

Article 1: About Pain
W. Morrey
May, 2018

I graduated from MIT in 1968 with a degree as an Electrical Engineer. For the past 50 years, I have practiced that profession rigorously. In 2001, I also learned that I have a talent for reducing pain by massage. In 2002, I took training and was nationally certified in the USA as a massage therapist. Since then, I have been using my engineering way-of-thought to improve the effectiveness and range of application of what I learned in massage school.

Based on what I have learned from my clients, I would like to start with a very limited definition of physical pain (anything I say has little relation to emotional or psychic pain).

Physical pain occurs when you have done damage that has not fully healed, or when you are in the process of doing damage to your body.

Examples: a paper cut, a knife cut, a bruise, a fall, a car accident, whiplash, etc. All of these produce damage to a lesser or greater extent. Some show visible damage, but others can leave a residue of damage that has not healed and does not heal fully, but ***appears*** to have healed.

Books have been written about these injuries-of-long duration:

- 1) Simons, D. G., J. G. Travell, and L. S. Simons, 1999, "Myofascial Pain and Dysfunction, The Trigger Point Manual", Volume 1, 2nd edition, Baltimore, Lippincott, Williams and Wilkins.
- 2) Travell, J. G., and D. G. Simons, 1992, "Myofascial Pain and Dysfunction, The Trigger Point Manual", Volume 2, 2nd edition, Philadelphia, Lippincott, Williams and Wilkins.
- 3) Davies, C. and Davies, A., 2013, "The Trigger Point Therapy Workbook", Third Edition, Oakland, CA, New Harbinger Publications, Inc.
- 4) Davies, C. and Davies, A., 2014, "Soulagez vos douleurs par les trigger points", New Harbinger Publications, Inc., Oakland, CA, & Thierry Souccar Éditions, Vergèze

Volumes 1) and 2) were researched over years by Dr. Janet Travell, later joined by Dr. Simons. Volume 3) is a popularization of the Travell and Simons books, and volume 4 is a translation into French. These books are little known in France and little used in the USA, but they provide a wealth of information about the pain-effects of old and new injuries.

My work has been to improve on the ways of massage that I was taught to help decrease the pain and reduction of mobility caused by these injuries.

In 2013, I began a moderately rigorous study of using my style of massage (that I call "Painless Deep Tissue Massage" or "Massage Profond Anti-Douleur") in Lyon, France. Starting in 2014, I began using a series of questionnaires that I received from Dr. COZON. These included the QIF / FIQ, Beck, HAD, PCLS, SF36, QDSA, and PANAS.

My original intention was to work with people with chronic pain, but I noticed a similarity in the descriptions of pain of people with fibromyalgia to the comments from some of my massage clients in the USA, so I expanded the study to include fibromyalgia and chronic fatigue.

I told a psychologist who I had met about what I was doing, and she passed the information along to several people. My first 2 participants came from her contact, and both knew of Dr. COZON. The first liked what I was doing sufficiently that she put me in contact with him. After 6 months, I was able to have a RDV with him and he provided an example of his questionnaires. He referred a few more people to me, and I started using his questionnaires with them.

To date, I have worked with 17 participants, 5 of which were uncomfortable receiving massages from a man, one had a brain tumor (that was successfully removed - she just started back working with me), one needed both her hips replaced (she is now doing quite well), one had liver problems, and two were injured in car accidents. Of these, 8 (out of 12) reached a QIF / FIQ score of less than 40 at some point in our work. I continue doing maintenance with 3, am in the early treatment stages with 2 of the 12, and am in the process of adding a couple more.

What I find especially interesting is the progression of their work. At the beginning of our work, I encourage 1-2 massages per week for about 16 massages (typically over about 3 months).

What generally happens is that they can do more and more (indicated by a reduction in their QIF / FIQ scores), but their pain does not decrease much (indicated by pain scores before and after every massage).

My explanation for this: fibromyalgics typically push to do everything they possibly can, so when they can do more, they will do more, up to a certain level of pain. When they progress to the point to where they can do everything they want to do, continuing massage work then brings their pain levels down, as well.

For many, after the first 3 months, with significant reductions in their QIF / FIQ scores, they begin to restart old behaviors that had pushed them into fibromyalgia. At this point, they can truly understand what their old behaviors did to them and have a choice -- work on the behaviors, or continue with some level of dysfunction / pain (and need continuing maintenance massages).

Here is a link to a summary of the report, with Annex A:

http://www.painless-deep-tissue-massage.com/articles/Preliminary_Results_Article-Latest-FR-summary.pdf
and my webpage:

<http://www.painless-deep-tissue-massage.com/fr/index.html>

NEXT: Article 2: Trigger Points

Copyright 2018

walt.morrey@gmail.com