



**INTERNATIONAL
MASSAGE
ACADEMY OF
SWITZERLAND**



MAREY EL HAMOULY

MASSAGE MASTERCLASS

Welcome to

**Trigger Point Release Protocols
Muscles Stretching and Release
Technique**

Masterclasses

PART 1

Practitioner's Training Manual

By

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“I advise you to read this training manual before you start practical session”

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L.M.T/ M.M.T/A.E.T
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IMAS

“Health is not everything, but everything is nothing without health”

Once you would like to elevate and develop your Massage skills, This 100% Masterclass of techniques and is made to take you to the next level of skills which you can really help and treat your clients.

A professional and personalised online learning solution for leading Massage Therapists to next level.

I am cordially inviting you to discover the world of Trigger Points TPs, as a fact which we have it all and one of the best treatments, Muscles Stretching Technique.

As a mechanical Massage and manual therapy to let your clients Enjoy the highest level of personalized world-known services and total wellness...

Thank you
Marey El Hamouly



COURSE DETAILS

During this course you will learn techniques that can be used to provide Trigger Points release protocols and muscles stretch release techniques

You will learn how to:

prepare the client for treatment the client prior to and during the treatment carry out muscles Stretch release techniques use mechanical techniques to release Trigger Points as contracted muscles

You will also study:

benefits of the treatment related anatomy and physiology contra-indications aftercare and contra-actions.

Once you have successfully completed your Masterclass, you will receive your Certificate of completion in

Trigger Point Release Protocols

Muscles Stretch and Release Techniques

Approved by

International Massage Academy of Switzerland-**IMAS**

&

World Massage Council-**WMC**

Good luck and enjoy!

PART 1

History of TPs Therapy

Drs. Janet Travell & David Simons (1993) described a trigger point as, "A highly irritable localized spot of exquisite tenderness in a nodule in a palpable taut band of (skeletal) muscle."



These hyperirritable localized spots can range in size, and have been described as a 'tiny lump', 'Tittle peas' and 'large lumps', they can be felt beneath the surface embedded within the muscle fibres. If they are tender to pressure they may well be 'trigger points'.

The size of a trigger point nodule varies according to the size, shape and type of muscle in which it is generated.

What is consistent is that they are tender to pressure. So tender, in fact, that when they are pressed, the patient often winces from the pain; this has been called the '*jump sign*'.

Myofascial trigger points may well be implicated in all types of musculo-skeletal and mechanical muscular pain.

Their presence has even been demonstrated in children and babies.

Pain or symptoms may be directly due to active trigger points, or pain may 'build up' over time from latent or inactive trigger points.

Studies and investigations in selected patient populations have been carried out on various regions of the body.

These have confirmed a high prevalence of trigger point pain. The following table lists some of these studies. (Travell & Simons, 1999).

There is some evidence that myofascial trigger points may be present in babies and children. (Davies, 2004).

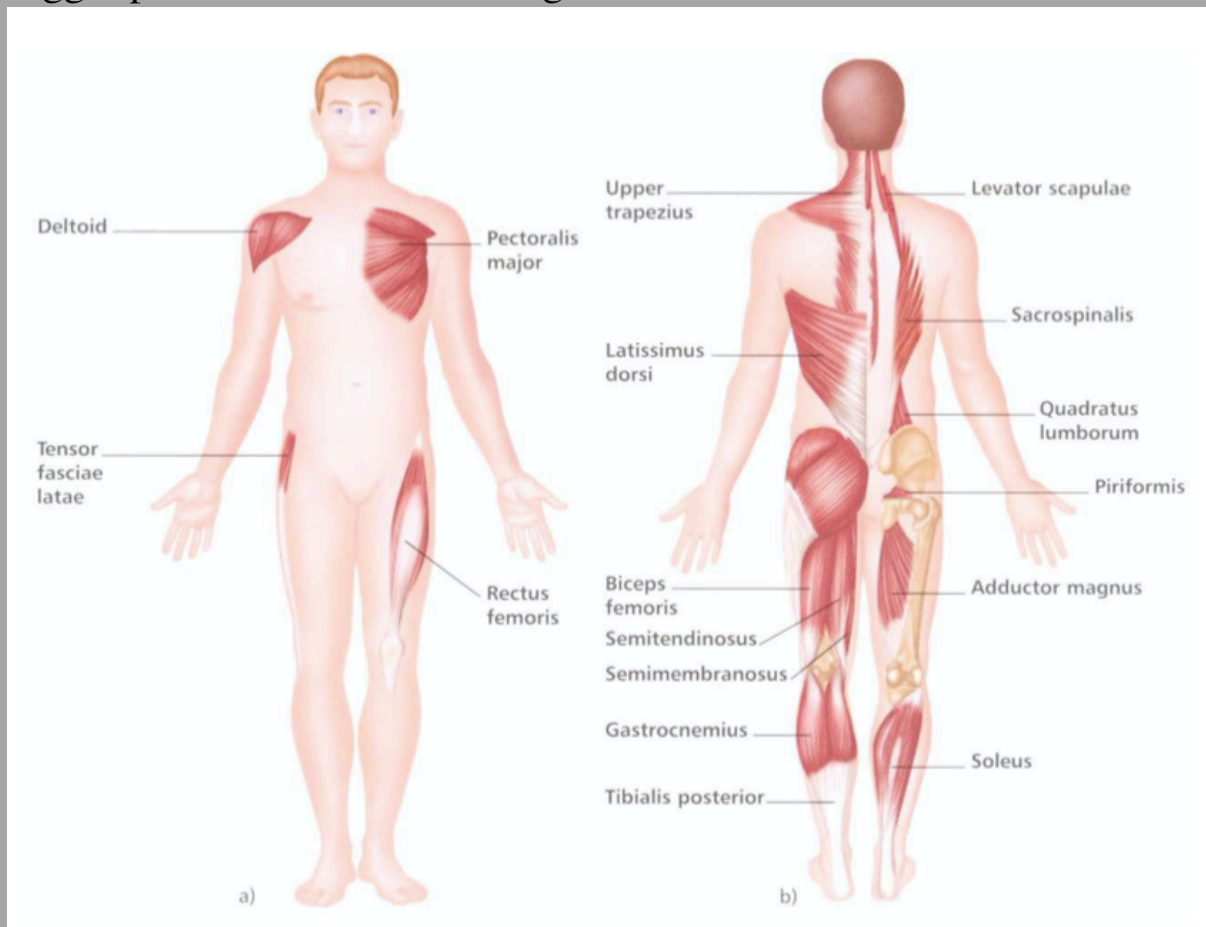
Trigger points develop in the myofascia, mainly in the center of the muscle belly where the motor end plate enters (primary or central).

However, secondary or satellite trigger points often develop in a response to the primary trigger point.

These satellite points often develop along fascial lines of stress. These lines of stress may well be 'built in' at the time of embryogenesis.

External factors such as ageing, body morphology, posture, weight gain or congenital malformation, etc., also play a crucial part in

trigger point manifestation and genesis.



Major postural muscles of the body

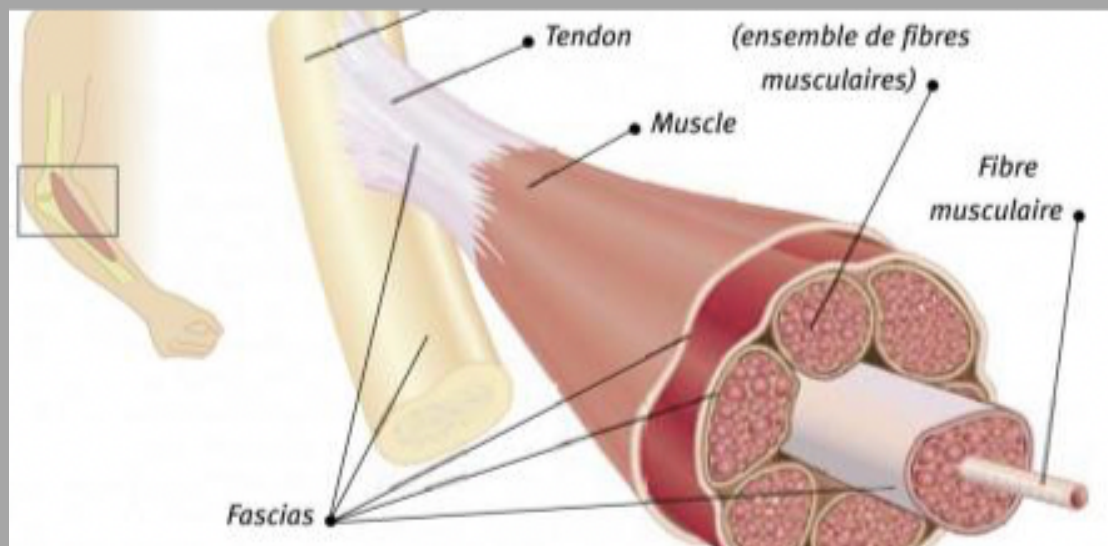
a) anterior view, b) posterior view.

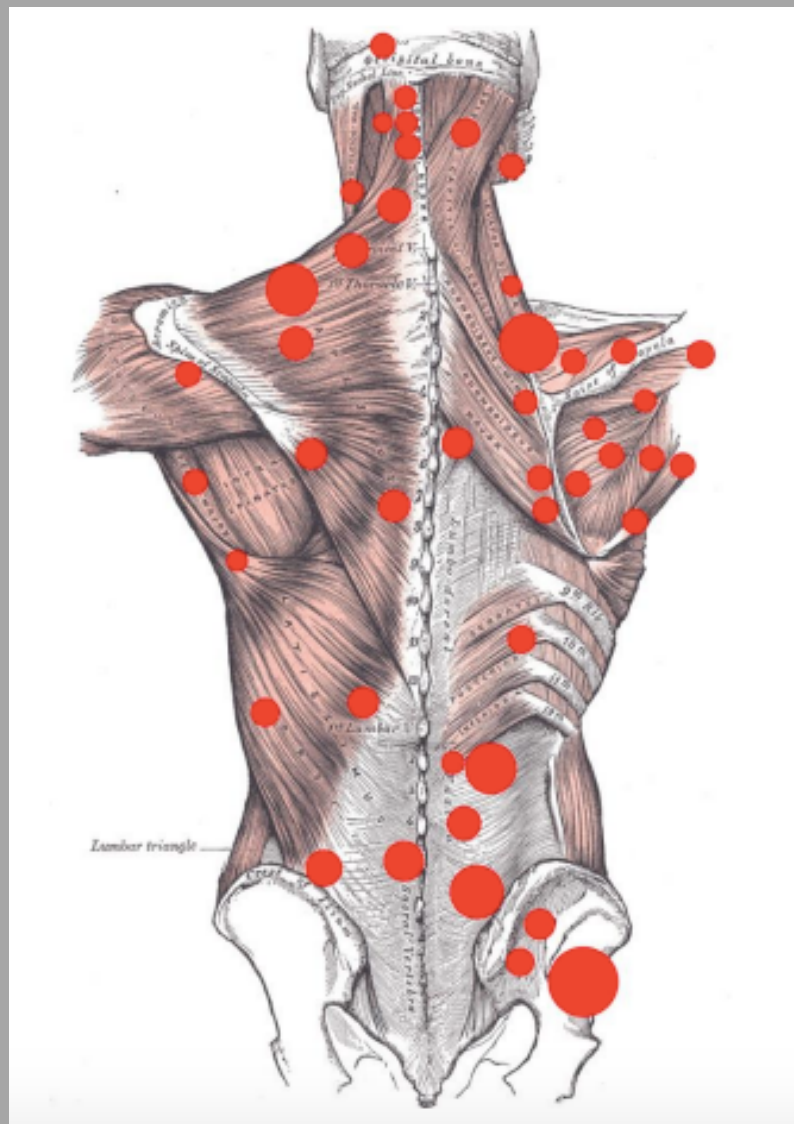
Trigger Point Definition

Trigger Points-TPs

A myofascial TPs is defined as “a hyperirritable spot, usually within a taut band of skeletal muscle or in the fascia around the muscle.

This is usually painful upon compression and palpation. This can give rise to direct pain, referred pain, tenderness, surrounding spasms, and peripheral entrapment syndromes.





CHAPTER 1

Muscle Knot, muscles spasm and trigger points- deference and causes

Since terms like muscle "knots", "spasms", and "trigger points" are often used together and interchangeably, let,s take a minute to differentiate between the three.

1-A "**muscle spasm**" is a strained muscle that involuntarily contracts and remains stuck this way.

This is usually very painful and can last for a few seconds (which is the typical duration) or for much longer (as in the case of acute low back spasm that requires medical attention).

The key difference between a true spasm and knots/trigger points is that the full muscle locks up, not just part of it.

2-A "**knot**" describes a smaller, less painful, and more persistent tightening of muscle.

They typically involve only part of the muscle and can be felt through palpation as a bump or ball under the skin.

3-A "**trigger point**" is technically a muscle knot.

However, trigger points are specific problem areas that exist in every muscle of the body.

These areas are pain free with normal muscle function and mobility and can become painful through repetitive muscle use/abuse.

You may have even seen books dedicated to this topic that discuss the specific areas in great detail.

What are muscle knots?



Muscles knots are hard, sensitive areas of muscles that tighten and contract even when the muscle is at rest.

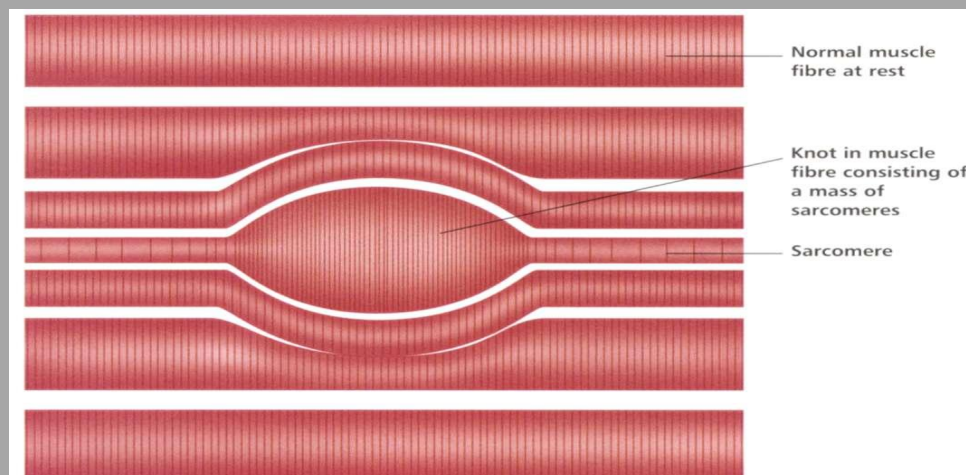
These tense muscle fibers can cause pain in other parts of the body when touched.

They're also known as trigger points.

Muscle knots are small, bump-like areas of **muscle** that can be painful to the touch. The medical term for **muscle knots** is myofascial trigger points.

These **knots** occur when **muscle** fibers or the bands of tissue called fascia underneath them tense and tighten.

Doctors classify trigger points as either active or latent.



TPs can be caused by:

Trigger Point Formation and Posture

Poor posture is a powerful 'activator and perpetuator' of myofascial trigger points (Simons et al. 1999) and is always worth considering in chronic trigger point syndromes.

Postural muscles tend to have a greater percentage of type 1 fibres, which as discussed, may lead to a more resistant type of trigger point.

Humans are four-limbed animals and like our cousins, we are designed to move around and hunt for food. I am sure that if one put a gorilla in a chair all day, it would get a bad back!

It is a fact that in the developed world, many occupations involve prolonged sitting, often at a computer screen.

Ergonomics is a booming industry, focusing on the interactions between people and their working environments however, not all work places can afford to implement proper ergonomic interventions.

For many people, long and monotonous days spent at a computer monitor often lead to chronic and mal-adapted postures.

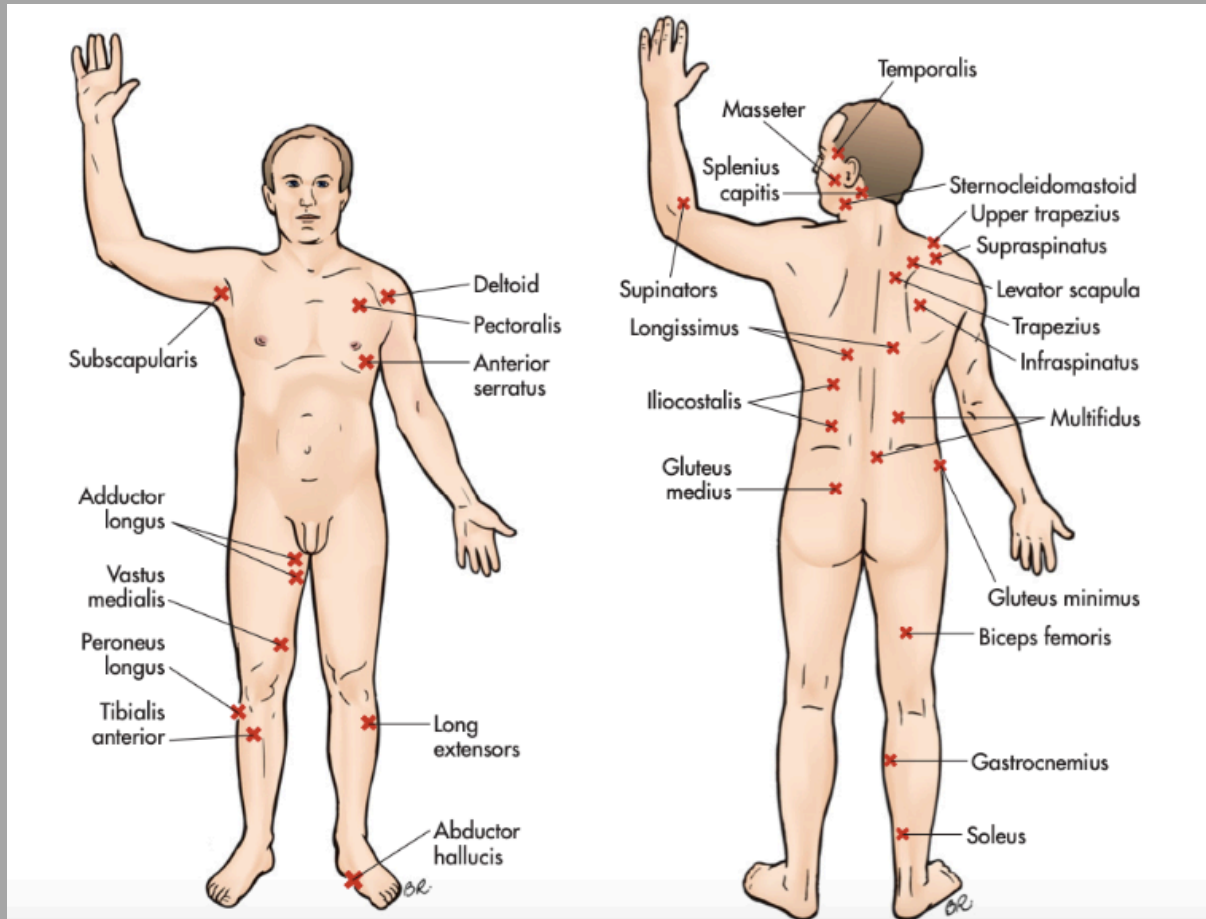
Where possible, it is essential to identify the postural abnormalities and how they impact the patients' symptoms, and offer to remedy it via ergonomic advice, treatment and /or exercise.

Here is a classification of the most common postural mal-adaptations:

- Head forward.
- Round shouldered.
- Head to one side - telephone postures.
- Occupational malpositions.
- Slouched standing.
- Slouched sitting.
- Computer screen/ergonomics.
- Cross-legged sitting.
- Habitual postures.
- Driving position.
- Lifting/carrying.
- Primary short lower extremity (PSLE).
- Scoliosis.

Location of Trigger points

Muscle knots can occur anywhere in the body, but they're usually found in your back, shoulders, neck and gluteal muscles too



Muscles knots can cause aching sensations and pain in your muscles and joints.

When you touch a muscle knot, it may feel swollen, tense, or bumpy.

It could also feel tight and contracted, even when you're trying to relax, and they're often sensitive to the touch.

The affected area may even become inflamed or swollen.

Conclusion

TPs can be caused by:

- a sedentary lifestyle
- overusing or injuring your muscles
- poor posture
- Dehydration
- Unhealthy eating habits
- Stress and anxiety may also contribute to muscle knots.

Trigger points are common in the following postural structures: upper trapezius, levator scapulae, sternocleidomastoideus, erector spinae,

Musculo-ligamentous apparatus of the lumbar spine, gluteus medius, gastrocnemius/soleus complex.

Trigger Point Classification

Trigger points are described in various ways according to location, tenderness and chronicity: central (or primary); satellite (or secondary); attachment; diffuse; inactive (or latent); and active.

Central (or Primary) Trigger Points

These are the most well-established and 'florid' when they are active, and are usually what people refer to when they talk about trigger points.

The central trigger points always exist in the centre of the muscle belly, where the motor end plate enters the muscle.

N.B. muscle shape and fibre arrangement is of importance in this regard. For example, in multipennate muscles, there may be *several* central points. Also, if muscle fibres run diagonally, this may lead to variations in trigger point location.

Satellite (or Secondary) Trigger Points

Secondary trigger points may be 'created' as a response to the central trigger point in neighbouring muscles that lie within the referred pain zone.

In such cases, the primary trigger point is still the key to therapeutic intervention and the satellite trigger points often resolve once the primary point has been effectively rendered inactive.

The corollary is also true in that satellite points may prove resilient to treatment until the primary central focus is weakened, this is often the case in the para-spinal and/or abdominal muscles.

Attachment Trigger Points

As discussed, myofascia is a continuum, it has been noted that the area where the tendon inserts into the bone (tendino-osseous) is often 'exquisitely' tender. (Travell & Simons, 1999; Davies, 2004).

This may well be the result of the existing forces travelling across these regions, it has been also suggested (ibid) that this may result from an associated chronic, active myofascial trigger point.

This is because the tenderness has been demonstrated to reduce once the primary central trigger point has been treated, in such cases, the point is described as an *attachment* trigger point.

Furthermore, it has been suggested that if a chronic situation occurs where the primary and attachment trigger points remain untreated, 'degenerative changes' within the joint may be precipitated and accelerated. (Travell & Simons, 1999).

Diffuse Trigger Points

Trigger points can sometimes occur where multiple satellite trigger points exist secondary to multiple central trigger points.

This is often the case when there is a severe postural deformity such as a scoliosis, and an entire quadrant of the body is involved.

In this scenario, the secondary points are said to be *diffuse*. These diffuse trigger points often develop along lines of altered *stress* and/or strain patterns.

Inactive (or Latent) Trigger Points

This applies to lumps and nodules that feel like trigger points. These can develop anywhere in the body; and are often secondary.

However, these trigger points are not painful, and do not elicit a referred pain pathway.

The presence of inactive trigger points within muscles may lead to increased muscular *stiffness*.

It has been suggested that these points are more common in those who live a sedentary lifestyle. (Starlanyl, 2000).

It is worth noting that these points may re-activate if the central or primary trigger point is (re)stimulated, or following trauma and injury.

Active Trigger Points

This can apply to central and satellite trigger points.

A variety of stimulants can activate an in-active trigger point such as forcing muscular activity through pain.

This situation is common when increasing activity post road traffic accident (RTA), where multiple and diffuse trigger points may have developed.

The term denotes that the trigger point is both tender to palpation and elicits a referred pain pattern.

Conclusion

CENTRAL TPs An sensitive isolated area in skeletal muscle belly that is associated with a hypersensitive nodule that is palpable and in a taught band.

ATTACHMENT TPs A TP located at a junction of muscle belly/tendon or tendon/bone. These usually attribute to the tension that is felt (feels like tight band) in the muscles. Usually these will also be associated with central TPs as well.

Satellite TPs is one which is activated by a key trigger point. Successfully treating the key trigger point will often resolve the satellite, either converting it from being active to latent or completely treating it.

Key trigger point is one that has a pain referral pattern along a nerve pathway that activates a latent trigger point on the pathway, or creates it.

Types of TPs

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CHAPTER 2

Symptoms & Treatments

Muscle knots can cause symptoms in areas outside of the muscles, including:

- headaches
- toothaches
- earaches

You may also experience stress, anxiety, and depression, and have difficulty sleeping.

Trigger Point Symptoms Referred Pain Patterns

Pain is a complex symptom experienced differently and individually. However, referred pain is the defining symptom of a myofascial trigger point.

You may be used to the idea of referred pain of a visceral origin, an example of this is heart pain.

A myocardial infarct (heart attack) is often not experienced as crushing chest pain, but as pain in the left arm and hand, and in the left jaw.

This type of pain is well documented, and known to originate from the embryological dermomyotome, in this case, the heart tissue, jaw tissue and arm tissues all develop from the same dermomyotome.

Referred pain from a myofascial trigger point is somewhat different. It is a distinct and discreet pattern or map of pain.

This map is consistent, and stimulating an active trigger point generates either part or all of the entire map of pain.

Patients describe referred pain in this map as having a deep, aching quality, movement may sometimes exacerbate symptoms, making the pain sharper.

An example of this might be a headache.

The patient often describes a pattern of pain, or ache, which can sometimes be aggravated and made sharper by moving the head and neck.

The intensity of pain will vary according to the following factors:

(this list is not exhaustive)

- Location (attachment points are more sensitive).

- Degree of trigger point irritability.
- Active or latent trigger points.
- Primary or satellite trigger points.
- Site of trigger point (some areas are more sensitive).
- Associated tissue damage.
- Location/host tissue stiffness or flexibility.
- Ageing.
- Chronicity of trigger point.

Autonomic Effects

The nervous system is divided into central (CNS), peripheral (PNS) and autonomic (ANS).

The autonomic nervous system is responsible for regulating many of our automatic or vegetative functions such as sweating and digestion.

From our discussion on the physiology of trigger points, it can be seen that autonomic nerve fibres are implicated in the pathogenesis of a trigger point.

Therapeutic treatment of myofascial trigger points has been demonstrated to have an effect on the ANS.

Physical Findings

The language for describing sensation is not highly sophisticated, unfortunately we have not yet evolved a suitable language to classify what we feel with our hands.

With this in mind I will attempt to classify how trigger points feel.

- Small nodules the size of a pinhead.
- Pea sized nodules.
- Large lumps.
- Several large lumps next to each other.
- Tender spots embedded in taut bands of semi-hard muscle that feels like a cord.

- Rope-like bands lying next to each other like partially cooked spaghetti.
- The skin over a trigger point is often slightly warmer than the surrounding skin due to increased metabolic/autonomic activity.

Known symptoms include:

- Hypersalivation - increased saliva.
- Epiphora - abnormal overflow of tears down the cheek.
- Conjunctivitis - reddening of the eyes.
- Ptosis - drooping of the eyelids.
- Blurring of vision.
- Increased nasal secretion.
- Goose bumps.

Conclusion

What are the signs and symptoms of trigger points?

Pain: Trigger points can cause deep, aching pain. They may cause pain only when the trigger point is pressed. They may also cause constant pain, or pain during movement of the muscle. Pain may spread away from the trigger point. Pain may also occur in another part of your body. For example, a trigger point in your neck may cause eye pain. This is called referred pain.

Decreased range of motion: Range of motion is how much you can move a joint, such as your shoulder or knee. A trigger point can shorten a muscle. This can reduce the range of motion of a nearby joint.

Muscle weakness: The pain caused by a trigger point may weaken the muscle.

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Trigger points can cause pain *directly*. Trigger points are a “natural” part of muscle tissue. Just as almost everyone gets some pimples, sooner or later almost everyone gets muscle knots — and you have pain with no other explanation.

Trigger points *complicate injuries*. Trigger points show up in most painful situations like party crashers. Almost no matter what happens to you, you can count on trigger points to make it *worse*. In many cases they actually begin to overshadow the original problem.

Trigger points can cause pain *indirectly*. Many trigger points feel like something else. It is easy for an unsuspecting health professional to mistake trigger point pain for *practically anything but a trigger point*. For instance, muscle pain is probably more common than repetitive stress injuries (RSIs), because many so-called RSIs may actually be muscle pain.

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A collection of many nasty trigger points is called myofascial pain syndrome (MPS).



MPS

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Treatments

Treating muscle knots/ TPs can take time.

To get rid of the knots, you'll need to break up the knotted tissue and calm inflamed nerves.

Following are some things you can do to help break up and treat the Trigger points and find relief.

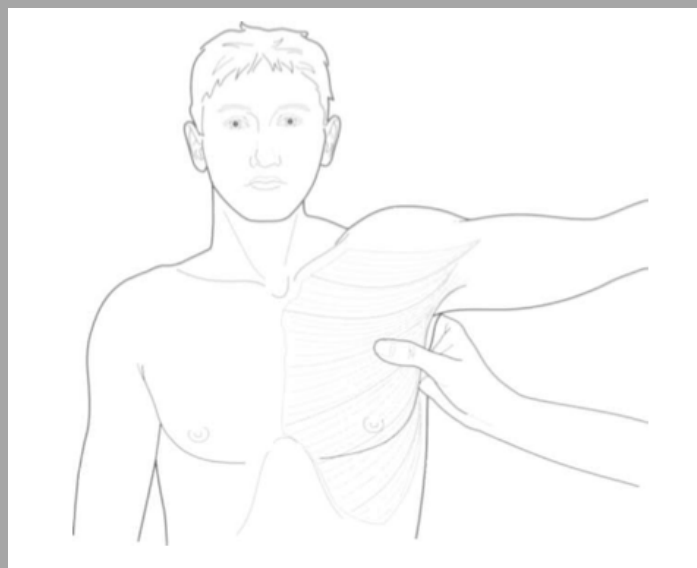
Examination

Examination may be conducted by either standing, sitting or lying down.

The choice depends on both the area being examined and the type of muscle fibre suspected.

You may want to examine a muscle under load if you suspect this is an aggravating factor.

By way of example, from this point forward, I will describe the examination and stretching of the pectoralis major and its trigger point(s).



Sitting pectoralis major examination

The main trigger points in the pectoralis major are to be found in the clavicular portion of the muscle.

A pincer-like grip is the best way of examining for a trigger point in this region, whilst trigger points in the parasternal region of the muscle are best palpated with a flat-handed contact.

Procedure, with the patient sitting or standing:

- Ask patient to abduct the arm 90 degrees to put the muscle into moderate tension.
- Palpate for nodule or tight band.
- Feel for the jump sign or twitch response.
- Pressure should reproduce symptoms experienced by the patient.
- Pressure should elicit a referred pain pattern.

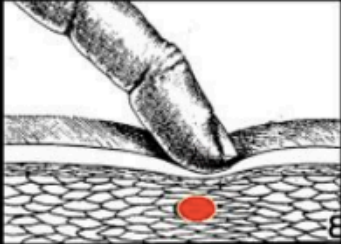
Spot Tenderness

Myofascial Trigger Points

Clinical Features

Spot Tenderness

A **very tender small spot** which is found in a Taut Band.




The sensitivity of this spot (TrPs) can be increased by increasing the tension on the muscle fibers of the taut band.

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A cord Band Palpation

Myofascial Trigger Points
Clinical Features

Palpable Band.
A cord like band of fibers is present in the involved muscle.



This can be difficult to identify when there are overlying muscles or thick subcutaneous tissue.

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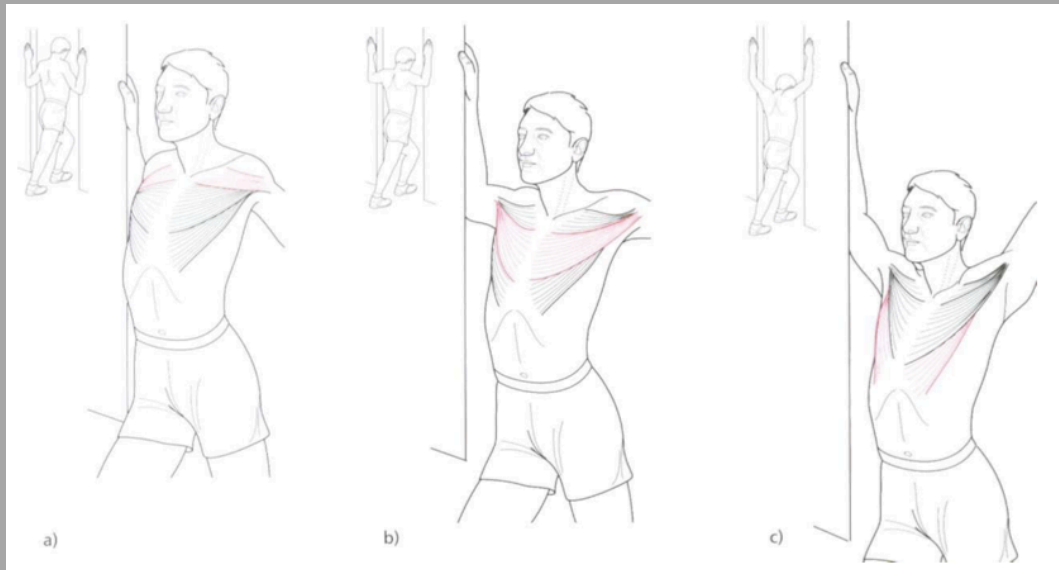
Advice to Patient

Once a therapeutic intervention has been performed, it is advisable to encourage the patient to get involved in managing his or her own symptoms. (give your clients homework to do)

As a more general overview, you might want to include hints, tips, and advice using the following elements or components.

By way of an example, I will use the pectoralis major muscle again.

Stretching techniques for pectoralis major



a) upper fibres

b) middle fibres

c) lower fibres

Most of the advice you can offer is common sense.

"Look at your driving position ", "Look at your every day work set-up".

In the example of the pectoralis major muscle you may ask the patient about their stress or anxiety levels (rib breathing mechanics).

If your patient has large, heavy breasts, you may want to advise on a more appropriate bra or support.

Auto-Stretching advices

-Gentle stretching that elongates your muscles can help you to release tension in your body.

-Be gentle with yourself while stretching.

-Don't force yourself into any positions or do anything that causes pain.

-For best results, hold stretches for at least 30 seconds, and release the stretch slowly to reduce your risk for injury

-This sequence should be performed several times per day, for a total of approximately 15-20 minutes.

Rest

Allow your body to rest if you have muscle knots. Take a break from any activities that are causing the knots, or that increase your pain or discomfort.

Dedicate as much time as possible to relaxation. This may include sleeping longer than usual or lying in a comfortable position using pillows to support your body.

Strengthening /sports and activities

Muscles are more susceptible to damage, fatigue and injury when they are weak.

Weakness is often a contributory factor in the pathogenesis of myofascial trigger points.

This is because the body overcompensates for the weakness and strains in the muscle, overloading and overstimulating the motor end plate.

I have illustrated some simple strengthening diagrams where appropriate.

One muscle should never be strengthened in isolation. If you decide to offer strengthening exercises, it is advisable to put them in context.

An overall stretching programme should be advised, perhaps utilizing a yoga-based regime.

Exercise

Aerobic exercise may help to relieve muscle knots. If the knots are in your shoulders or neck, do jumping jacks, swimming, and any other arm movements that work the muscles in your shoulders and neck.

This stretches the muscles and increases their blood supply. Increased blood supply helps filters out toxins.

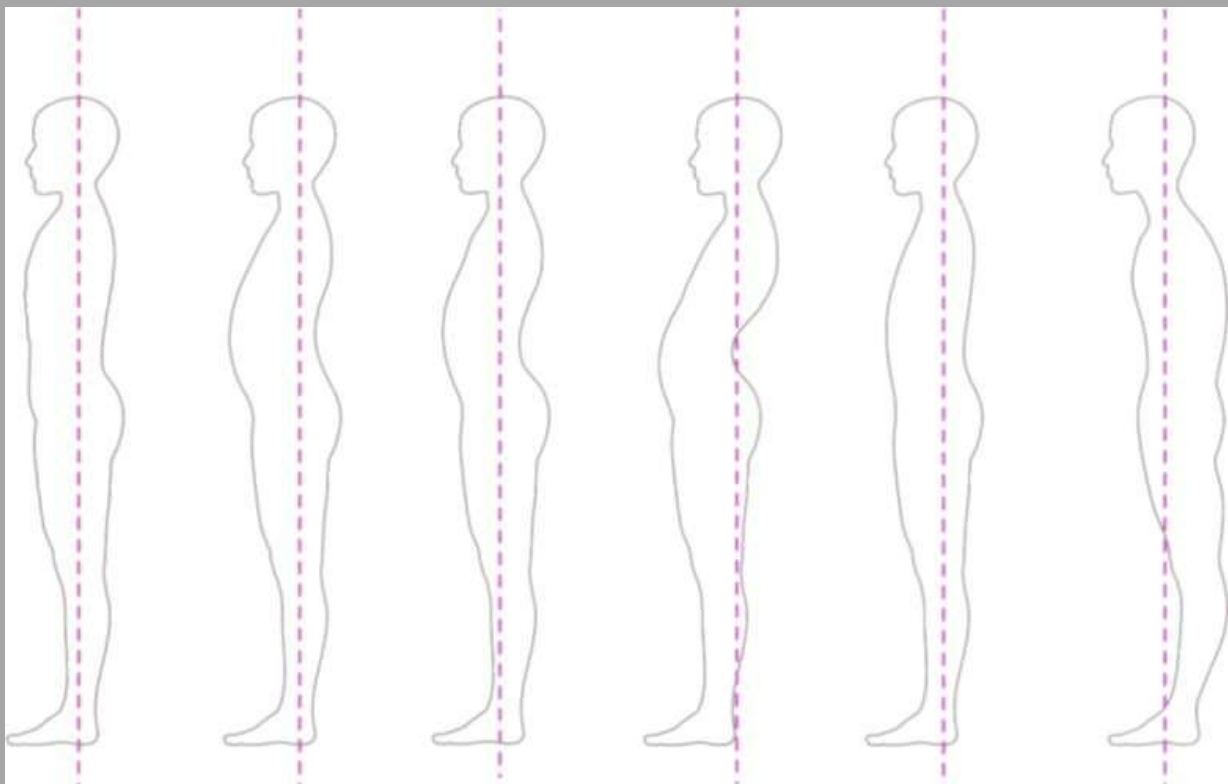
Posture

This may well have a crucial role in maintaining trigger point activity.

Faulty sitting and/or standing postures are both a pathogenic and maintaining factor for trigger point activity.

Advice and exercises for posture is often the key to unlocking both *central* and *satellite* trigger points.

As discussed at the beginning. (Types of Body Posture)



Sleeping Posture

Patients often assume strange postures at night!

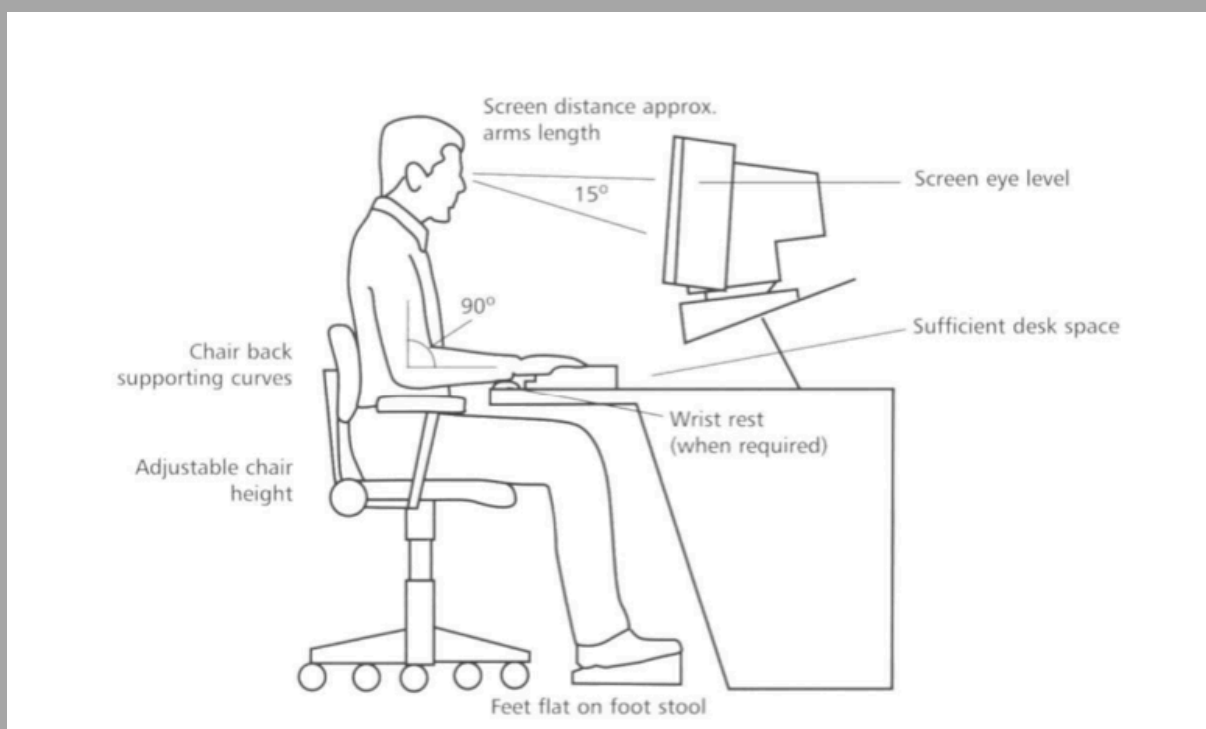
This is sometimes to reduce the pain from either active, or stiff latent trigger points, in such cases patients often opt for a sleeping position that shortens the affected muscle.

For example, sleeping with either the hands above the head (supraspinatus), or the arms folded over the chest (pectoralis major).

In other cases, it may be that the sleeping position is a pathogenic or a maintaining factor.

Work Posture

Ideal sitting work posture



Some patients may have manual or repetitive working activities, these may well have a role to play in trigger point pathogenesis or maintenance.

Many patients spend their time at work sitting. Above is a diagram illustrating an ideal sitting work posture.

Habitual Activity, Hobbies and Sports

It is important to ask the patient if they perform any repetitive or habitual activities.

Standing all day on one leg, for example, may well overload the tensor fasciae latae (TFL) muscle.

Sitting in a cross-legged position may affect a range of muscles such as the hip flexors (iliopsoas), the buttock muscles (gluteals and piriformis) and the thigh muscles (quadriceps).

Heavy smokers may develop trigger points in the shoulder (deltoid) and arm (biceps brachii) muscles.

Similarly, certain hobbies and sports may lead to an increased incidence of trigger point pathogenesis.

It is important to ask carefully about such activities.

What is the level of competence?

Does the patient warm- up and cool-down?

How competitive are they?

Is their level of activity realistic for their age?

Posture?

Body type?

Physical health?

You may want to explore these areas further.

It is often useful to run through these activities and set the patient certain activity goals to achieve in between treatment sessions.

Hot and cold therapy as a treatment for TPs

Using a combination of heat and cold can help to relieve pain and inflammation due to muscle knots.

Cold helps to constrict the blood vessel, which reduces swelling.

To apply cold, use a cold compress for 10 minutes, and then remove it for at least 15 minutes, you can repeat this until you begin to find relief.

Heat relaxes and loosens stiff and contracted muscles, and relieves pain.

Heat may increase blood flow, which promotes healing.

To apply heat, use a heating pad or take a warm bath.

Alternate between cold and heat treatment, or use the one that works best for you.

Hot and cold therapy should be used in conjunction with other therapies.

Use heat in case of stiff and contracted and use cold compress in case of inflammation (red, hot, swelling and painful spots).

Use a muscle rub

Muscle rubs help to soften and relax muscle knots. You can massage a muscle rub onto the affected area twice a day for cooling relief.

You may need someone to help you apply to it difficult-to-reach areas.

Find a formula that contains menthol, capsaicin, or camphor.

Before using a rub for the first time, do a patch test.



To do a patch test, apply a small amount of the ointment onto the inside of your forearm.

Wait 24 hours to make sure there's no reaction.

If there's no reaction, you should be fine applying it to other parts of your body.

Physical therapy

In more serious cases, physical therapy may be recommended.

A physical therapist can help you identify the underlying causes of muscle knots.

They will treat the pain using treatments appropriate to the case.

Massage therapy as a treatment for TPs

You can use massage to treat muscle knots.

Massage therapy increases circulation and improves blood flow.

That can improve muscle function and help loosen up your muscles.

This helps to relieve pain and stiffness.

Keep in mind that one session isn't usually enough to heal you completely.

You'll likely need to have several frequent sessions.

Once you see improvements you can space out your sessions.

There are several types of massage.

The type you'll benefit from most will depend on the severity of your muscle knots and your personal preference.

You may need to try several different types of massage before you find a type that you like.



Self-Massage/ Auto-Massage

In some cases, you can massage the sore muscles yourself. Locate the muscle knot and use your fingers to gently massage it.

While massaging, focus on trying to loosen up the tight muscle fibers and relieve tension.

Press firmly into the affected area and make small circles with your fingers.

You can also place a tennis ball between your back and the floor or a wall, and roll back and forth on the ball to apply more pressure to the knot.

Experiment by slowly and gently moving the ball to apply pressure to points of tension. You can use a foam roller in much the same way.

Sports Massage therapy

This massage technique is geared especially toward athletes.

It can be used to prevent or treat injuries.

Swedish Massage

This gentle massage technique will be suitable for you if you have a lot of tension or are sensitive to touch.

Swedish massage uses long strokes, kneading, and deep circular movements.

Vibration and tapping are also used to aid in relaxation.

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Deep Tissue Massage/Advanced Deep tissue 3-D Massage and Muscles mobilisation

This type of massage uses forceful strokes to release chronic muscle tension.



It targets the deeper layers of muscle and connective tissue.

It's often used to treat muscle damage from injuries.

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Trigger point pressure release

(PART 2 of this Masterclass)

This therapy works by applying pressure to your trigger points.

A skilled practitioner will put pressure on the muscle knot until it softens and releases.

After a treatment session, you'll have a set of movements to complete at home, this will help to retrain your muscles.

Muscles stretches release techniques

(PART 2 of this Masterclass)

You will be taught techniques that will reduce pain and prevent it from recurring.

I have illustrated some simple stretching diagrams where appropriate.

Stretching should be performed slowly, and without bouncing.

Care must be taken to isolate the stretch to the specific muscle as far as possible.

As a rule, stretches should be performed three to five times, slightly deepening the stretch with an out-breath each time.

Contra-Indications, Contra-Action and After Care

Because you are carrying out a massage, the usual contra-indications will apply, however there are some specific to Muscles stretching that you need to be aware of:

- Swelling/inflammation, avoid the area if any swelling is evident as this can demonstrate bleeding from a torn vessel, with tissue fluid leaking into the surrounding areas.
- Working on a recently injured site – avoid the area for 48/72 hours after an injury.
- Redness or discoloration of the skin – this can indicate an infection.
- Sharp, knife like pain (acute) – this can indicate inflammation.
- Always work within your own limitations.
- If you are unsure, then always refer to another professional such as a chiropractor, osteopath or even send the client to the doctor.
- As with any massage treatment there may be some contra-actions, so it is important to warn your client of them and to provide the normal aftercare that you would for a massage treatment.

CHAPTER 3

When to seek help

Untreated muscle knots can cause chronic pain and lead to other health issues.

Patient has to See his/her health care provider if he/she has taken measures to relieve his/her muscle pain, but it persists.

He/she should also call his/her doctor if pain becomes severe and is interfering with his/her daily life and well-being.

It's possible that what seems like a muscle knot could be something else, such as a swollen lymph node or



Usually there will be other symptoms that accompany a swollen lymph node, such as a cold, cough, or infection.

Check with a doctor, physical therapist, or osteopath if you want to make sure it's a muscle knot and not something else.

They can determine possible causes for the pain.

Type of the clients

4 basic personality types

Driver

Motivator

Thinker

Supporter

Driver (Decisive)

Goal oriented, has a plan and sets out to achieve it. Confident and handles stress well.

Skips all the “fluff” just wants the bottom line. Workaholic, works independently.

FOR PATIENTS:

Give the four things every patient wants to know in order and quickly!

1. Can you help me
2. How long will this take
3. What's this going to cost me
4. Will it last

Motivator (Expressive)

Outgoing, enthusiastic, fast paced, optimistic. Builds rapport and relationships easily, usually a motivator in the group, trusting, loves praise.

FOR PATIENTS:

Focus that there is hope and you are excited for them. Tell them of all the things that they will be able to do after the treatment is finished.

Thinker (Analytical)

Detailed oriented, analytical and logical. Likes consistency and continuity. Loves the facts.

FOR PATIENTS:

Stress the statistical success, the research data, tell them where to search for information on you and the procedures on the web.

Give them testimonials and references.

Give them all the data but with stats to back it up.

Supporter (Amiable)

Very calm and consistent. Always on time. Works well with others and is a team player.

Compassionate and well liked.



FOR PATIENTS:

Give office tour. Let them meet the “team” that will be

treating them Let them know that you have a program that is structured and tailored for them.

There are usually six tests commonly run at the start of initial, re-exam, and final patient visit, they are known as ‘Vitals’

- 1-Weight
- 2-Temperature
- 3-Pulse
- 4-Blood Pressure
- 5-Respiration
- 6-Pain

Precautions

The therapist should ask the patient about his/her medical history before the treatment begins, it's important to know if she is - or think she may be - pregnant.

Health and Safety at Work

This protects your rights either as an employer or employee, the law states that the employer must provide a safe working environment, provide health and safety training for staff, produce a written policy of the company’s health and safety policy, and ensure that anyone on their premises is not exposed to any health or safety risks.

Medical Disclaimer

It is advised that you take medical advice if you or any of your clients have a health problem and any qualification from Marey El Hamouly will not be enough to qualify you to advise on any medical condition or to diagnose a condition.

PS: Test is an obligation to receive your certificate

(Test will be at the end of the 2 parts)

Let’s go.....



Regards

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