Personal Growth and Development: Refining the Skill of Teaching Prescriptive Rehabilitation Exercises during the 2020 pandemic lockdown.

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Marina Kyriacou _____

Date: 31 August 2020

I would like to thank the dedicated support of my course Tutor Susan Harrison who always believed in me. I would also like to thank and pay homage to my BTEC Babes, Susie Johnston, Lyndsey Simpson and Jo Grinbergs.

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Abstract

A qualitative study of online intervention with six participants was undertaken over an eight-week period, to assess the personal growth and development of a manual-bodyworker transferring to online intervention during the covid-19 pandemic in March 2020. Participants were of no specific age or gender and a variety of pathologies were treated. The content of the intervention was developed and adapted from the 'teaching' aspect of the Jing HFMAST protocol. The aims were to observe and reflect on the development in skill set and capability of the therapist.

Four main themes were established; Covid-19 lockdown changed the delivery of the existing massage format, the therapist's ability to prescribe safe and appropriate rehabilitation exercise, therapeutic alliance and exercise adherence.

The study demonstrated learning and growth in the skill set and development of working with participants online, in the absence of manual bodywork.

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Introduction

In March 2020, the UK went into an indefinite lockdown period to protect the population from the Covid-19 pandemic that had already claimed the lives of a large number of people in other countries. That meant the cessation of ordinary life, limiting physical contact and close proximity with other people and the closure of most businesses especially those considered non-essential, particularly if those businesses require close proximity such as massage and physical therapies. All of which had a huge impact on the mental and physical health of those forced to remain indoors.

This study aims to reflect on the personal growth and development of a Jing therapist working to improve on one specific area of the of Jing HFMAST Protocol. The 'T' in the acronym HFMAST: this refers to teaching the participant various aspects of their own self-care, which would usually be prescribed post treatment. The therapist intends to improve their skills in delivering prescriptive rehabilitation exercises within a safe and appropriate context, in order to overcome limiting beliefs in this area. As a qualified personal trainer, the therapist acknowledges the cross over in the skillset, which has relevance to the study, however working online was not a medium widely used before for either personal training or delivering self-care. Lockdown provided an opportunity to address these skills and overcome these limiting beliefs in the absence of manual bodywork.

In today's modern and 'online' world information that may once have been limited to a specialist, is now not only accessible to the great majority but also very visible online, Such a wealth of information, with a huge variety of methods all aiming to achieve the same goal, accessible to more than just those in the field, termed 'a global sharing of ideas' (Starrett and Cordoza, P17, 2015) gave rise to information overload and a feeling of being overwhelmed. Making it difficult to hone in on a safe and appropriate, progressive, exercise programme. Personal training and the Jing method of massage fusion are both outcome-oriented services and working backwards from the end goal is a difficult skill to master, one that requires practice and experience. In reality the pre-lockdown format of massage delivery does not give as much focus for this experience to evolve as quickly as the actual hands on body work.

How the lockdown changed our treatment format…

During the covid-19 pandemic, manual therapists were propelled forward in their use of modern technology forcing a change in the way that bodywork treatments are delivered. Where bodywork may once have been the primary tool in their pre-lockdown format, now 'telerehabilitation' and online self-care have become more prominent. This is a change that might otherwise never have developed, it necessitated therapists embracing tools that they might previously have been uncomfortable with, such as using online platforms. More so, it raised a question about the absence of hands on bodywork, and whether it could be replaced effectively during this time. Research does demonstrate that telerehabilitation is a successful intervention (Cottrell et al., 2016) and during unprecedented times such as the Covid-19 pandemic, it means a practitioner's time and resources can be re-allocated, this shift relies more upon the patient's active participation, as a result, the locus of control also shifts. Treatments online are more oriented towards patient centred self-care; communication and education become the overriding tools (Pugliese and Wolff, 2020).

This study examines the questions that surround this shift, can good results for self care be achieved in the absence of physical touch from a therapist, and can the therapist deliver a high quality of work effectively via the medium of the internet? Interventions via online platforms 'have been associated with decreased pain and increased control over pain, reduced catastrophising of pain and maladaptive coping' (Berman, Iris, Bode, & Drengenberg, 2009). This does demonstrate that even in the absence of manual body work and one- to-one experiences, intervention that will address the initial stages of rehabilitation, the first steps towards improved mobility and pain reduction can have a significant effect on mental attitudes, thus increasing the chances of full recovery. So even if the online intervention is a temporary bridge, it is viable.

What is self-care?

Self-care is a very generalised term and will most likely vary from therapist to therapist. Applications of self-care from a Jing method perspective could encompass; strengthening and stretching exercises, adaptations of therapist applied stretching techniques such as PNF (proprioceptive neuromuscular facilitation), AIS (active isolated stretching), STR (soft tissue release), specific prescriptive physiotherapy based rehabilitation exercises, prescriptive exercise based rehabilitation exercises, use of tools such as trigger point balls, spikey massage balls and foam rollers, mindfulness and meditation for example.

For the purposes of this study it will involve teaching the participant how to perform their prescriptive rehabilitation exercises; mobilisation techniques, stretches and the use of some equipment, or any adaptation depending on what is available to them.

What is Clinical Assessment?

Usually within clinical practice, the consultation process follows the mnemonic HOPRS (History, Observation, Palpation, Range of Motion, Special tests). Which is then followed by orthopaedic assessment and/or special tests. Online presents several difficulties, at a distance active range of motion is still viable, passive range is not possible as it requires the therapist to 'feel' the movement in the joint, and resisted is possible to adapt, however certainly becomes less impartial as it then relies on the participants feedback. Special tests will also be limited as not all tests will be possible to apply. Observation and postural assessment now replace the full range of orthopaedic assessment, as it lends itself to the online medium and it is even more significant when observing patients in their natural environment, day to day movements that are limited can be demonstrated for real instead of being reconstructed (Pugliese and Wolff, 2020). Postural assessment is also a significant part of evidence based practise (Van Schaik, Bettany-Saltikov and Warren, 2002).

The Jing HFMAST Protocol…

The Jing method is known for its pioneering approach of combining elements of several modalities, eastern techniques of breathwork, stillness and relaxation, combined with the tools conventionally used by physiotherapists or osteopaths for example; orthopaedic and special testing, physiotherapy and exercise-based rehabilitation. It also encompasses trigger point work and myofascial work. Fairweather and Mari (2015) describe the 'treatment sandwich' in which they emphasise the importance of therapeutic alliance between participant and therapist, handing over exercises must go beyond just that, the participant also needs to 'feel heard' and the role of the therapist is to 'educate and empower them to take control over their own healing'

Every part of the HFMAST protocol is deemed equally important, 'the whole is greater than the sum'

Heat/Ice, **F**ascia, **M**uscle, **A**cupressure, **S**tretching, **T**each. (Fairweather and Mari, 2015)

Planning exercise programmes for participants…

Planning programmes for exercise rehabilitation does have similarities to exercise programmes for personal training, both should be goal orientated, with clear strategies for measuring progress such as pain benchmarking or RPE (rate of perceived exertion) marking, and both should be progressive. The widely accepted principles of training stated clearly on a physiotherapy website demonstrate this cross over (ToCryne, 2020) (See Appendix 5). However, exercise for rehabilitation is not performance enhancement, it will provide a stimulus but not necessarily an overload at the start of the rehabilitation programme. Research shows that there is no correlation between adaptation (i.e. strength) and pain reduction, simultaneously, the evidence shows that exercise-based rehabilitation does have the highest efficacy for reducing musculoskeletal pain. (Lawrence, 2020). In an online lecture about exercise and pain relief, clear guidelines on exercise adherence and potential rehabilitation conflict, offering various techniques to assist with building a therapeutic alliance

(Lawrence, 2020). Many of the ideas in this lecture demonstrate similarities with the ethos of the Jing Method.

So why is exercise relevant?.....

Exercise is an important link in the overall chain of well-being it has obvious and documented positive effects on mental health, as well as positive effects on the musculoskeletal system. In studies on the effects of osteoarthritis for example, there is evidence to suggest that weight bearing exercise has a positive outcome on bone density. (Howe et al., 2011). Exercise compounds the work of the massage therapist who might seek to improve musculoskeletal function, range of motion and soft tissue quality. Dr Kelly Starrett discusses the benefits of what he describes as 'an intelligently structured strength and conditioning' programme as having the same benefits; full range of motion to the joints and soft tissues, but also the motor control to express those ranges. (Starrett and Cordoza, 2015). It stands to reason then that exercise when prescribed appropriately can have benefits for a variety of participants, older participants with poor proprioception for example, post-operative and injured participants needing to re-develop motor skills and encourage optimal muscle function. This is evidence that a good result is dependent on the combination of different elements; massage, appropriate exercise prescription and therapeutic alliance.

The relevance of exercise adherence…..

It is well known that exercise adherence to prescribed exercise in chronic conditions is low, (Newman-Beinart et al., 2017) it does indicate that prescribing exercise is broader and more significant than appropriateness based on pathology alone. The participant needs to be understood and many other factors need to be considered; environment – what available space and even equipment do they have if any for example. Prescribed exercise has to resonate, and it has to be accessible. Inspired by the Myers-Brigg personality indicator Suzanne Brue (Brue, 2008) devised a system of matching personality types with exercise type to maximise adherence potential. It is

highly suggestive that prescribing exercise needs to resonate with a client as well as being relevant to the pathology and that possibly this. Is even more important in the long term success of a treatment. It is important to understand the reasons why participants may not stick to their prescribed exercise, understanding this will help write a programme that they are more likely to enjoy or that suits them and will reduce the chances of rehabilitation conflict.

Method

The research involved delivering the new adapted style of treatment via the medium of the internet during the lockdown period. Six participants were recruited via word of mouth and direct referrals for an eight week period adapting the Jing HFMAST protocol, specifically the (T) Teaching self-care part of the protocol, from manual body work to online therapy and online rehabilitation exercises. Each week an online appointment was scheduled via Zoom for the participants. All the sessions were recorded for reference purposes. Ethical Approval was given by Jing Advanced Massage Training. (See Appendix 1).

The first session (week 1) was a consultation where the participant's health history and presenting issue was discussed and assessed. Observation was performed via online postural assessment. Participants were asked to palpate areas of discomfort to allow the therapist to understand roughly where and what structures might be affected. Orthopaedic assessment was applied in the form of range of motion tests, and special tests where possible, these were performed by the participant through video guidance and verbal instruction from the therapist. Pain benchmarking was recorded. These standardised methods of clinical assessment provided relevant data to ascertain the efficacy of the intervention.

The second session (week 2) presented the findings and the proposed prescriptive rehabilitation work that the therapist based on their findings. This formed the participant's self-care plan. All exercises were explained and demonstrated in this session.

A further six sessions (weeks 3-8) were undertaken to apply a combination of self-massage techniques, mobilisations and any adjustments to the prescriptive rehabilitation exercises already provided.

Notes were taken using SOAP[1] notes record keeping system, and reflective practice noted. One participant was provided with personal training, as the growth that could be gained was relevant to the study in the context of providing self-care.

Participants would fill in a survey at selected intervals to provide feedback on the quality of care, treatment and techniques applied, this will provide additional information on the personal growth and development of how treatments had been adapted from manual body work to providing online rehabilitation exercises. The surveys were issued at three specific intervals, 7 days after weeks 2,5 and 8. (See Appendix 2 and 3).

As part of the research, a survey to compare other deliveries of the adapted HFMAST protocol for online work was sent out to six other peer-group therapists.
(See Appendix 4)

[1] SOAP Notes are an industry standardised method of keeping records on a participant's progress. SOAP is an acronym; Subjective, Objective, Assessment, Plan.

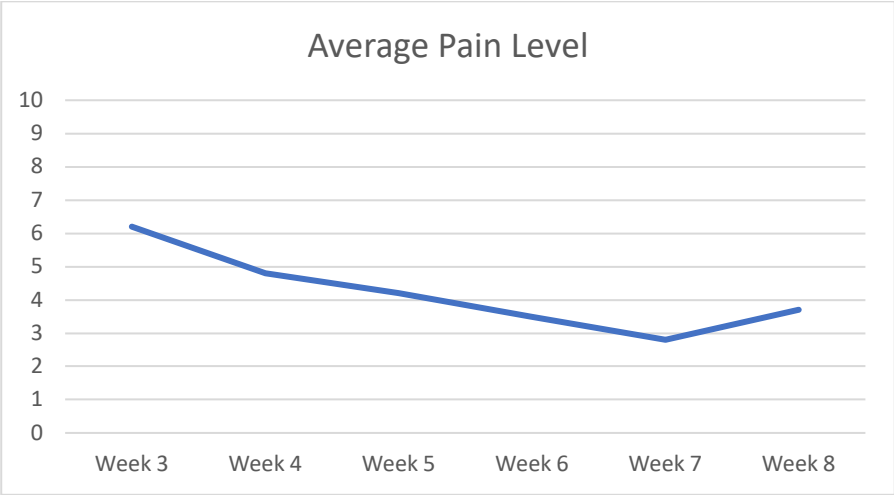
Results

Effectiveness of the treatments delivering online.

Week 1 - no treatments

Week 2 – no treatments

Weeks 3- 8 treatments and pain benchmarking each week.



The results show an initial decrease across all the participants, with a spike in pain levels at the final week. In clinic this is not unusual, it is usually an opportunity to review and refine the prescriptive rehabilitation or, touch base with the client if there are any extenuating factors that may be contributing to negative mindset for example. Stress, anxiety and intense emotional experiences may be amplifying sensory levels. Other factors such as lifestyle and work could also be discussed.

Several themes emerged from the study:

1. Expanding, adapting and delivering the T in HFMAST, (teaching self-care and self – empowering the participants)
2. Personal growth and development of the therapist (can I deliver safe & appropriate rehabilitative exercises)
3. Therapeutic alliance & exercise adherence
4. Defining self-care and rehabilitation

1.Expanding adapting and delivering the 'T' in HFMAST.

Initial attempts to adapt into working online immediately highlighted a difference in delivering an adapted online *treatment*, against the intention to deliver specifically the 'T' in HFMAST. The T being centred around *teaching self-care* which was the aim of the study.

Therapist Concern

How will I know what to teach them? What am I going to do for 6 treatments once the consultation has been done and the rehab exercises prescribed and demonstrated? Will I just repeat those exercises week in, week out? I know I don't want to take on exactly what I have been shown by Jing in their online vlogs about how to adapt because I don't feel as though trying to 'adapt a massage protocol' is how I want to progress, and it may well not fit the study.

Adaptation of the Jing HFMAST protocol for Peer 1 and 2 were described as very similar to their pre-lockdown format.

"Firstly, for assessments I would use active orthopaedic ROM tests depending on what area needed treatment, resisted movements could be demonstrated and having the client doing it while observe. 2. Treatment of the area would be where I tried demonstrating unique self-massage possibilities, small movement options and mobilisation options for specific joints. 3. At the end of the session we would check and benchmark the out-come, then decide on a few basic stretch and self-massage options to do till we meet again" -Peer 1.

"A session with me consists of this A slow down and arrive breathing time together; like the beginning of yoga, Eyes closed hands on the belly and heart (They have a hot water bottle or similar on the affected area for this bit). Then a few soft fist massages on the affected area; or sometimes some other fascia type moves. Then some more massage stuff, like squeezing the traps for example, then maybe some trigger point stuff "- Peer 2

Therapist Reflection

A review of what needed to change led me to referring back to the 'T' for teach self-care. How could I change the session to suit?

Online work was adapted moving away from (in this case) self-massage and mindful practises, to a very short succinct routine provided by a peer that resonated with the participant and gave immediate sense of gratification as the participant experienced various sensations immediately on working with the new routine. The new work was received well by both participants with low back pathologies.

"Difficult to recommend as a massage therapist when you haven't had a massage, more as rehab" – Participant 4.

"I enjoy big stretches, it was helpful to have a bit of a routine "– Participant 3

Pain benchmarking supported the understanding that the new routine was successful, the two lower back participants immediately reported lower pain scales the following week and adherence rates increased. Both participants also demonstrated active participation in the new routine.

Clinical Assessment also needed to be revised. It became a strong part of the teaching element since ways of assessing were adapted to accommodate the new distance work. Not all forms of

Orthopaedic assessment were viable online so re-testing utilised active ranges of motion and postural assessment. It was later learnt that resisted may have been possible for some participants.

> "I would use active orthopaedic ROM tests, depending on what area needed treatment, resisted movements could be demonstrated" – Peer 1

Peer 2 also suggested the resisted range was possible, using a wall for example to provide the resistance depending on the area being tested. I hadn't found this a viable assessment at a distance. Postural observation was adapted by asking the client to provide proprioceptive feedback on their own posture, where was the weight distribution in the feet for example. Encouragement to tune into themselves involved the participants in their own rehabilitation journey and built on therapeutic alliance. It confirms what the professional has observed about their own habitual tendencies and musculoskeletal imperfections and drives home what the professional has observed.

Other ways in which trying to adapt massage protocols to online treatments that presented with problems came to light with self-massage techniques. For example, self-massage was received well by the neck and shoulder participants 1 and 2, and by the hip and knee participant. The areas involved were easily accessible physically and visually, and easily demonstratable.

> "I am seeing positive results and I love being able to do self – massage. Marina has been very diligent and has done extra research and provided me with additional support for an additional underlying condition" – Participant 2

However, an attempt at steering the sessions towards a direct online adaptation proved unsuccessful for the lower back participants. Self-massage was not received well in both low back participants as it was not easy to demonstrate by turning away from the camera, and areas required to massage were not easily accessible.

> "Didn't like the self-massage" – Participant 4

2. Personal growth and development of the therapist (can I deliver safe and appropriate rehabilitative exercises)

There were concerns around the therapist's skill set in being able to prescribe safe and appropriate exercises that would also hold sway with the clients. Could appropriate exercise be identified, could they be regressed where necessary and could appropriate loading be identified and prescribed?

Therapist Concern

How do I know how much load to apply, how many repetitions and sets to offer? How do I know which exercises are best to choose from as there are so many to choose from? What if the participants dislike any of the exercises?

All programmes were initially written using the format of exercise-based rehabilitation with sets and repetitions, and a minimum of 5-6 exercises. Not all participants engage with this format of presenting a rehabilitation programme. It can be daunting, even if they have every intention, to find a block of time to accommodate 5-6 exercises requiring 8-10 repetitions, of 3-4 sets. Time management is a common obstacle for exercise adherence (Newman-Beinart et al., 2017)

"It was useful that they were a series of short exercises so that I could do them when I had the time rather having to find a significant block of time" – Participant 1

The format was then adapted to work in the neuromuscular activation format that is more appropriate for rehabilitation work which uses time instead of repetition (Lawrence, 2020). In this fashion, I was able to encourage a client to tune into their own body, using active awareness of the participant to decide when they felt the exercise had instigated a change. In other words, the client was connecting with their own proprioceptive feedback to ascertain whether they had done enough of a certain exercise. This also resulted in delivering fewer exercises in the sessions, but that each exercise was absorbed better and understood better. I would check in with the participant repeatedly during an exercise to ensure they were present in the moment and get feedback as to how they were feeling.

Therapist Concerns
I had developed limiting beliefs surrounding my ability to successfully prescribe and deliver rehabilitative exercises and aftercare. The same limiting beliefs had developed about my abilities when I was a practicing personal trainer.

In the cross over of knowledge in writing safe and appropriate exercise programmes, the differentiation between the two was particularly useful in the application of time over sets and repetitions. In asking the participant to feed-back they are being handed over the control, they will state clearly when is enough and if pain is becoming an issue for example, this is part of their education process. In the goal of personal training where fatigue is a more significant measure of the outcome, within for example a strength and endurance programme (Lawrence, 2020) sets and repetitions are more viable where there is clear indication of when to stop, the client needs to know there is an end as this is significant to their effort output, and a visible measure of their progress. However, in the goal of rehabilitation a person-centred approach by nature suggests that a participant should be actively involved in their own progression, they need to feel the change and adaptation, more so than be told, this is where taking ownership becomes more significant than for example fatigue rate.

Therapist Concerns
I was embarrassed by exercise rejection. I was unable to look at it objectively and therefore reassess if a client did not engage or didn't find something suitable. This is because I did not understand the many issues surrounding exercise adherence.

When exercise rejection occurred, for several reasons, pain using equipment, pain due to intensity, exercise not understood or liked, exercise format (sets and repetitions) not enjoyed, programmes were adapted, regressed and discussed with the participant. New exercises were demonstrated, and each programme was worked through and discussed.

"I don't like the rocking on the floor stuff which is meant to replicate the massage of the lower back, its awkward and unrewarding, so I don't do it" – Participant 4

Some instances of pain arose, in one case the exercise was too intense and needed to regress slightly, in another instance it was using equipment that resulted in pain.

"I stopped the ones that hurt or the ones I didn't understand.
Spikey ball is the opposite of massage to me, uncomfortable, doesn't feel restorative, and was actually, I felt, damaging"– Participant 4

Therapist reflections

I adapted immediately. I had concerns that this was 'my fault' and that it reflected badly on my choices, but this project was about this very moment, its ok to get things wrong, to choose exercises that aren't liked or understood, or to have prescribed an exercise that is too intense, it doesn't make me a bad therapist, you can't always get it right the first time. The participants stopped immediately so no harm was done, and that was also because I always made it clear, if there is sharp pain, stop. I also noticed that as soon as the issues were addressed, the trust and communication improved because I found something that really resonated. The vibe of the sessions changed from uncomfortable and obliged to friendly and willing.

3.Therapeutic alliance and exercise adherence

Initial exercise programmes were not holding sway with the participants, more of them were adhering to and enjoying and seeing a benefit from, the work being undertaken online each week and requesting videos or written programmes of that work. Therapeutic alliance was built through the weekly teaching of self-care and through effective communication that accommodated necessary changes, and along with this adherence improved.

Therapist Concern

How will I avoid exercise rejection and if it happens what does it say about my skills, my ability to provide rehabilitation exercises. Prescribing safe and appropriate rehabilitation exercises that will be well received and adhered to has always been an area lacking in confidence. It is easy to hide behind the performance of providing a premium quality massage, with the experience of safety and within the sanctity of allowing the participant to feel heard in what is their space, however, sometimes the pain and outcome need more than just the massage.

When the participants expressed a dislike for the exercises prescribed, or indeed the format with which the treatment sessions had initially taken, this was discussed with each participant and changes made. Communication and education gave space for the therapist and participant to engage with each other.

"When I was still struggling with technique I could always ask the therapist for hints or alternatives so I didn't feel I was stuck doing exercises that I hated" – Participant 1

"I also liked the therapist's honesty so if something needed further research she would tell me this rather than obfuscate, it really helped build my trust "– Participant 1

"Marina is extremely knowledgeable and helpful, encouraging and supportive at all times"– Participant 2

Therapist reflections

In the past I would have been so uncomfortable with admitting that what I feel is good for the injury, does not necessarily resonate with the client. I would simply say 'you must do your exercises' and then leave the responsibility with the client, my part would be done, because I was afraid to encounter anything that might need adjusting. I now know that isn't the case, I now know that its acceptable, and that actually there has to be a starting point, that from there, communication and education, on both parts creates a space that both therapist and participant to build a bond and trust.

In confronting any requirements for changes and allowing the participant the space to reject exercises or question the method, the person-centred approach beings to evolve, the therapist then shifts the balance towards recognising the participant as their own expert and active participant in their own self-care. (Nieuwenhuijsen, 2009)

4.Defining Self Care and rehabilitation

There were concerns around what actually constituted rehabilitation as this was perceived to be a very specific skill set area usually associated with physiotherapists.

Therapist Concerns

I found it extremely difficult, surrounded by the wealth of available information, and the many different "styles", to narrow down what I would consider to be suitable and appropriate to the client I was working with. This would hamper my ability to write a progressive exercise programme because there are so many different approaches to both personal training and rehab work. I then found it difficult to regress an exercise once I had determined what needed to be achieved.

The therapist's own concerns about the overwhelming amount of information available was reflected by one of the participants.

"There is so much conflicting information I would probably go back to Marina for advice as I trust her" – Participant 5 (PT)

This highlights the importance that self-care should be based upon the individual as much as it should be based upon the pathology being presented.

Self-care can be defined as a combination of the techniques regularly employed by physiotherapists where you might see exercises associated with range of motion of a joint, however rehabilitation *also* encompasses part of the Jing ethos of mindfulness, breath work, turning the participants attention to their own body and this ties in with the element of self-empowerment.

"I felt that it was my care and that the sessions were for me rather than I was doing something for the therapist "– Participant 1

"The exercises and massage techniques which have given me self-help tools to allow me to treat myself when I feel my injury needs attention" – Participant 2

Therapists Reflection

The internet can be a useful place to pick up ideas for mobilisation techniques, stretches and rehabilitative work. The trick is to dip into it like an encyclopaedia, referencing only what you need in the moment and building up your own encyclopaedic knowledge slowly. That confidence only really came with the understanding of reasons why clients may not stick to exercises and the confidence to accept that it is not a reflection on my work

Therapist Concern

Rehabilitation exercises are an intimidating aspect of a massage therapists work, and I am not sure if I am capable of writing a good programme, I can do little bits of self-care, but rehabilitation?

"Self -care was mostly given based on the session out come and in the form of step by step storyboards. These would be a series of basic stretches. Basic self help massage and acupressure techniques. Some cases needed more specific trigger point techniques where I would send detailed pictures from clinical apps for their specific pain pattern they had" – Peer 1

Self- care evolved through the process of working with each participant across the medium of the internet and in the comfort of their own home. Options to go out and purchase recognised rehabilitation tools like spikey massage balls at a whim was limited to online purchases, and owing to the pandemic crisis deliveries on goods was experiencing a delay. This meant that this option was at times not available and adaptations had to be made to accommodate. A positive outcome of the confinement was also seeing the participant in their home surroundings, this could at times offer a clear reconstruction of the limitations a pathology may be causing, it may have demonstrated a participant's temporary working conditions for example, but more significantly the intimate environment allowed the self-care to address the participants difficulties in everyday life, hence a

person- centred approach (Nieuwenhuijsen, 2009). Self-Care has a common thread among other peers, but also demonstrates very personal variations.

"Self -care included: the use of heat to affected areas, self- massage techniques/working their own trigger points, often showing them a picture of the muscle to work on, some acupressure points, how to stretch certain muscles/areas, deep breathing techniques, self-healing ie energetic healing/Reiki if they were inclined to do so, and giving a stretch or two specific to the area to work on" – Peer 3

Therapists Reflection

Once I dropped the notion that self-care was limited to rehabilitation I then understood that some exercises that could be classified as rehabilitation exercises could also be accompanied with other forms of self-care. It wasn't about writing the perfect programme that would strike fear in the heart of any other physiotherapist, it was about separating myself from that field of work and defining myself from that in offering the treatment sandwich, offering that extra detail that makes me the therapist I want to be.

Discussion

Successful rehabilitation was broader than finding what was perceived as the right set of exercises for a specific pathology. In its initial phases the study attempted to prescribe a self-care program and work to adapt 6 massage treatments for 6 one to one sessions, however, this was in some cases impractical and not well received. It also ignored the initial goal which was to improve on the skills of actually working through prescriptive rehabilitation to achieve a better outcome *for the participant*. Delivering the 'T' evolved into assisting the participant to engage with the self-care, to give them a platform on which they could hold themselves accountable and most importantly develop this skillset into patient centred care routine. The study reflects the evidence that interventions, that make a patient feel heard, that reduce stress and contribute to a patients comfort have a profound effect on their mental outlook and in turn their long term physical recovery (Nieuwenhuijsen, 2009). Patient Centred self -care is teaching a client using methods and exercises that resonate with them AS well as being suitable to the pathology.

Switching over to the neuromuscular activation format (Lawrence, 2020) and encouraging clients to tune in and take control of their own needs switch control of prescribing 'appropriate and safe' exercises. Including the participants in this way and relying on their feedback gave space for needs to be heard and so choices and application of exercises remained within appropriate loads or sustainability. Often load and appropriate exercise were dictated by what was readily available in the home, so adapting to suit demonstrated a huge cross over into the personal training zone, how to regress an exercise or indeed intensify to an appropriate level, these things can be manipulated using time under tension, or isometric holding for example. This supports the findings demonstrated by (Pugliese and Wolff, 2020) in their discussion of telerehabilitation during the covid-19 crisis.

The therapist's experience in this study showed that rehabilitation programmes written based purely on the injury have lower adherence than work undertaken together that is centred around suitability to the participant primarily, and appropriate to the injury. It compounds existing research that suggests education and repeated demonstration are key components to adherence and positive mental attitudes (Lawrence, 2020). This in turn highlights the fact that a participants experience with the therapist, is an equally important part of the process as the therapists level of knowledge. Teaching and educating form part of the therapeutic alliance that in turn builds better success rates.

Self-care is rehabilitation, rehabilitation has to be tailored to suit every individual participant even more than just their pathologies. Rehabilitation encompasses more than just the literal physiotherapy based rehabilitation. For some participants this is a straightforward short accessible routine and for other participants it is taking the time to embrace techniques of breath work, letting and tuning in to their own body. For some, this IS rehabilitation. The best results occurred with the combination of what was once perceived as a differentiation between self-care and rehabilitation exercises.

This study showed that there is a wealth of information available on the internet to help with rehabilitation. However, unless a participant feels that the information is really focused on them and is something that they enjoy doing the level of exercise adherence tends to be low. Working with people on an individual basis and building that therapeutic alliance allows barriers to be broken down. Understanding the importance of using the biopsychosocial model of treatment, perhaps was of greater importance during a pandemic when people might have been feeling more isolated. As a therapist integrating a more holistic approach and a tailor made approach to treating clients online rather than just trying to analyse and prescribe exercises gave better results. The effectiveness of this study supports Cottrell et al. (2016) showing that telerehabilitation is an effective tool

Conclusion

This study was to assess the personal growth of a therapist delivering and teaching exercises online, focusing on the 'Teach' aspect of the Jing HFMAST treatment plan.

What it found was evidence to suggest that standardised rehabilitation programmes for specific injuries, although safe and appropriate and time saving administratively for the therapist, don't necessarily hold sway with the client, and that this results in low adherence rates.

There is evidence to suggest that patient centred self-care is effective because it encourages active participation of the client seems to initiate or motivate the client into taking control of their own self-care and shifts the locus of control. In addition the client's pain levels decreased showing the treatment online was effective.

The study encouraged the therapist to take confidence in prescriptive exercise and work with the client in developing bespoke self-care programmes in light of exercise rejection. The study confirms the idea that educating and repeated demonstration contributes towards higher adherence rates and better outcomes. (Lawrence, 2020)

The study expanded the therapists perception of rehabilitation. It is a combination of modalities that could encompass tools not typically used by physiotherapists and could encompass tools that address mental health wellbeing or coaching to some degree. Successful rehabilitation is bespoke and aligns with the Jing Method of biopsychosocial model 'the issue is not just in the tissues' (Fairweather and Mari, 2015)

The circumstances surrounding the development of this study are unique but some of the themes around delivering self-care online could be examined in future studies particularly as we have developed a more online presence as a result of lockdown.

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Appendix 1

	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	✓
1	Complete Section 1 to Section 13	
2	Electronically sign and date	
3	Participation information form	
4	Participation consent form	

Jing BTEC Research Ethics Form

BTEC Level 6 – Professional diploma in advanced clinical sports massage

Section 1: to be completed by student

Student's name:	Marina Kyriacou
BTEC Year-group:	2018-2020
Date of application:	26/1/2020
Student email address:	massage@tigertherapy.co.uk
Title of research project:	Personal growth and development as a therapist: teaching self-care exercises during lockdown.

Section 2:

Does your project involve any primary research using human subjects?

Please delete as appropriate.

	YES	**NO**
Does your project involve any primary research using human subjects?	Yes	
If yes, does it involve children under 16?		No
If yes, does it involve children under 18?		No
Other vulnerable populations (i.e. mental illness, aged subjects)?		No
Does your project involve NHS patients, NHS staff or Local Authority Service Providers? *If yes, you must obtain 'external ethics approval' for your proposal before the form can be signed-off by 'Jing' and before you can start your fieldwork.*		No
Are you planning to use deception?		No
Are you collecting sensitive personal data such as sexuality, mental health data, etc?		No

Does your project make use of a validated questionnaire?	
Does your project make use of a new/adapted questionnaire or semi-structured interview checklist?	Yes, Customer satisfaction Survey

Section 3:

Where is your research being undertaken? Tiger Therapy 58e Livingstone Road Hove BN3 3WL		
If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.	n/a	n/a

Section 4:

How will you recruit subjects for this research study? • I will put out an appeal on social media and some of the group hubs to ask if anyone has or knows of anyone that needs assistance with chronic pain and injuries during lockdown.

Section 5:

How will you manage participant confidentiality?

Information on initial signup form informing participants that their information will not be available to third parties. Assurance that details will not be seen by anyone else than the researcher. Their names will be replaced by numbers so they will be anonymous. As soon as the study is completed, all personal details will be deleted. Moreover, all data will be password protected stored on personal computer.

Section 6:

1. Outline your project procedure

This study will examine personal growth and development as a therapist, teaching self-care exercises during lockdown.

This is a qualitative study to examine and observe my own evolution and the quality of care that can be provided through online resources. We will not be measuring the outcome of the treatments, but examining the success of my ability to adapt body work into online self care which will be determined by customer satisfaction feedback.

I will be treating a variety of pathologies and offering a combination of self-massage, mobilisation techniques and exercise based rehabilitation.

I will conduct an initial consultation that will determine the exercise-based rehabilitation that the participant will undertake, which will be explained in a follow up session.

I will then offer 6 online meetings on a weekly basis where self-care techniques will be provided. This will serve as a method to examine my ability as a therapist to adapt traditional massage work and ensure the satisfaction of the participant.

2. Briefly describe, **what your participants** have to do

Participants are required to initially attend a meeting to collect basic contact details and consent.

Participants are required to inform the researcher of any additional therapy or medication they are receiving for their pain in addition to the self care and exercise based rehab.

Participants will perform self care techniques with appropriate rehabiltitation exercises all delivered online.

Each session lasting 30-45 minutes, once per week for the duration of 6 weeks.

At selected intervals participants will be asked to fill in a survey and offer any feedback for the treatments received.

Section 7:

What sort of materials or stimuli will your participants be exposed to?		
	YES	**NO**
Questionnaires	Yes: Customer Satisfaction	
Pictures (will you take a photo of participants)	Online face to face meetings which will be recorded.	
Sounds		No
Words		No
Other	Clinical Massage, Orthopaedic assessment Rehabilitation advice	

If using a questionnaire you are required to attach an example.

Pictures may be taken to demonstrate the protocol used as a submission to the dissertation. Any physical features that can personally identify participants of the study will be deleted and permission is required from participants before taking any pictures.

For 'Other' please elaborate: Self Care advice in the form of exercise based rehabilitation Aspects of Self Massage techniques Rehabilitation techniques such as mobilisations

Section 8:

What sort of people will the subjects be? Adults working from home during the lockdown period. Chronic pain pathologies and sporting injuries

Section 9:

If your research study involves minors, how will you obtain participation permission and who is the responsible adult? NA

Section 10:

Special Issues. Give brief details of other special ethical issues and the controls you will put in place to minimise ethical risk. Participants may experience some bruising if they work too deeply.

Section 11

What procedures will you follow in order to guarantee the confidentiality of your participants' data? Record participants name, DOB, address. Assign each participant a number. All other data stored will be on a separate file under their number only (i.e. anonymous). All data will be deleted as soon as the study has been completed. All data will be stored securely and password protected. .

Section 12

Does any of the following apply to your research study?	YES	NO
It requires participants to give information of a personal nature	YES	

It involves minors or other vulnerable individuals;		NO
It involves paying participants or an alternative incentive to participate		NO
It could put you or someone else at risk of injury.		NO

Section 13:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES	

Student's handwritten signature:

_____

(To be completed, once ethical approval has been provided)

Print Name:

Marina Kyriacou

Date:

25.01.2020

IMPORTANT

Consent

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form (example below) should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.

PROJECT TITLE:

Personal growth and development as a therapist: teaching self-care exercises during lockdown.

STUDENT NAME: Marina Kyriacou

STUDY LOCATION: 58e Livingstone Road, Hove BN3 3WL

Tel: 07967194550

email: massage@tigertherapy.com

INFORMATION FOR PARTICIPANTS

Important

Please be advised that any you can withdraw your participation from this study at any time. There is no need to submit a reason and there will be no consequences to you as a result of withdrawing.

What will be expected of you, the participant?

You are required to initially attend a meeting to provide basic contact details and give consent.

If you are receiving any other therapy or medication for your pain throughout the study, you are required to inform the researcher.

For 6 weeks you will receive a 30-45 minute treatment of the Jing method of treatment. You are required to fill in a Customer Satisfaction Survey questionnaire after your first treatment and then 7 days later, before each follow up treatment. The final questionnaire will be submitted one week after the final treatment.

What does the initial consultation and research study involve?

During the initial consultation, name and contact details will be taken as well as any information on medication or manual therapy being received.

A treatment will be provided.

The research study will involve ascertaining an average pain level for the 6 weeks as a result of massage intervention.

The total duration of the investigation is therefore 6 weeks.

Are there any risks involved?

Potential for symptoms to get worse following a treatment session. However, these are not expected to last and to eventually improve.

Potential risk of bruising following treatment.

What are the potential benefits to you; the participants?

Potential for participants to experience reduced pain and an increase in range of motion. This in turn might increase performance and general everyday wellbeing.

How the results of the study will be used

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners. Communication of the findings may be in the form of all / any of the following: a dissertation, reports in scientific journals, articles in newsletters, and presentation at a conference.

Confidentiality

All data and personal information will be stored securely in accordance with the terms of the General Data Protection Regulation (GDPR), 2018, and will be accessible only by **Marina Kyriacou**. After completion of the study, all data will be made anonymous (i.e. all personal information associated with your data will be removed). Your data will be anonymous in any written reports, articles, and presentations of the results of the study.

What to do now you have decided to participate

If you would like to participate, please return a completed consent form to **Marina Kyriacou**

If you have any further questions, please contact **me** on the telephone number or email address above.

Thank You.

PARTICIPANT CONSENT FORM

Title of study:

Personal growth and development as a therapist: teaching self-care exercises during lockdown.

Name of student: Marina Kyriacou

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received sufficient information about this study
- I understand that I am / the participant is free to withdraw from this study:
- At any time (until such date as this will no longer be possible, which I have been told)
- Without giving a reason for withdrawing
- That I am free to refuse to answer any question without saying why
- That the services I am receiving will not be affected whether I participate or not.
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking here.

• I agree to take part in this study	
Signed (participant)	Date
Name in block letters	
Signed (parent / guardian / other) (if under 18)	Date
Name in block letters: MARINA KYIRACOU	
BTEC students contact details 07967194550 massage@tigertherapy.co.uk	

Section 3: Jing 's assessment (to be completed by Jing)

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature: .....date: .....

OR:

This project is designed to include fieldwork with human participants.

(please circle yes or no)

YES / NO All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

YES / NO The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

YES / NO I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

YES / NO I am confident the participants' confidentiality will be preserved.

YES / NO I consider that any risks involved to the student, the participants, and any third party are minimal.

YES / NO I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature: ..... date: .....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:

Advisor's name (please print):

Advisor's signature: ..... date: .....

Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix 2 (First Survey)

I would like to ask you about your experience with online self-care as provided by Tiger Therapy so far.

1. Overall, how satisfied were you with your consultation & follow up session?

Extremely Satisfied?☐

Very Satisfied?☐

Somewhat Satisfied?☐

Not So Satisfied?☐

Not at All satisfied?☐

Other (please comment)Click or tap here to enter text.

2. How Satisfied were you with the treatment and standard of care you received?

Extremely Satisfied?☐

Very Satisfied?☐

Somewhat Satisfied?☐

Not So Satisfied?☐

Not at All satisfied?☐

Other (please comment)Click or tap here to enter text.

3. How Satisfied were you with the explanation of your condition and subsequent treatment plan?

Extremely Satisfied?☐

Very Satisfied?☐

Somewhat Satisfied?☐

Not So Satisfied?☐

Not at All satisfied?☐

Other (please comment)Click or tap here to enter text.

4. Was there a goal/outcome set & do you feel that it was upheld?

Yes☐

No☐

Other/CommentsClick or tap here to enter text.

5. Was the therapist sensitive and perceptive in your treatment?

1☐ 2☐ 3☐ 4☐ 5☐ (start rating)

6. How well did your therapist explain your follow up care?

Extremely well☐

Very well☐

Somewhat well☐

Not So well☐

Not at all well☐

Other (please comment)Click or tap here to enter text.

7. How likely are you to recommend your provider to a friend or family member?

1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐

Additional CommentsClick or tap here to enter text.

8. Is there anything the therapist can do to improve their service?

Comments & SuggestionsClick or tap here to enter text.

Appendix 3 (Final Survey for participants)

Thinking about the last 6 weeks:

1. Has the intervention been helpful?

   Yes ☐

   No ☐

2. If yes, please tell us what was the most helpful aspect?

   Click or tap here to enter text.

3. If it has not been, please tell us what could have been improved

   Click or tap here to enter text.

4. Thinking about the exercises provided after our first consultation

   a. Did you engage with the routine in your own time? Yes ☐ No ☐

   b. Were the exercises accessible? Yes ☐ No ☐

   c. Were they appropriate to your condition? Yes ☐ No ☐

5. If you did not engage with the exercises in your own time, please let us know what stopped you.

   Click or tap here to enter text.

6. If you did engage with the exercises in your own time, what was helpful and what did you enjoy?

   Click or tap here to enter text.

7. Did the therapist's skill and knowledge match your expectation?

Click or tap here to enter text.

8. Did your therapist check in with you consistently, and ensure you undertook your own self care?

Click or tap here to enter text.

9. Did the therapist make you feel in control of your own healthcare?

Click or tap here to enter text.

10. Did the therapist inspire/motivate you to work with yourself outside of the meetings?

Click or tap here to enter text.

11. Can you see yourself Continuing with your own healthcare beyond the sessions provided?

Click or tap here to enter text.

12. Do you feel confident enough to seek help or research your own healthcare in the future should you need to do so?

Click or tap here to enter text.

Appendix 4 (sample group peer questions on how they adapted)

Results from the sample peer group questions.

After the treatments were completed a questionnaire was delivered to a sample group of peers, who also adapted their work to online therapy to form a basis of comparison and ascertain any common areas of structure and adaptation.

1. What Process did you go through with your participants?
    - Initial appointment made via text or phone call
    - Appropriate platform chosen – zoom ,whatsapp, face time.
    - First meeting is a consultation and assesment.
    - Followed by either a forst treatment onr an emial with self care advice or both.
2. What range of techniques/tools did you choose to apply from the Jing Protocol
    - Self Massage teaching (heat, trigger points, myofascial)
    - Relaxation techniques
    - Partner work
    - Range of motion testing
    - Benchmarking
    - Stretching
    - Guided meditation
3. What form of self-care did you offer and did it differ from what you did during your weekly session with participants?
    - Same as above.

4. Was this different from what you were already offering to your participants pre-lockdown, or was it merely an adaptation?

    - Self masage replaced the therapists hands where possible
    - Addition of relaxtion, meditation and breathing techniques
    - There was more emphasis on emailing over self care and making sure participants had homeworkt they adhered to.

5. Moving forward will this experience change your massage practise or weill you revert back to how you worked before?

    - All have said change.
    - Emphasis on additional skills; centred around the benefits of self care and the added ability to follow up on this regularly with the participant
    - Autonomy and self empowrmwent of the participant
    - New opportunities have arisen in corporate environments

Appendix 5 Screen shot of physiotherapy website.