



## Case Study

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# The Effects of Stress on Neck Pain – a Client-Centred Approach

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*When this client first came to see me, she was at the end of her tether as she had been experiencing chronic neck pain for 2 years. She had seen a physio and been given exercises to practise, but it hadn't made much difference to how she felt. She was in constant pain and had to take painkillers regularly. And even with this, her sleep was often disturbed by the pain. Her GP prescribed her Codeine.*

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My training in holistic massage also showed me how to use palpation to feel for areas of tightness and restriction. This 'feeling sense' builds up a useful map for me, but I've also learnt through various CPD activities how valuable it is to add in an assessment that shows me and the client where they are at. This provides a progress marker throughout the course of treatment, giving them confidence in its effectiveness.

For this reason, at the beginning and end of each treatment, I asked her to move her neck in all directions to see where the restriction was and to note whether it had changed. At the first session, while the neck was clearly stiff and range of movement was limited overall, lateral rotation was most painful for her, so I made sure to include the Levator Scapulae muscle while massaging the neck.

### Treatment plan

I discussed using relaxation as well as remedial techniques with her and she agreed on this approach, so our plan for the first session was the head, neck and shoulders. The first session was a 30-minute one by the client's choice, so there was only time to briefly explore the issue. Despite this, she experienced a great benefit and had the

best sleep she'd had for a long time after the session. I put this down to her having a space to let go of some of the worry she had been carrying.

Although the client was carrying tension and there was stiffness in her joints, she was very receptive to treatment and was easy to work with. I feel this was partly because she had spent so long in pain that she was open to anything that would help to ease it, and also because I took time to listen to her and include her in the treatment plan, assess where she was at and was present with her so she could release stress.

All the following sessions were an hour long. In the next 4, we covered the same ground as the first and added in the upper back. This was to widen out the area of discovery and see if the upper back muscles were involved in the chronic pain. This included mobilisation of the glenohumeral joint on both sides, which showed that she has good mobility in these joints, with no sign of the stiffness that was showing up in the neck.

In between sessions, I recommended gentle neck stretches to help aid her recovery, moving her neck in all directions. After the second session, she also added in relaxation techniques. I give all new clients a list of de-stress tips. From the sheet she



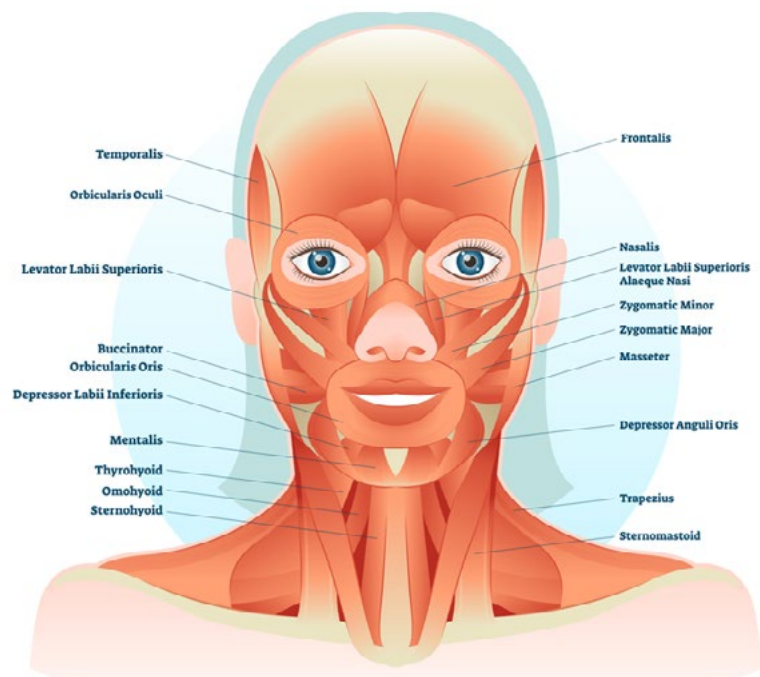
**T**he physio said that she had osteoarthritis in her neck, though this hadn't been confirmed with an x-ray. The pain was strongly affecting her quality of life and she was feeling tired a lot of the time, though she was keeping gently active with swimming and walking.

She was 68 when she first came for treatment. As a retired retail supervisor, she had spent a lot of time lifting, carrying and on her feet throughout her working life, and also cared for her daughter, now grown up with a child of her own. Along with her husband, my client plays an active role in caring for her grandchild.

She had other health issues that could also have been contributing to her experience of the tension: she had a gall bladder removal 18 months before the treatment and was on Warfarin for high blood pressure. She was also waiting on a consultant referral for bowel issues.

As a holistic massage therapist, I seek to find out whether pain or restriction is purely physical, or whether it has an emotional or mental component. I could see that this client was stressed and upset by her situation, so I knew it would help to calm her nervous system, so she would be more able to receive the soft tissue work.

## HEAD AND NECK MUSCLES



tried hand massage, massaging between the thumb and forefinger and placing a thumb in the centre of the palm to connect with the heart meridian, and found all of these soothing.

The next 2 sessions focused on relaxation, as the neck pain had eased and the client was experiencing stress in other areas of the body and in the outer events of her life. Aftercare focused on destress work. This led to her being able to identify more quickly when she was beginning to feel stressed and enabled her to relax and let go before going into a stressed state, and this manifesting as physical pain. I feel this was one of the key benefits she got from the treatment overall and why she is now able to better manage her condition.

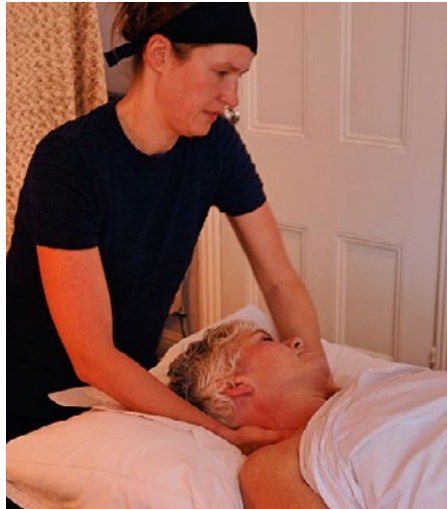
The follow up to this two weeks later went back to the head and neck, as she had experienced a flare up of neck pain. I found it interesting that after so much progress, the treatment seemingly went backwards at this point. This highlighted to me that healing is not a linear process and can go through diversions on its way to resolution.

The next 2 sessions found the neck much improved, better than it had been for years, which was evidenced by an increased range of motion in the neck and reduction in pain. We worked on neck and shoulders to solidify the improvement and included the head, face and back for relaxation.

She then decided to move to appointments every 2-3 months, as the crisis she was in when she first came for treatment had passed. Ongoing sessions are for maintenance and relaxation.

## Techniques

The techniques I used were to carry out the aim of the treatment plan, which was to enable the client to relax and receive the remedial work on her neck and shoulders. For example, I started each session by cradling the head and being present for a few minutes. This meant the client could release the stress she was holding in the scalp, and made it easier for me to work on tight areas in the neck



and shoulders. If she needed extra relaxation I added in the face.

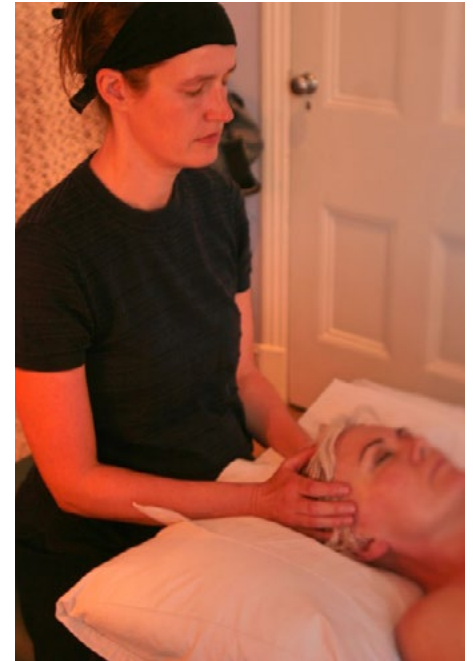
Effleurage was also useful for relaxation. Using long, superficial strokes across the back or down the arms for example, helped to engage the relaxation response and that feeling for the client of being pampered or treated. I also used acupressure points on the hands, including let go point between the thumb and forefinger and the heart meridian point in the centre of the palm.

For the remedial work, trigger point therapy was effective with this client, but it often took a while for the release and had to be approached gently, especially where there was solid tension at the top of Trapezius.

Her shoulder muscles were tight and because she had a slightly kyphotic posture and hypotonia, the Rhomboids and upper Erector Spinae weren't easy to access. I found mobilisations and stretches useful to help loosen up this tension, which I could then work on with deeper pressure using the flat of my elbow.

## Conclusion

The range of movement in her neck has improved over time, but the joints are still stiff. However, her experience of the pain in this area has greatly changed. A significant part of



it was caused by mental stress. The unique factor I noticed with this client is the amount of tension she holds in her scalp. Simply by holding her head and being present, much of this released.

I feel that where I made a difference for her was the combination of soft tissue manipulation with loving presence and relaxation techniques. Because her pain was in part caused by stress, a purely physical approach wasn't the most effective way. By gently releasing the tightness in her neck and shoulders, providing a space for her to relax and sharing with her how she could do this for herself at home, the pain transformed.

In terms of aftercare, by first encouraging her to keep her neck mobile by moving it gently in all directions once or twice a day, then showing her relaxation techniques, she was able to transform how she felt, and sustain this change over time.

This client still needs to take painkillers occasionally if the pain flares up, but this is much reduced from where she was when she first came. Her sleep and energy levels have improved as has her overall wellbeing and her ability to manage stress.

Jenny runs a private practice in Whitchurch, Shropshire and is also a member of, and the marketing officer for, the Massage Training Institute

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