

Hi

I'm Marina and I completed a qualitative research study and dissertation on

"Personal Growth and Development, Refining the Skill of Teaching Prescriptive Rehabilitation Exercises During the 2020 Pandemic Lockdown"

So.... Writing a dissertation. I was one of those people who started B-tec with a very vague idea of what I might do as a research project without really daring to explore that idea. 3 years down the line and that idea washed away with the Brighton sea front and when it came to the crunch, I still had no idea what I was going to do!

At some point we hashed through the outlines of an idea in class that vaguely grabbed my interests but again I dithered and didn't really get going.

Then lock down hit, and it was kind of a blessing because I hadn't really lost any work, nothing was 'wasted' because in truth I hadn't really started anything substantial anyway. So what next?.....

Eventually through this new form of communication we called zoom, one of our tutors came up with an a idea for qualitative research project centred around delivering online treatments and that started to spark my interest.....

I had been following the very early Jing zoom sessions on delivering massage online, and as business woman I was keen to ensure that I was doing everything I could to survive but I have to be honest, some of it just wasn't resonating with me, using the Jing HFMAST protocol and trying to replicate and adapt the

beautiful work we, as Jing therapists deliver to an *online* treatment? I couldn't do it justice, but I also felt like there was a gap, and a tiny slither of an idea emerged.

Why don't I focus specifically on self-care and that really big word 'rehabilitation'?

Like some of my colleagues, I also wanted to hone in on the 'T' for teaching as opposed to trying to encompass the HFMAST protocol in its entirety, and this was an opportunity to focus on an area of work that is equally as important as the massage but often the part that occupies the smallest space.

I was also aware that I am not the only massage therapist that feels unconfident around the area of offering clients self-care and rehabilitation exercises, and I think that is because traditionally, it has fallen under the realm of physiotherapy and what I commonly hear from a lot of my peers is

"I'm not a personal trainer so I don't know how to offer specific exercises or train a client" in what we perceive as recognised or traditional modes of exercises

During my research I undertook an online course at this time called Exercise for pain relief, by Daniel Lawrence (physiotherapist) and I found that a lot of what I learnt here tied in with my previous education as a Personal Trainer

But one thing really resonated that tied up with the Jing Method.....

Therapeutic alliance and exercise adherence

OR

How to work with clients so that what you offer holds sway and resonates enough to maximise a clients adherence.

From that reading and learning one word comes to mind:

BIOSPSYCHOSOCIAL

A few of my peers have touched on that word already today, but what does that mean in terms of rehabilitation? It emphasises the need to connect with your client and build a working relationship with that client, understanding their needs as well as their limitations or limiting beliefs if there are any for example. It tells us that clients need to feel heard and treated as individuals as opposed to handing them a standardised format for a musculoskeletal injury or condition and expecting them to take it on with immediate effect. Some people just aren't like that.

That also brought into question a second theme that emerged in my study and that was defining self-care and rehabilitation. If, as I have suggested the standard formats aren't working then how are we going to help someone recover from a pathology and/or injury?

It means that we need to adapt and open our minds to what resonates with a particular person as opposed to a client with a rotator cuff injury and what their range of motion is presenting. Of course, those things are important, and of course working with a recognised set of exercises is valuable but what if your client doesn't have access to resistant bands or spikey massage balls? What if despite all the recognised exercises the pain hasn't reduced and range of motion is still low?

This is an area of work Suzanne Brue covered in her work 'The 8 Colours of fitness' that aims to match personality types with corresponding exercise types for the purpose of increasing exercise adherence and maximising the clients potential to succeed in their fitness journey. Adapting the idea into offering online self-care it means that there's a clear need to understand your client.

I realised at this point that in my early sessions what happened was that I pretty much replicated the structure of my work as it was before lockdown (with the obvious adaptation). After initial consultation, I understood the pathology or injury, offered stretching and strengthening exercises based on that, then proceeded to 'treat online' with a whole bunch of other techniques and modalities, and guess what? Very few participants adhered to the strengthening and stretching exercises offered by email on day 1, but they would ask for video footage or reminders of the stuff we worked on together.

That took my research in a different direction and one particular piece comes to mind that was based on a person-centred approach. That piece was written by a

wife caring for her husband in hospital, and it talked about the fact that standard rehabilitation plans were simply not working for him, and when she challenged the nurses their response was something along the lines of "its in his rehab programme". It's not like I'm talking about a complicated physiotherapy session either, it was as simple as sitting upright in a chair for a duration.

What I learnt during this process is that actually rehabilitative exercises and self-care do not necessarily revolve around recognised forms of exercises and in some cases what I found is that what was more important was encouraging a client to tune in with themselves, to listen to their body and begin to engage in the process between client and therapist, that process of letting go and surrendering their physical being so that we, the experts can do our work. Within that can be a rehabilitative step towards unwinding, letting go and trusting and from there, the work on the physical can begin.

Some of my participants in fact required 'exercises' that centred around reasons they may not be recovering from an injury, and that can not only be connected with trauma or social circumstances as we commonly discuss, but also and equally as important, personality types.

People in managerial positions, and well established in their careers who are used to being in control, needed work around allowing their body to move passively to increase mobility for instance and this in itself was part of their road to recovery. In comparison I noted that personality types where control wasn't

part of their make-up were immediately more trusting of the process and the alliance was more immediate.

Results (Therapeutic Alliance)

- The Participants that were open to the process and bonded well with me got immediate positive results and each week showed further improvement.
- The Participants that needed time to come round and simultaneously took longer to connect with me, showed improvements only after some small positive breakthroughs.
- One Participants expectation of online work being only a temporary fix until hands on could resume experienced marginal results.

Results (Exercise Adherence)

- Participants adhered to and were more actively engaged with their own self-care where the work was undertaken together with the view that this was then their 'go -to' even after our study period was over.
- The percentage of participants who adhered to a standardised format of exercise based on the pathology alone was low.

Conclusion

Self-care and rehabilitation are contextual. I had never really considered that a goal based on being able to stand up, could be part of my work as a massage therapist, for example.

I had fixated on the areas of exercise or physio based rehab

Yet through the medium of online work I am helping clients who's need is just that, so is that rehabilitation or self-care, or both?

Has to be person centred and be-spoke and has to take into account the person as a whole

Working online has a very valuable place where hands on isn't possible and potentially opens new avenues.

What would I do differently :

I would change the title, so that it would be less about 'the skill of teaching' and more about the exploration of self care in comparison to exercise pr physio-based rehab and see where that leads.