Advanced Training Class

Advance Pain Strategies

Addressing Myofascial Pain, Chronic Pain, and Sports Injuries with Avazzia Technology

By Lynn Teachworth BS, LMT, FAFS, ATSI

First Alternatives
"Life Without Pain"

Presents

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By
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AVAZZIA

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NO MEDICAL CLAIMS

The information in this presentation has not been reviewed or approved by the FDA.

Nor is it intended in anyway to diagnose or suggest treatment for any medical condition.

No information presented is intended or should be used as a substitute for qualified medical advice.

Avazzia does not make any medical claims.

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Contraindications

- Pacemakers and other electrically powered implanted devices
- Pregnancy
- Cardiac Arrhythmias
- Cancer and Cancerous Lesions
- Organ Transplants
- Open Wounds

These contraindications are for all microcurrent devices categorized under TENS

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Precautions

- Severe Mental Disorders
- Epilepsy
- Thrombophlebitis - treat away from site.
- Botox Treatment before 2 weeks
- Pain medication, alcohol intoxication
- Lack of sensation on skin, or over sensitivity
- Menstruating uterus

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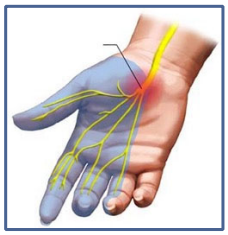
Understanding Myofascial Pain

- Myofascial pain is the cause of most pain.
- The issue or root cause is most likely not at the point of pain.
- Structural, Postural, Functional, and Meridian/energetic issues generate pain.
- They will cause pain and chronic pain syndromes: nerve up-regulation, muscle spasms, trigger points and inflammation.



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Pain Overview

What types of pain are we addressing?

1. Acute or Recent Injury Pain

Tissue damage, trauma, "shock", inflammation.

2. Chronic Pain

a. Muscles: Usually feels better once the person has "warmed up"

b. Lymphatic Congestion: Poor movement and poor circulation leads to congestion and stagnation.

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Pain Overview

What types of pain are we addressing?

3. Habituated Nerve and chemical signaling

The body has gotten into a habit of having pain and there's a need to break the cycle. The science of this syndrome is not my area of expertise but it is a common phenomenon. By using the clearing the spine techniques from Module 1, we can address this condition.

4. Sports Injuries

Pain in these cases is typically a combination of recent injuries, chronic pain, and/or over-training. Poor mechanics and locked short/long tissue can contribute to and perpetuate these injuries.

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Thinking About Pain

Different Lenses through which we can consider Myofascial Pain

- **Locked-Short/Locked-Long Fascia/Muscle**
  - The cause of most chronic myofascial pain. Looking at the body through this lens allows us to treat the underlying causes of all myofascial pain, regardless of cause or duration.
  - The body is made up of relationships.
  - Use **Blue Relax**, **RSI** massaging away from midline or towards the head to help lengthen locked-short tissue. Or stretch tissue as you use the machine and massage with Y bar.

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Thinking About Pain

Different Lenses through which we can consider Myofascial Pain

- **"Following the Chain" (muscles, nerves, etc.)**
  - When assessing an area, consider what tissues are providing movement and stability for that joint or area. Think of the body as a system of cables and pulleys that work in 3D motion. If an area is painful, that dysfunction is coming from some part of the chain not doing its job. (e.g. it is restricted and tight, causing other areas to over-work or compensate.)
  - Three planes of Motion: Sagittal, Frontal and Transverse.
  - Chronic tension is always because the body cannot do one or more planes of motion with stability. The body compensates by locking up tissue to prevent injury….but will eventually lead to it.

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Thinking About Pain

Different Lenses through which we can consider Myofascial Pain

- **"Following the chain" (muscles, nerves, etc.)**
  - Joint pain: Unless it is arthritic, the issue lies in the surrounding muscle and fascia which will lead to problems in the ligaments and tendons.
  - Bones, joint, vertebrae, etc. do not move themselves, therefore they never cause problems, they are always secondary.
  - Joints are made up of bones, cartilage, bursa, and ligaments. (Tendons are not part of the joint but I am including them because they can refer pain locally from their attachments near the joint.)

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Thinking About Pain

Different Lenses through which we can consider Myofascial Pain

- **Myofascial Trigger Points**
  - A hyper-irritable spot in the skeletal muscle that is associated with a hypersensitive palpable nodule in a taut band. The spot is painful in compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction, and autonomic phenomena.

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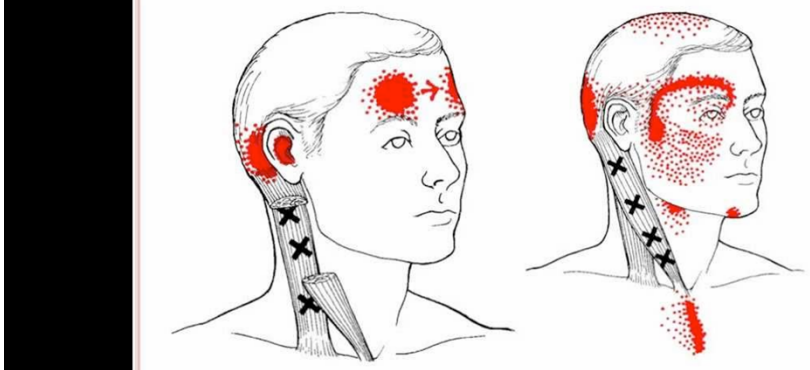

- SCM trigger points are easily self treated and require only the fingers and thumb. Looking in the mirror may help visualize the two branches. To do so, slightly tuck the chin. You should be able to see one or both other the branches' origins on the sternum, with and indentation between them.

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Trying on your clients Posture

Different Lenses through which we can consider Myofascial Pain

Stand up and try on your clients posture:

- Replicate each aspect of clients posture from head to toes.
- You can then feel some of the causative restrictions (Locked short tissues) that are leading to their pain.

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A Note on Tendinitis

- **Tendinitis** It is my opinion that tendinitis is a result of faulty tissue and joint mechanics. Tendons merely attach muscles to bones. Just treating a tendon, unless it has direct trauma (which is extremely rare) will not result in the client getting better. The tendon is inflamed and in pain because it is being over stretched. By resolving the muscle and fascia issues the tendon will heal very quickly, often in one session. We can use **RSI** to bring the pain out of the tendon after the myofascial causes have been treated.
- After a few days of injury, tendinitis turns into tendinosis which will not readily respond to anti-inflammatories. Hence the diagnosis for tendinitis of a long term pain situation means…"I have no idea what to do for your pain and why it is there." We can have a huge impact on our patients' health when it comes to this issue.

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What We Can Achieve with the Avazzia Units

- We can **treat the soft tissue** to
  - neutralize trigger points
  - reduce inflammation
  - reduce adhesions
  - reduce scarring
  - release muscle spasms
- This will allow the joints to move properly, take the pressure off of them, and restore proper function. Get rid of restrictions in the muscles.
- Use **Blue Relax** first to loosen up the fascia

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What We Can Achieve with the Avazzia Units

Myofascial pain usually comes from poor function and structural alignment. If we restore function, mobility, and proper structural alignment, the body can and will heal itself and start to break the pain cycle.

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Modes for Treating Tissue

- **Acute:** Resets nerve, muscle spams. (Origin of muscle)
- **Blue Relax:** Do first to release fascial restrictions (Entire area along chain of motion)
- **Modulate 1:1 :** Use to neutralize Trigger Points. (40 seconds at area)
- **RSI:** Massage area to reduce fibrosis and help with pain.
- **Meridian Frequencies.**

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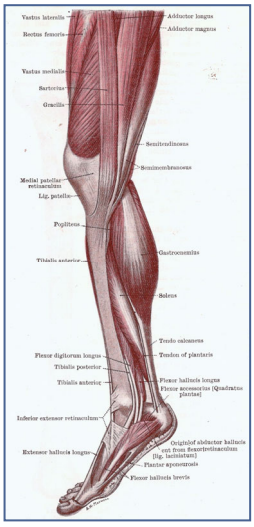
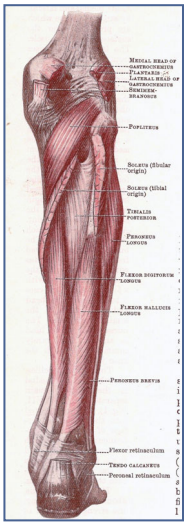
Lower Legs





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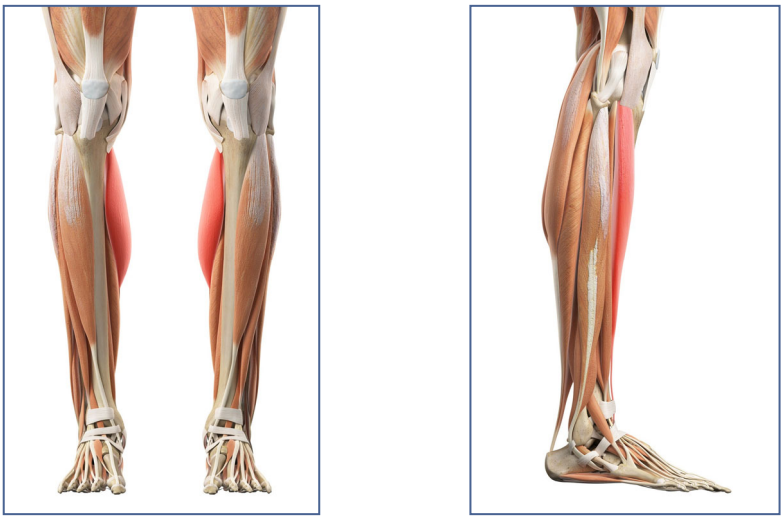
Lower Legs



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Feet

- **Chronic Foot Pain**
  - Massage with **Blue Relax**, find tight muscles and use **Mod 1:1** for 40 seconds in each area of spasm and stiffness. Remember that most lower leg muscles attach in the foot. To get complete results, as with ankles, you will have to treat the lower leg muscle/fascia as well.
  - Heel pain: Do the foot protocol first, then check lower soleus/upper achilles tendon for trigger points. Release plantar fascia with **Blue Relax**, unless it is locked-long,and then only on lateral aspects of foot (from little toe to heel). Use **RSI** on plantar fascia if inflamed and painful.

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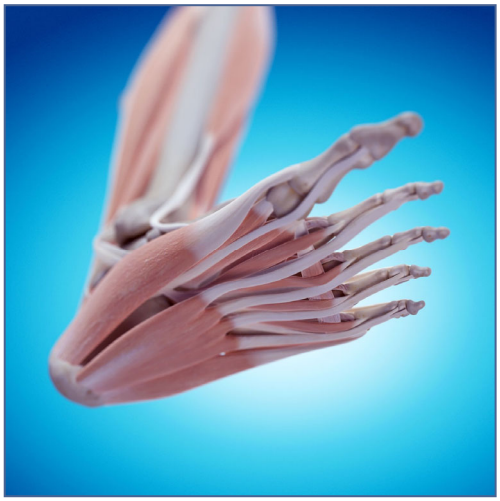
Feet



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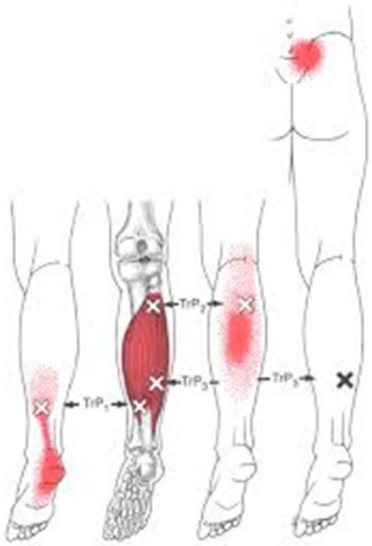

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Ankles

- Since the ankle is the junction from the lower leg to the foot, it is a complex arrangement of joints. You will always treat the lower leg and foot to resolve the issues here.
- If it is a new sprain, you will need to use **Acute** or any other setting that will reduce inflammation. Chronic inflammation means that the tissue is not healed yet or there is still some dysfunction that is causing poor biomechanics.
- Do lower leg muscles first and then foot if results aren't 100%. Also **Blue Relax** on retinacula.
- Many times an ankle can be healed but there is still pain in a ligament. Lightly massage the ligament using **RSI** until the pain disappears. Many chronic ankle pain syndromes can be resolved this way.
- Treat all tissues around ankle joints.

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Lower Legs

- The lower legs will be involved in most structural and pain issues in the body, especially knee, foot, low back and neck issues.
- Since we no longer walk on uneven surfaces, the lower leg muscles never get to eccentrically load, leading to shortened ranges of motion and compensations.
- Consider lower leg locked-short and long situations and the compensations that result.
- Lower leg: **Stim, Blue Relax, RSI (or GB on PS3)** on GB34 for lateral issues. **RSI/Blue Relax** on tibialis anterior/posterior, peroneals, gastroc, calves, etc.

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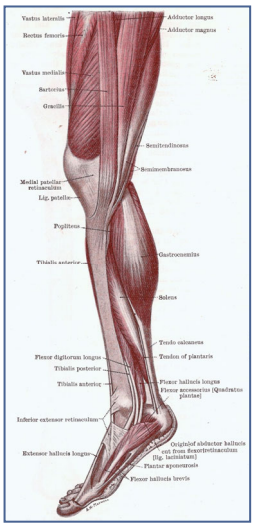
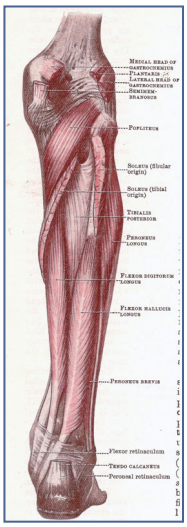
Knees





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Knees

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Knees

- Knee problems always start in the ankle or hip. The knee is merely an extension of them. To really help any knee issue, you will need to do the lower leg protocol as well as work with the hip joint (pelvis protocol).
- **Medial knee pain:** Check adductors and attachments for trigger points. tibialis posterior (underneath tibia on medial side of knee)
- **Frontal:** (On patella or patellar tendinosis,) Massage entire quadriceps group to lengthen and restore normal tone to myofascia. Check lower rectus femoris for trigger points. Tibialis anterior will always be involved.
- **Posterior:** Use **Modulate 1:1** on plantaris or upper gastrocnemius attachments and hamstrings.

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Knees

- **Lateral:** Check peroneals on outside of lower leg. Ileo tibial band for trigger points. (See ITP note.) Gluteus medius trigger point will refer pain to lateral leg especially knee from hip all the way down to the ankle. Lateral hip must be released.
- **ITB:** Issues here are from hip issues or that the ITB itself has become adhered to quadriceps muscles. It is very common for the ITB to be locked-long. Therefore, unless the ITB is damaged from surgical procedures it will never be the cause of an issue. Stretching the ITB to resolve its pain and stiffness is a big NO NO!
- Do lower leg protocol

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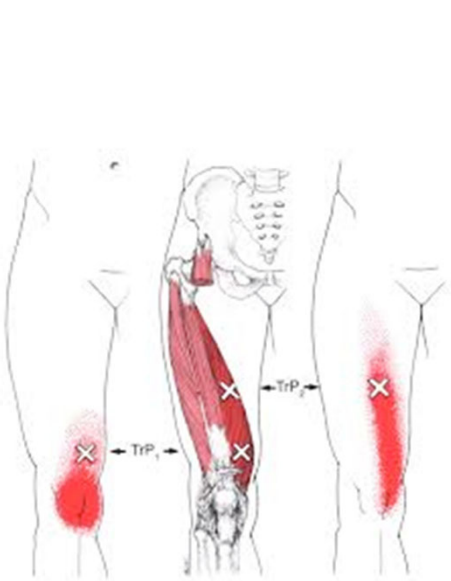

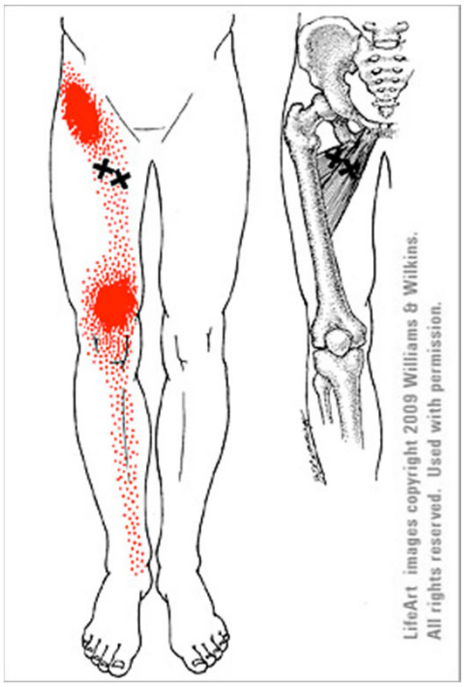

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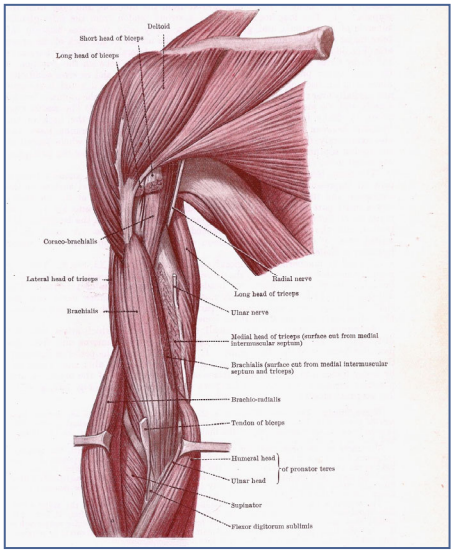
Shoulder Joint



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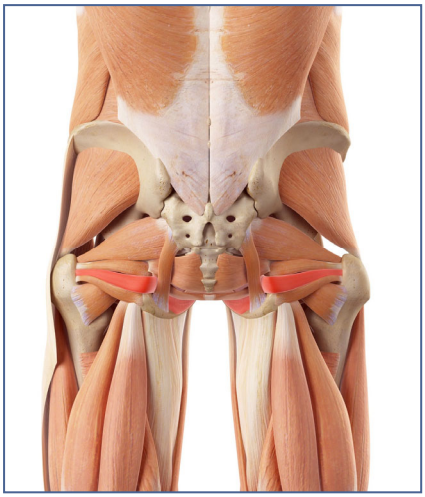
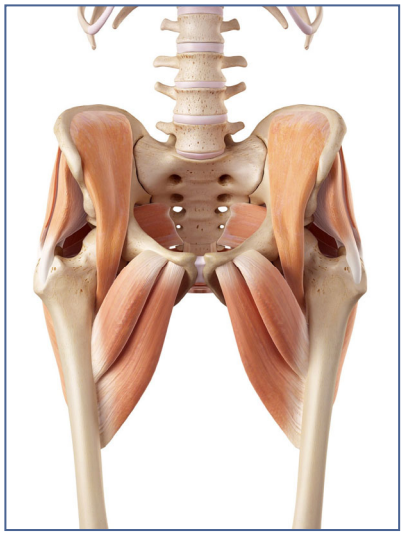
Pelvis





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Pelvis

- The pelvis is made up of two ilia, and the sacrum. I include the femur's and their hip joints as well as L1-L5. Since they are connected and the issue is rarely the point of pain, it is important to look at the pelvis as a functioning unit as well as a structural entity when looking at pain issues.
- Release hip flexors, gluteals, hamstrings, quads, and adductors.
- **Rotation:** Tight hip flexor on one side will lead to a compensation in upper gluteals on opposite side (this makes the leg on the side of the shortened gluteal shorter).
- **Piriformis:** Locked-short and long leads to sciatica, piriformis syndrome, etc.
- **Lower Back:** Most lower back issues involve the pelvis as well. It can be compensation for the hip flexors or quads, or large intestine issues. Rectus abdominis trigger points can refer pain to the lower back. **Mod 1:1** for trigger points, **Blue Relax** and **RSI** for the tissue.

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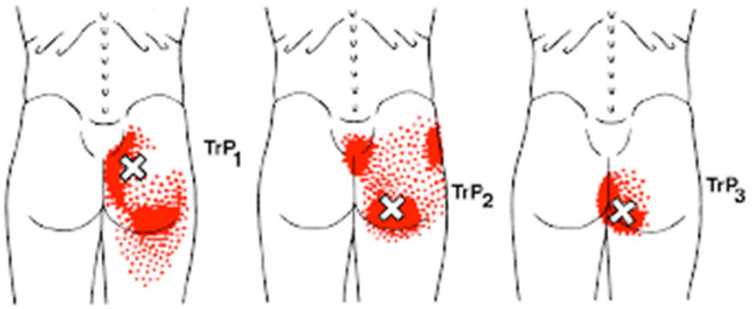

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Abdominal Muscles

- Most issues start in the front of the body. The abdominals are one of the most neglected but most important causes of pain in the back of the body. As we all are in flexion most of the time, The abdominals are often locked short.
- They transition to the Quads, Adductors, Pectoralis and Shoulders.

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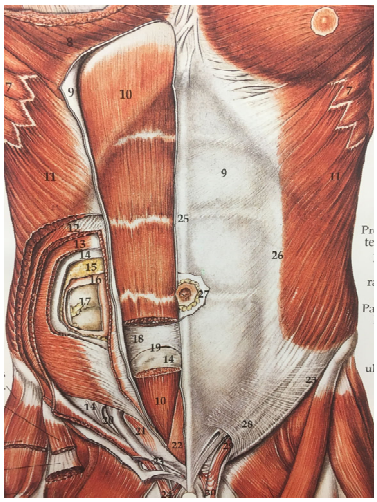
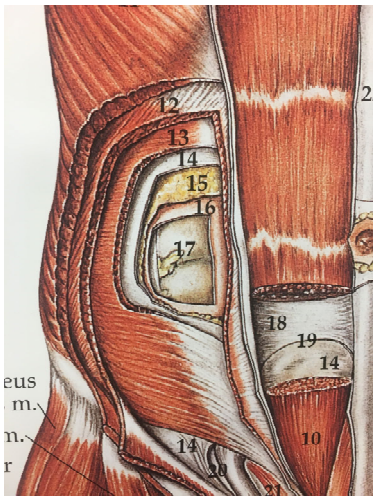
Abdominals





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The Back

- **Lower Back**
  - (See Pelvis Slide)
- **Middle Back**
  - Abdominals (to lengthen and remove trigger points that are locking the fascia short), small intestines, stomach (especially if there is pain and stiffness directly on thoracic spine). (There's more information available in Visceral class.)
- **Upper Middle Back**
  - Most of the time pain is due to locked-short pecs (major and minor). Use **Mod 1:1.** Find trigger points in the pecs directly in front of the pain in the back.
  - Rhomboid pain can be from a locked-short serratus anterior.

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Shoulder Joint

- Pain conditions usually result from shortened abdominal, hip flexor and pectoralis muscles (major and minor) putting lots of strain on rotator cuff. Release subscapularis, infraspinatus and supraspinatus, teres minor and major muscles, subclavius and deltoids, (all three heads) biceps, brachialis and triceps. Massage with **RSI** or **Blue Relax** and then use **Modulate 1:1** on trigger points and muscle knots.
- Also release the hip muscles as they are usually the cause of shoulder issues.

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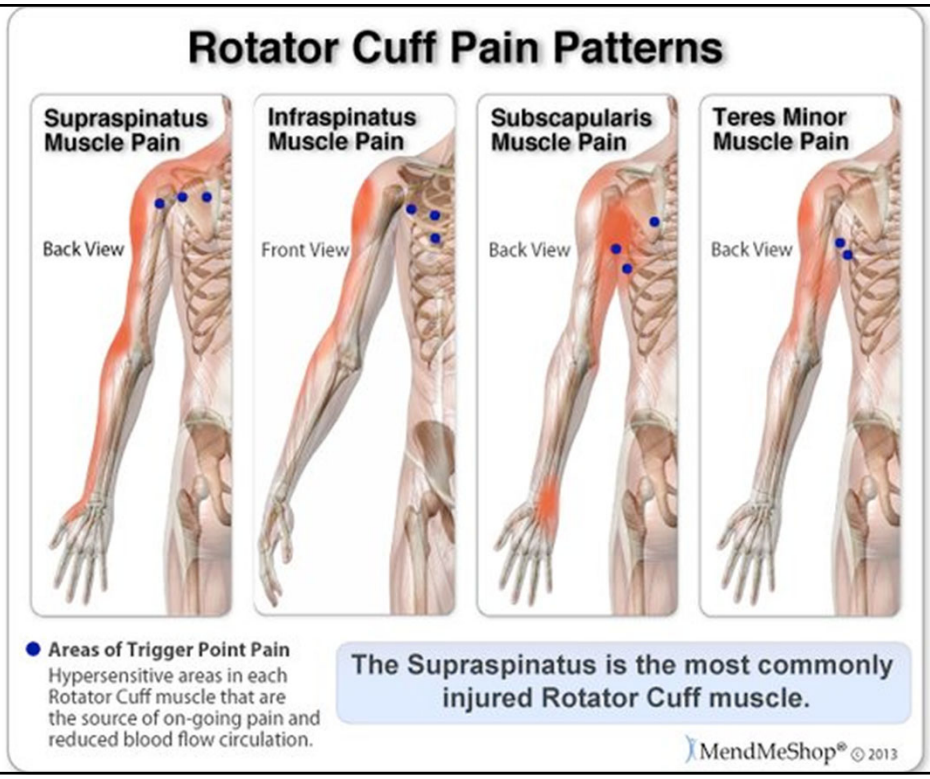

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Arms

- **Elbows**
  - Biceps, triceps, brachialis, forearm flexor and extensor muscles as well as the anconeus and supinator muscles. Most tennis and golfers elbow issues can be easily fixed by balancing the upper, lower arm and shoulder muscles.
- **Wrists**
  - Treat all extensor, flexor, and hand muscles, especially thumb muscles. Use **Blue Relax** on the wrist itself to free up adhesions in tendons, retinacula, and other tissues. Next use **Modulate 1:1** for muscle knots and trigger points. Follow up with **RSI** with pads to help relieve pain, especially carpal tunnel, etc.

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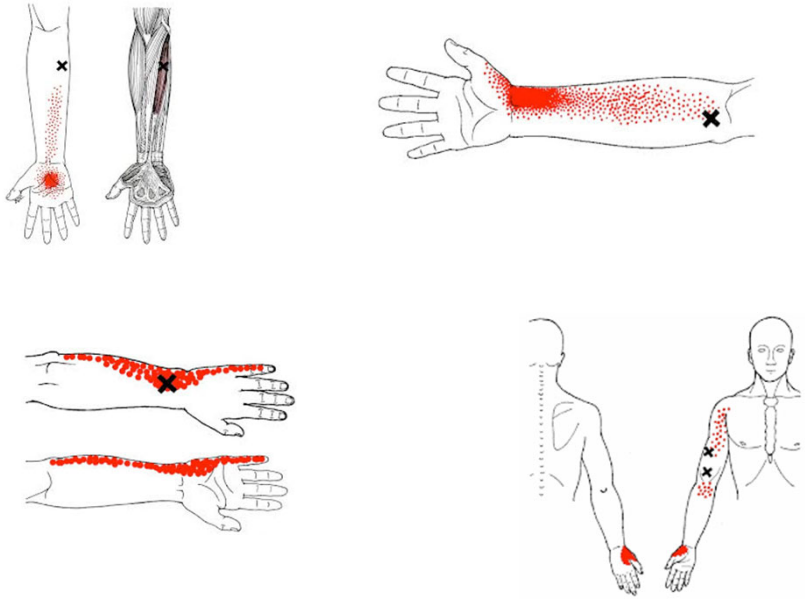

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Neck

- Treat cervical spine with Level One spine clearing protocol.
- Do Vagus D protocol unless there has ben recent trauma.
- Treat all muscles, especially scalenes and SCM's (they tend to become locked-short and cause issues in suboccipitals). Use **Modulate 1:1** on all areas that are not releasing.

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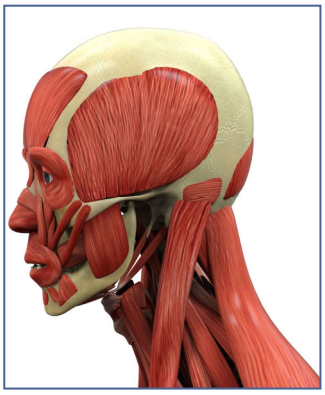
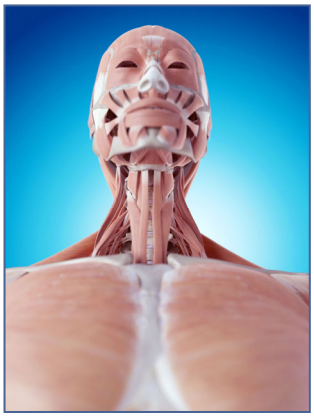
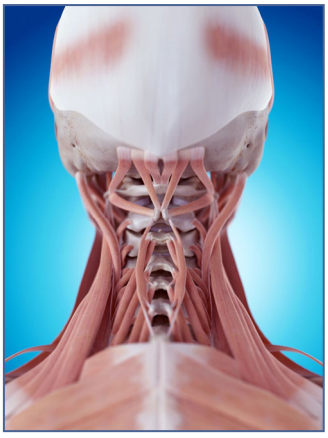
Neck







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Headaches

- There are usually trigger points in neck and head muscles. Get trigger point manuals or find info on google for each muscle.
- **General guidelines**
  - Use **Modulate 1:1** to release all trigger points.
  - Side of head: Trapezius, SCM's, temporalis, (use brush on areas covered by hair).
  - Back of head: Occipitalis (use brush if muscle is covered by hair), sub-occipitals.
  - Front of Head: Sub-occipitals, SCM.
  - If it's not muscular, use **Relax** and treat above and below eyes and temple areas for one minute each to help relax nerves.

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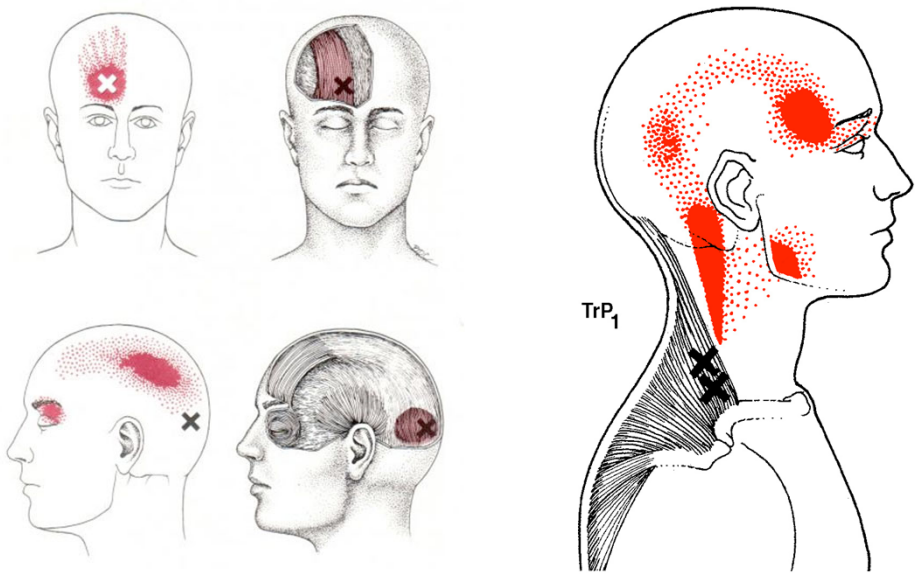

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DAY 2 Specific Injury and Pain

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Hammer toes / Bunions

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Plantar Fasciitis

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Hip Joint pain

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Bursitis

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Carpal Tunnel

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Tennis Elbow

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Golfers Elbow

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Rotator Cuff Pain

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Tempero-Mandibular Joint D

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Spine / Lamina Groove

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Headaches

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