

# Effect of Massage Therapy on Symptoms of Cervical Nerve Impingement

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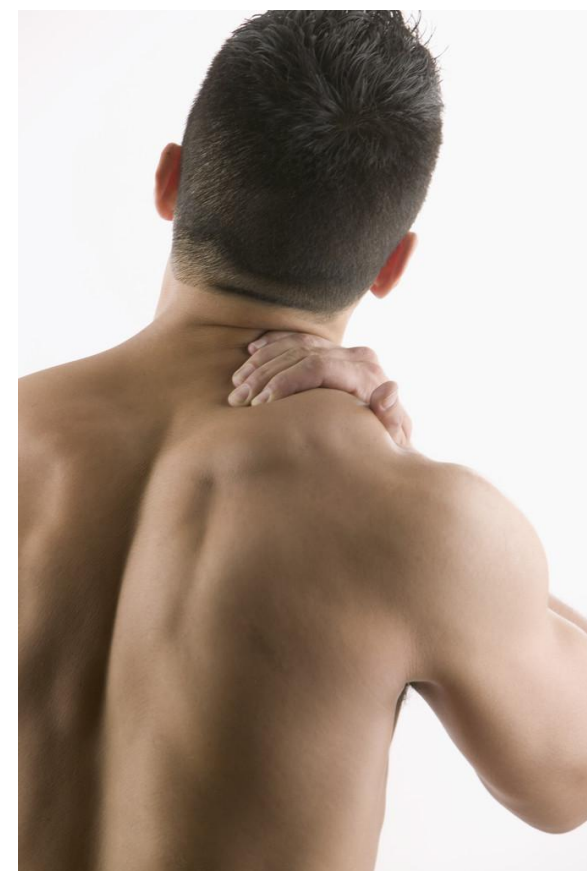
## Introduction

Injured soft tissue structures can become hypertonic and develop adhesions.

Although a client may experience discogenic nerve root compression, interventions that lengthen soft tissue structures could minimize nerve root irritation and reduce symptoms.

## Objective

To evaluate whether Massage Therapy decreases anesthesia in a client with cervical nerve impingement.



## Acknowledgements

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- The client for being willing to explore Massage Therapy as treatment for his symptoms and sharing the results.
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- Fiona Yong for support and keen eye in creation of this poster.

## Case Presentation

Treatment began in April 2005 and at present continues every few months for symptom management.

A 28 year old nurse presented with intermittent left hand anesthesia, specifically digits I and II.

Medical imaging indicated disc herniation impinging the C6 nerve root as the source of the neurological symptoms.

Symptoms were present since a neck injury was sustained in July 2004. Although the pain was manageable, symptoms of anesthesia were of primary concern to the client.

The initial treatment plan was one 30 or 60 minute session every 3 to 4 days for 3 weeks.

An exhaustive search for a 'numbness scale' was not successful, so client description in terms of percentage was utilized to describe numbness symptoms.

100% indicating no feeling, 50% moderate and 0% asymptomatic. The client reported on symptoms before and after each treatment.

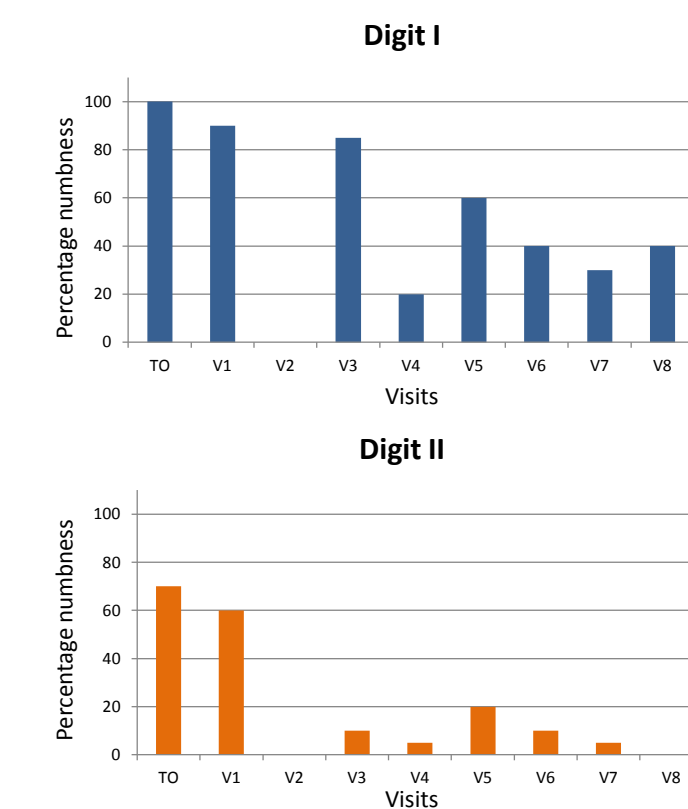
Eight treatments over 3 weeks were delivered, focussing on lengthening soft tissue structures that could be compressing cervical joint space and trigger points mimicking left arm neuralgia.

## Interpretation

A decrease in symptoms pre to post treatment occurred each session. Gradual recurrence of symptoms occurred as early as the next day and up to one week post treatment.

When the client had experienced jarring of the neck between sessions, there was palpable increase in muscle hypertonicity and report of increased anesthesia.

Prior to his last session, the client reported no numbness whatsoever in digit II and digit I symptoms at half of prior treatment levels.



## Implications

Based on this case, Massage Therapy seems to be a promising option for managing symptoms of anesthesia due to discogenic nerve root compression.

Further investigation of similar cases should utilize more robust measurement tools, including a way to distinguish between intensity and frequency of symptoms.

Examining the relationship between symptom report and hypertonicity would be informative.