Published Article in Massage Therapy Canada Magazine, Fall 2011)

It is my experience that long-standing cases of GERD have had remarkable positive changes, with a reduction of the symptoms of this disease, after performing a mechanical reduction of the hyperkyphosis. Muscle-skeletal pain often resolves with this correction and specific exercise therapy.

Figure 4
www.posturetek.com



Flattening of the low back (hypolordosis) and or exaggerated curve in low back (hyperlordosis)

This is when the lower back flattens out and the gluteals (bum muscles) start to shrink or flatten (muscular atrophy). This flattening is

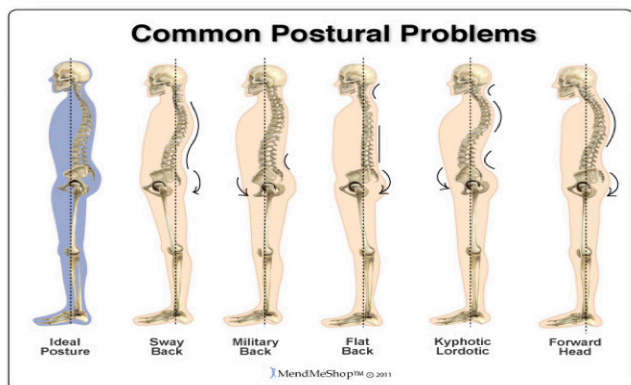
most notably found in the aging population, with males being affected more than females. This posture puts undue stress on the discs (IVF) in the lower back (Lumbar spine).

To understand the mechanics of this, normally the discs support about 75% of the weight of the trunk, and the corresponding facet joints are about 25% of the weight of the trunk. When this ratio is disrupted or changed, the degenerative changes can occur. With a flat back posture, the discs (IVDs) attenuate or support 100% of the load. This added stress compresses the discs into a flat arrangement creating possible herniations or disc derangements (bulging tires). This derangement can lead to DDD. A wrong lift or twist can spell disaster with the herniation of a disc resulting in severe spinal pain and likely sciatica.

Hyperlordosis or an exaggerated lumbar curve

On the other hand, if the low back curve is exaggerated, then the facet joints are over-compressed, which can lead to degeneration of the facet joints. The condition where the facet joints degenerate is called a degenerative joint disease DJD or Spondylosis. These two conditions often occur simultaneously. Severe back pain can be the result of either of these two conditions or the two conditions coexisting.

Figure 5



So, I come back to what can be done about treating spinal pain and conditions associated with it, like degenerative disc disease, and degenerative joint disease. I have clinically found that mechanically correcting the posture and reshaping the intervertebral disc goes a long way to reducing or eliminating back and nerve pain. Especially conditions like Sciatica and radiating limb pain caused by peripheral stenosis (pressure on the nerve roots). How is this procedure performed, and what are the effects of this procedure?

2. Postural extension or mechanical extension of the spine.

The process is quite passive and done only to the patient's comfort level. The patient will lie face down on a specially designed treatment table, after receiving a massage to the back muscles to soften the muscle tissue and reduce tension. The patient is covered with a blanket

or towel. A broad strap is placed over the lower back or mid back (the area to be treated). Slowly, the patient is extended (bent backward) with the use of the moving parts of the table. This is done only to the patient's comfort level. Traction is then applied to the spine to decompress the facet joints.

The position of extension allows the viscous fluid within the discs to shift towards the front side of the disc (anteriorly) shifting away from the back side of the disc. The shifting of the fluid takes the pressure off of the backward side of the disc (posterior wall) ligaments and supporting structures allowing the body to regain the proper spinal curves and alignment.

See below the pictures of the before and after the passive extension treatment.

BEFORE & AFTER PASSIVE EXTENSION TREATMENT



AFTER PASSIVE EXTENSION TREATMENT



3. Nerve mobilization and mechanical drainage of Nerves

Pain that travels down a limb, whether it is an arm or a leg, usually means the nerve associated with that body part is likely being compressed at the nerve root level. The nerve root compression can lead to radiating pain, loss of motor control (muscular weakness), and or loss of autonomic function (blood vessel control) which affects the blood flow, which in turn can cause swelling in the limb. People who suffer from Sciatica or a pinched nerve in the neck can well relate to these symptoms.

Nerve mobilization and mechanical drainage of the nerves help to decrease the swelling within the nerve to allow for better functioning of the neurovascular bundles. These techniques help to restore proper functioning to the nerves and therefore the quicker return to normal functional activities of daily living. These techniques are not within the scope of this article but have been well described by the works of Dr. David Decamillis and Dr. David S. Butler.

4. Exercise therapy for core stability and cardiovascular health.

To support the postural corrections, proper strengthening and stretching exercises are indicated, as spinal alignment needs a proper strength-length balance of supporting muscular tissue. Core stability exercises have been well documented to help the body recover from spinal conditions and muscular skeletal injuries. These types of exercises should be incorporated into an exercise program to maintain the proper health and function of our bodies.

Cardiovascular health benefits should not go without mention, as a strong cardiovascular system has a plethora of positive benefits for the human body including muscular-skeletal and systemic health.

The above three elements: stretching and strengthening, core stability exercises, and cardiovascular training are needed for proper alignment, musculoskeletal health, and overall healthy body conditioning.

5. Therapist-assisted maintenance for general spinal and musculoskeletal health.

In today's living and world, due to the ergonomics of the workplace, i.e. sitting and working on the computer and many other factors of activities of daily living, everyone needs some help, guidance, and reminders for health. This should include mechanical correction of posture for the majority of the population. I call this the "spinal tune-up". Many of my patients will book appointments for spinal tune-ups which include the postural correction techniques and exercise recommendations. Patients will often say something like: "Wow I feel straighter", or, "My body feels like it is taller". One athlete reported feeling like she had an extra lung. One patient reported that his GERD had completely gone away after having it for 19 years. (see gastroesophageal reflux disease massage therapy Canada Fall 2011 by Mike Dixon)

Regular spinal maintenance is much better than treating acute injuries, such as a herniated disc or unrelenting back pain. I recommend monthly or even bimonthly corrective extension procedures to maintain spinal health and proper posture.

In Summary, I have tried to give the reader an understanding of how conditions like degenerative disc disease, back pain, and faulty posture are treatable conditions with positive outcomes. I would hope that the reader will gain some insight into maintaining spinal health and will seek out regular therapy for these conditions. This could mean seeing registered massage therapists, chiropractors.

Footnotes:

1. www.neurosurgery.columbia.edu/patient-care/conditions/degenerative-disc-disease 2. www.neurosurgery.columbia.edu/patient-care/conditions/degenerative-disc-disease

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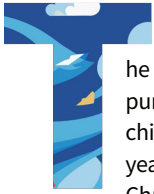
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BY DANIELLA DOON-JOSEPH, CBT

Pause and Presence:

Finding Connection in the Festive Season



The sight of burnt orange falling leaves, the smell of pumpkin spice latte, the feel of the crisp autumn chill across your cheeks. It's the final quarter of the year, when Halloween, Thanksgiving, Hannukah and Christmas come racing in one after the other. It's a lot

to juggle personally, professionally and socially ... and it can be exhausting!

It's unsurprising that this time of year can bring feelings of anxiety, exhaustion and a general sense of heaviness. And it can feel almost paradoxical given this time of year is often described as "joyful, festive and cheerful". Clients will ask you to squeeze them in for a last-minute appointment, you'll be juggling your to-do list in your mind alongside planning for the next quarter, and life will throw unexpected curveballs when you least expect it.

Burnout as a therapist is real – and quite often as therapists we tend to think "one more appointment won't hurt" or "when things get quiet, I'll take some time off". And because we know the signs of burnout, we can take it for granted that we'll catch it in time. With so much to do during limited hours in day, it may be that you end up burning the candle at both ends and committing to more than you would normally agree to.

With this in mind, I'd like to invite you to take a moment to pause and take a quiet moment to think about these questions:

- How am I feeling in this very moment?
- What emotions am I noticing?
- How does my body feel?
- How would I describe my motivation level?

Regardless of your answers, I want you to know that you are not alone in how you may be feeling.

We're socialized to give an answer of a singular feeling when others ask us how we are, with most of us responding "okay". Sound familiar? Truth is there's a *mélange* of feelings we experience in any given moment in a day. For example, when you're preparing to treat your next client you might notice feelings of calm, anxiety, excitement or dread about them. Or perhaps when you think about these final 3 months of this year, you think "Where has the year gone?" or "I can't wait for this year to be over". This year you would have experienced moments of laughing until your belly hurt with tears streaming down your face, moments when you kicked ass as a therapist, moments when you felt the weight of grief and moments when you connected to what truly matters to you. Holding all your roles, personal (partner, parent, friend) and professional, alongside the uncertain nature of life is both exhilarating and exhausting.

At the start of the new year, some people make resolutions, some make plans, and some decide to see how things unfold. Regardless of your stance, it's not too late to make small steps towards doing more of what matters to you so let's think about the start of the year and where things are now.

Take a moment to consider how things were at the start of the year for you. Ask yourself: Did I make any promises to myself? What goals did I set for myself? How did I want to grow and develop as a massage therapist? How did I want to show up as person?

Now, pause and reflect on how things are for you now: Did I manage to keep those promises? Did I reach those goals I set for myself? Have I been able to grow and develop as a therapist towards the way I want to? Have I been able to show up how I want to be as a person?

Whether you made tiny steps, needed to press pause or took giant leaps towards your goals and towards the direction you wanted to grow, you've showed up every single day – even on your hardest days, and that's something.

So, as you prepare to enter the busiest quarter, here are 5 things to remember:

Be kind to your mind

If your mind is anything like mine, you may notice your mind saying things like "I must fit this client in" or "I should work extra hours as it's the busiest time of year" which ends up adding extra on your already lengthy to-do list and creating more pressure on your work-life balance. One thing you can try when you notice the 'shoulds and musts' banging at the door that is your mind, is to pause, take a couple of breaths and consider "What would be helpful for me?"; swapping the "I should/must" to "I would like to be able to" and weighing up your choices.

Consider your schedule

Take some time to look ahead in your diary and think about when would work best for you if you wanted to offer short notice appointments. If your practice has gift certificates that clients will be redeeming, maybe think about sending out a gentle reminder with a final date.

Connect to what matters

In the hustle and bustle of the final quarter, write down at least 3 activities that you enjoy and plan them into your schedule. Whether it's making time to go to the cinema to watch a movie, having dinner with a friend or reading 10 pages of a book each evening – add it to your diary (with a reminder, if you're anything like me).

You are important

Making time for yourself is just as important as making time for others. At the start of a flight, the flight crew always remind us to "it is important for you to put on your oxygen mask before helping others" and the same applies to your work as a therapist. To do your job, nourishing yourself, getting rest and filling your own cup is vital. You are important.

Remember to breathe

With back-to-back appointments, life admin, and planning your practice, remember to take time to take a couple of steady, even breaths. Notice the sensation of your lungs expand as you inhale and notice the sensation as you exhale.

In this busy holiday season, remember you can focus on what truly matters to you. As the new year approaches, you have the opportunity to both grow in your client practice and create a more balanced life for yourself. Be as kind to yourself as you are to others.

Sending each of you good vibes as you navigate this season!

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