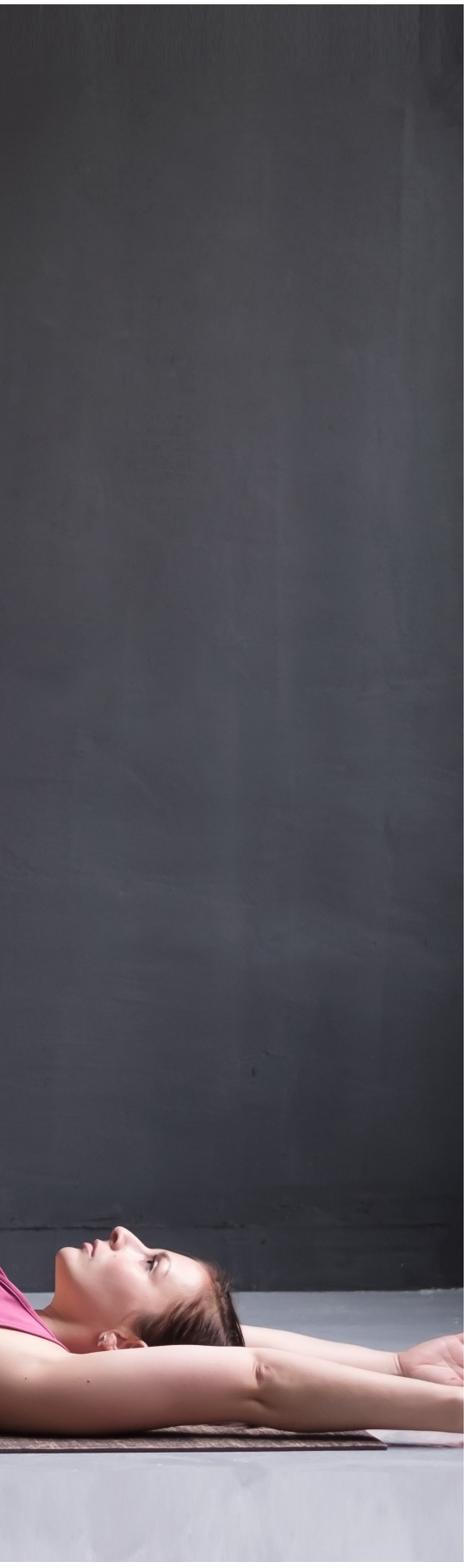
COMBINING MANUAL & MOVEMENT THERAPIES

Why It Makes Sense for You and Your Clients



By Dr. Joe Muscolino

As a manual therapist and educator, I have long been an advocate of guidelines and standards for massage therapy. I feel that creating core curriculum and continuing education requirements for massage has helped advance the field of massage therapy, but I have also come to realize that the parameters—defining who we are and what we can do—also exclude and divide what might otherwise be thought of as the larger world of manual and movement therapy.

The Larger Field

The realization that parameters can define as well as divide first came to me approximately 10 years ago while teaching my first Clinical Orthopedic Manual Therapy (COMT) workshops in Singapore. In the United States, I was accustomed to teaching to groups of massage and other manual therapists, with the occasional movement professional (fitness trainer, Pilates, or yoga instructor) attending. In Singapore, however, I was teaching primarily fitness trainers and Pilates and yoga instructors, with only a few massage therapists attending. In all fairness, one reason for this demographic shift was that the workshop organizer was in the world of fitness training, but I was still struck by teaching to a group composed primarily of movement professionals.

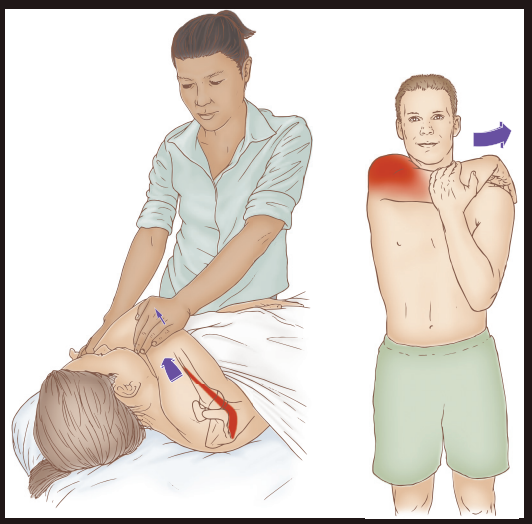
When the occasional movement professional attended my workshops in the US, I viewed the sharing of manual therapy skills as being valuable for them for three reasons: (1) there is a shared underlying foundation of musculoskeletal anatomy, physiology, and biomechanics that I would discuss; (2) stretching techniques are shared in both their movement world and our manual therapy world; and (3) the hands-on manual therapy skills, such as palpation and massage, would help inform their touch when working to cue and guide the movements of their clients. But now, in Singapore, I had movement professionals who were in my workshops to actually learn hands-on palpation and massage techniques.

Many of the workshop participants were employed as fitness trainers in the gym where I taught the workshop, and I saw that the gym had all the usual weight-training equipment in the center of the room. At the periphery of the room, though, there were massage tables that the trainers would use to palpate, massage, and stretch their clients during the workout session as they deemed appropriate.

This combination of therapies could occur because the scope of practice for the various fields of manual and movement therapy in Singapore (and many other countries where I taught) have not yet been sharply defined. This lack of definition allows for various methods of bodywork to be integrated together.

In Singapore, less regulation seemed to allow for fewer turf battles over who could and—more to the point—who could not perform certain techniques.

This lack of regulation allowed for a greater expression of assessment and treatment techniques being performed by these professionals.



Therapist-assisted and client self-care stretch for the posterior deltoid. *Permission Dr. Joe Muscolino.* The Muscle and Bone Palpation Manual: with Trigger Points, Referral Patterns, and Stretching*, 2nd edition (Elsevier, 2016).*

Intersection of Stretching

Truth be told, there is alredy an intersection between the worlds of manual and movement therapy. That intersection is stretching. Stretching can be simply a movement technique that clients perform by themselves, such as during a fitness, Pilates, or yoga session, but stretching can also be performed by a manual therapist with hands on the client to facilitate and augment the stretch. But beyond this intersection of stretching, most manual therapy techniques are denied to movement professionals, and strength-training techniques are out of scope for most manual therapists. Scope of practice set by licensure varies from state to state in the US, but the foregoing is generally true.

Creating a More Cohesive Approach

What at first seemed discordant to me was actually much more cohesive and inclusive. Instead of dividing the world into many separate fields of manual and movement therapies—with each field denying the others the right to perform what they feel is their proprietary technique—why not combine them together in one inclusive world?

Yin and Yang

One reason for combining the worlds of manual and movement therapies is that each individual therapy addresses a fundamental component of musculoskeletal health, but by itself also misses another fundamental component. The strength of one field fills in the weakness of the other field. So, like yin and yang, manual therapy and movement therapy are two pieces that complement each other and create a greater whole that serves to benefit the client.

If we compare and contrast massage therapy and fitness training, we see that massage therapy primarily works to loosen taut/tight myofascial tissues but does little to increase the strength of these tissues. In effect, massage therapy's principal aim is to increase flexibility but does little for strength and stability. On the other hand, fitness training primarily works to strengthen myofascial tissues but does little to loosen tautness in these tissues. In fact, the more we focus on resistance in strength training, the tighter our baseline tone of musculature tends to become. Let's look at an example of when this might matter.

Example: Upper-Crossed Syndrome

We have a client with upper-crossed syndrome, meaning they have a postural distortion pattern that involves hyperkyphosis of the thoracic spine with protracted shoulder girdles and forward-head posture (Image 1).

The massage therapist knows that a major focus of their session would be to massage and stretch the locked-short pectoral shoulder girdle protraction muscles.

Loosening the pecs would allow the client to open their shoulder girdles back into retraction. But if this is all that is done, and if the retractor muscles of the shoulder girdles (rhomboids and trapezius, especially middle trapezius) are weak, the client would not be able to maintain

1 Upper crossed syndrome involves hyperkyphosis of the thoracic spine, protracted shoulder girdles, and forward-head carriage. *Permission Dr. Joe Muscolino (www.learnmuscles.com).*

this position of shoulder girdle retraction and would fall back into protraction.

On the other hand, a major focus of the fitness trainer would be to strengthen the retractor musculature to bring the shoulder girdles back into retraction. But if this is all that is done, their efforts will be thwarted by tight pectoral shoulder girdle protraction musculature that would not allow for the retractor muscles to bring the shoulder girdles back into retraction.

The Chicken and the Egg

It is clear that a balanced approach to treating this client would be to massage and stretch the pectoralis muscles to loosen them, and then strengthen the retractor musculature with resistance training to increase the strength of its baseline tone. We might call this a yin-and-yang approach, or perhaps look at it as the chicken and the egg.

Is upper-crossed syndrome caused by tight protractors, or is it caused by weak retractors? The answer is, of course, both. And if one is present, the other will develop, which will then reinforce the first, and so on, causing a vicious cycle. For true healing, we need to address the chicken *and* the egg.

Curriculum Conundrum

Let's take a look at a typical massage therapy curriculum.

If someone attends a 700-hour massage therapy curriculum, it will contain approximately 150–200 hours of kinesiology (musculoskeletal anatomy and physiology), which is the basis for understanding muscle function. In many states, the graduate of this program is not legally/ethically allowed to recommend simple strength-training exercises to their clients under their massage therapy license. But, if this same person attends a weeklong or perhaps even a two-day weekend workshop for fitness training, they can attain a Certification

the educated massage therapist, with their many hours of kinesiology, would have the critical thinking skills to work with and advise their clients as to how to increase the strength of their weakened muscles. After all, strengthening a muscle is simply asking for it to undergo its concentric joint action(s) against some resistance.

A muscle's actions are something that all massage therapists learn in core curriculum. Figuring out how to add resistance is a simple matter. Granted, there are longer fitness strength-training certification programs out there, but the central understanding of strength training, and how to create it lies within the conceptual seeds of the massage therapist's core curriculum.

Similarly, the essence of massage therapy—using our hands to manipulate myofascial tissues—is a fairly simple technique that, if not taught to movement professionals in their core curriculum, can be safely taught in continuing education workshops. Aside from specific contraindications and precaution sites, working into myofascial tissues is a fairly straightforward technique—especially for someone who has already learned the underlying musculoskeletal anatomy and physiology, which well-trained movement professionals do.

I realize that some of these statements might be viewed as controversial. I am one of the biggest proponents of education and training, but I do believe that the application of any manual or movement technique is relatively simple and straightforward, as long as the therapist/trainer/instructor has learned the underlying foundational kinesiology and pathology, and can critically think through the mechanics to creatively apply the appropriate techniques.

In our current world, manual therapists have massage, movement professionals have strength training, and both worlds share the technique of stretching. I believe it would

Massage Can Strengthen; Strength Training Can Loosen

Massage therapy is primarily aimed at loosening myofascial tissue to increase flexibility; it does not directly increase muscle strength. After all, beyond breaking up fascial adhesions, the principal goal of massage is to lessen baseline muscle tone; in other words, to inhibit the nervous system's control of musculature. But it could also be argued that massage can indirectly strengthen musculature. If musculature is painful or dysfunctional (perhaps due to a myofascial trigger point), then by healing the trigger point, the pain and dysfunction will be lessened, allowing for improved muscle function, and therefore greater strength.

Similarly, strength training's principal goal is to strengthen musculature by increasing facilitation of muscle tone, so it is usually not thought of as loosening musculature. By strengthening musculature, though, we allow it to better deal with the demands placed on it. Strengthening decreases the likelihood that musculature will become dysfunctional and painful, which might otherwise result in protective muscle spasming with the resultant increased baseline tone tightness. So, strength training can indirectly loosen muscle tone.