Case Studies

Textbook Reference: FUNDAMENTALS of Therapeutic Massage, 5th Ed.
Chapter 16 – Case Studies

Review the following case studies and treatment approaches.

CASE 1 - GENERALIZED STRESS AND ANXIETY WITH BREATHING PATTERN DISORDER SYMPTOMS

Note: Generalized stress and anxiety with breathing pattern disorder symptoms is the most common stress condition seen by the massage therapist. This condition also is common in pain and fatigue syndromes and in post-traumatic stress disorder.

The client is a 37-year-old male. Friends and the client’s primary care physician recommended massage to help him deal with stress-induced physical symptoms. Three weeks ago he had a complete physical, because he was required to purchase a life insurance policy to cover the mortgage on a new home. The family had outgrown their smaller home with the recent birth of their third child. Although the physical indicated that all signs were within normal parameters, the man’s blood pressure was slightly elevated. It was recommended that he see his family doctor, who did not find anything medically out of the norm but who did notice that the client was impatient and irritable. The client told the doctor that he was not sleeping well and said that he was experiencing some heartburn about once a week, occasional constipation, and neck and shoulder stiffness. He had also gained 10 pounds since his last visit 2 years ago. The doctor felt that stress was the main cause of the man’s problems and suggested that he exercise more often, reduce the caffeine in his diet, and lose some of the extra weight. In addition, therapeutic massage was suggested for the muscle stiffness and for relaxation.

The client arrives at a fitness center for his first visit. He has never had a massage before, and he is visibly nervous and in a hurry. The massage professional introduces himself and explains that the first massage visit is primarily an initial assessment process that will take 90 minutes. The cost of the first session is $75. Each massage session after the initial session will last 60 minutes, and the cost will be $50 per session. The client states that he understands the arrangement and agrees to the assessment and treatment plan process.

Assessment/Observation

The massage professional observes the way the client moves about the office, how he breathes, and the rate of his speech. It is evident that the client is feeling rushed, because he looks at his watch many times during the interview and the massage and makes it clear that he has to be at an appointment by 4 PM. The client’s shoulders move up and down during breathing. The inhale-to-
exhale ratio indicates that the client routinely inhales longer than he exhales. He seems to swallow air when he talks, and he belches a couple of times during the interview. He chews gum, rolls his shoulders back, and often attempts to stretch his neck to the left. He also pulls at his right shoulder and neck area with his left hand. His eyes dart about when he talks, his voice is a bit too loud for the environment, and he cannot sit in the chair for longer than a few minutes without fidgeting or getting up and walking around. When he does sit still, his fists are clenched. He smiles often and jokes about being stressed. His weight is proportional to his height, although he has early evidence of a “pot belly.” He is right-handed. The client seems a bit uneasy with the idea of a male giving him a massage.

To allow the client to become more comfortable with the idea of a male therapist, the benefits of massage are explained in relation to therapeutic goals rather than relaxation and pleasurable sensation.

The client’s main goals for the massage are to sleep better, to be more relaxed and less irritable, to lower his blood pressure, and to reduce the stiffness in his neck and shoulder.

**Physical Assessment**

**Posture**

Right shoulder is high and anteriorly rotated. Head is slightly forward, and lumbar curve is slightly flattened. Right leg is moderately externally rotated, and right arm is slightly internally rotated. Left knee is hyperextended.

**Gait**

Stride and arm swing are shortened on the right, and client rolls to the outside of the left foot during the heel strike and toe-off phase.

**Range of Motion**

Lateral bending of the neck to the left is reduced to 30 degrees. Rotation is equal on both sides but painful during the last few degrees when rotation is to the right. External rotation of the right arm is limited to 75 degrees and internal rotation of the right hip to 40 degrees. Trunk extension is limited to 15 degrees. Eversion of the left foot is slightly limited. Ribs are resistant to being sprung, more so on the left, indicating rigidity in the thorax.

**Deep Fascia**

Lumbar dorsal fascia, iliotibial band, and abdominal fascia are thick and have reduced pliability.

**Ligaments**

No apparent changes.

**Joints**
No observable changes, but some heat, edema, and pain with moderate palpation pressure are noted in the right glenohumeral joint.

**Bones**

No apparent changes.

**Abdominal Viscera**

Abdomen is generally soft. Some rigidity is present in the large intestine at the splenic flexure.

**Body Rhythms**

Heart rate fluctuates from 65 to 80 beats per minute. Breathing rhythm is fast and uneven and does not appear entrained to heart rhythm. Peripheral circulation is good and even. Craniosacral rhythm is fast and uneven, similar to breathing pattern.

**Muscle Testing**

**Strength**

Pectoralis muscles and adductor muscles test strong, with inhibition in the gluteus medius, which tests weak. Muscles that retract the scapula are weak. Gluteus maximus bilaterally tests weak.

**Neurologic Balance**

Antagonists to pectoralis and internal shoulder rotators are inhibited. Abdominals and gluteus are inhibited.

**Gait**

Shoulder and hip flexors on the right are not inhibited in the normal reflex pattern. When arm flexors are activated, hip flexors do not inhibit as they should.

**Interpretation and Treatment Plan Development**

**Clinical Reasoning**
What Are the Facts?

The main contributing factors are generalized stress with episodes of anxiety and breathing pattern disorder symptoms. (These conditions are discussed in Chapters 5, 6, and 15 of this text.) To work effectively with a client who has these conditions, the massage professional must research them. The general experience of stress is sympathetic dominance in the autonomic nervous system when fight-or-flight or fear mechanisms are detrimental instead of beneficial. When the energy is rallied for these high-activity demands but the body stays still, such as with this client, the physiologic activity manifests internally, resulting in the symptoms of increased heart rate, high blood pressure, digestive disturbances, and changes in breathing. The muscles also assume either the flight or attack position, but movement does not occur, therefore generalized tension builds. When the respiratory mechanism is functioning with auxiliary breathing muscles, oxygen intake may exceed the physical demand, and sympathetic arousal occurs. A vicious cycle begins, with internal and external stimuli increasing sympathetic arousal, which increases breathing and muscle tension, which in turn increases sympathetic arousal. Anxiety with an increase in vigilance (looking for what is wrong) perpetuates. Mood is altered.

What Are the Possibilities in Both Function and Dysfunction and the Massage Intervention Options?

The client seems to display breathing pattern disorder symptoms in response to sustained sympathetic arousal. The client has sufficient postural distortion to interfere with the mechanics of breathing, which would cause the symptoms and perpetuate the increase in sympathetic activity.

The client’s activity levels are not in balance with the level of sympathetic nervous system arousal. Increased aerobic exercise with a stretching program would be appropriate. The client is clearly stressed and has some mild anxiety. Causal factors could be the physical changes in posture resulting from extended sitting and talking on the phone, the decrease in physical activity, or the buildup of internal pressure from work and family. If this is primarily a cognitive problem, referral to a psychologist is indicated. If the indication is more physical, massage and exercise would be helpful. It is likely that all elements are involved.

Possibilities

1. The massage intervention can be structured to deal with the postural alterations and the shortening in muscle and connective tissue structures that are causing the breathing dysfunction.

2. Massage would support a moderate exercise program by managing postexercise muscle soreness.

3. The client should experience some benefit; however, it is likely that some sort of cognitive or psychological intervention is needed. A combination of the two approaches would be most satisfactory.

What Are the Logical Outcomes of Each Possible Intervention?
Massage application should reduce the sympathetic arousal, but the effect would be temporary. Adding exercise and stretching would prolong the effects of massage. The breathing function would improve, and the breathing pattern disorder symptoms should diminish, but these results also would be temporary. The client would need to change his stress perception or reduce the stress load for symptom reversal. Massage application could help manage the physical stress response if lifestyle changes are deemed impossible at this time or if counseling is avoided. Massage would have to be given often—twice a week at minimum—to be effective.

Cost and time commitments would be required for all interventions. Massage alone twice a week would require 4 hours of total time commitment (massage and travel time), and the cost would be $100 per week. The financial burden for this client is not a concern for a short-term intervention process, but the time commitment is. If the client seeks counseling, massage could be reduced to once a week. The time would be about the same, but the cost would be higher for the counseling appointments. Some of the cost for counseling would be offset by insurance reimbursement.

What Is the Impact on the People Involved for Each Possible Intervention?

The massage therapist is familiar with dealing with these conditions, because the fitness center is affiliated with the local hospital’s wellness and prevention program. The physician is favorable. The wife is a bit resistant, because the increase in exercise and massage further reduces the client’s time at home. If his mood improves, she would be more supportive. The client is supportive of exercise and willing to try massage but is resistant to any type of counseling.

Decision Making and Treatment Plan Development

Quantifiable Goals

1. Reduce shortening of breathing muscles by 75%
2. Reduce postural distortion by 50% and increase range of motion in restricted areas by 75%
3. Increase connective tissue pliability by reducing bind in short areas by 75%
4. Reduce edema in shoulder by 90%
5. Normalize blood pressure to appropriate range (under 120/80 mm Hg)

Qualifiable Goals

1. The distressful stress symptoms will diminish, resulting in improved sleep and reduced irritability at work and at home.
2. The client will have a more relaxed demeanor, resulting in improved relationships at work and home.

What Is the Impact on the People Involved for Each Possible Intervention?
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The goal is to calm the sympathetic autonomic nervous system and introduce a normal balance between the parasympathetic and sympathetic functions. When this is achieved, the client’s sleep should improve as a result of a drop in cortisol levels, and tossing and turning should diminish because muscle tension will have lessened. The teeth grinding and need to chew gum during the day should decline, which would reduce the strain in the mastication and neck muscles.

Breathing should move from an upper chest breathing pattern to more normal diaphragmatic breathing, with the inhale phase being shorter than the exhale phase in a ratio of 1:4. As the auxiliary breathing muscles relax, posture improves, and air swallowing declines, the belching and heartburn should improve. The neck and shoulder stiffness should diminish when these muscles are no longer used for breathing. Mood should also improve.

Appointments would be scheduled in the evening so that the client can go home and go to bed.

**Treatment Regimen**

**Therapeutic Change**

This is a therapeutic change process in the short term with realistic expectations of a condition management treatment program for the long term.

The client decides to join the lunchtime basketball game for local businessmen 3 days a week. He will commit to a massage twice a week for 6 weeks and then re-evaluate, hoping to reduce the massage frequency to once a week.

Range-of-motion methods will focus on reducing the internal rotation of the right arm and the external rotation of the left leg. The integrated muscle energy methods will be the primary application combining these patterns so that the muscle imbalances can be treated in sequence. The abdominal massage sequence will ease constipation.

Teaching the client simple breathing and relaxation exercises, as described in Chapter 15, is appropriate.

**PROFICIENCY EXERCISE**

The following case studies can help students begin to make decisions about what the information gathered during assessment procedures for particular case studies and client presentation. They also can teach students how to make decisions on ways to achieve the client’s goals. Remember, decision making is always a process. There are no right answers for this activity; effective applications are
those that benefit the client. Using the model applied above review the following case studies and the treatment options and treatment plans

CASE 2
MUSCLE TENSION HEADACHE

A 26-year-old female is in good health except for frequent headaches that radiate pain from the back of her skull around her ears and over her eyes. Migraine and cluster headaches have been ruled out. The diagnosis is muscle tension headaches. Because no medical reason has been found for the headaches, they are assumed to be related to stress. They do not follow any cyclic pattern. A relationship to the menstrual cycle has not been indicated.

The client has a temporary job as a waitress while she finishes college. She spends a lot of time sitting, reading, and working at the computer. She notices increased tension in her neck, shoulders, and lower back when she has to spend a lot of time with her studies. She swims three times a week for exercise and is careful with her diet. She has a moderate intake of caffeine and alcohol, and she smokes. She is not under any medical care.

Because common over-the-counter analgesics such as aspirin and acetaminophen bother her stomach, she is seeking an alternative to manage the pain. She has tried chiropractic care, with limited success, and often experiences a headache right after an adjustment. She has heard that massage can help these types of headaches. The client has completed an informed consent process and has agreed to treatment.

CASE 3
GENERALIZED PAIN SYNDROME: SUBCLINICAL FIBROMYALGIA

The client is a 46-year-old female. She works as an administrative assistant for a demanding boss. She has a random work schedule that often involves working into the evening; however, she enjoys the challenges of her job. She has been divorced for 7 years and has two children, who are both in college. Her finances are stable. She is 25 pounds overweight, does not exercise, and does not smoke. She is susceptible to upper respiratory infections. Her sleep and eating cycles are erratic.

She is experiencing generalized muscle and joint aching. She has had symptoms for 5 years, but this past year has been the most difficult. The pain is not constant and fluctuates in intensity and duration. Bad days are beginning to outnumber good days. Medical testing has not revealed any pathologic condition. She has seen a rheumatologist and does not quite fit the profile for fibromyalgia syndrome, although she has many of the symptoms and some of the history. Over-the-counter pain medication upsets her stomach.

The client had a severe bout of flu and pneumonia 8 years ago. Her last physical was 6 weeks ago. Her thyroid-stimulating hormones were a bit elevated, indicating that there may be a thyroid hormone deficiency. Currently she is not being treated with medication, but she will be retested in 6
Clinical Case Studies

CASE 4
NECK AND SHOULDER PAIN WITH LIMITED RANGE OF MOTION

The client is a 34-year-old male truck driver. He is right-handed but drives primarily with his left hand. Three years ago he took a hard fall while riding his mountain bike. He suffered a mild concussion and remembers that his neck was stiff for about a month. He is in good health, active, and exercises regularly. He eats a moderate diet and does not abuse caffeine or alcohol, nor does he smoke.

The client is experiencing radiating pain into his left scapula and upper deltoid and down his left arm to the elbow. The pain was sudden in onset, and it has an aching, throbbing quality. The pain grows worse as the day progresses, and it is interfering with his sleep, because he cannot find a comfortable position. He also complains of a stiff neck, especially if he tries to turn his head to the right. This has been occurring for about 6 months. He had an upper respiratory infection and a severe cough a month before the current pain symptoms began. He was referred to chiropractic care by his medical doctor. The chiropractor has had limited success and suspects muscle involvement. Heat provides temporary relief, and cold makes the condition worse. Aspirin helps, as do muscle relaxers, but medications are not the best long-term solution. The client is single, financially stable, and available for appointments on a regular basis.

CASE 5
GENERALIZED LOW BACK PAIN WITH LIMITED RANGE OF MOTION

The female client is 28 years old. She is a cashier and bagger at a large grocery store chain and has been on the job for 1 year. She is 40 pounds overweight, with fat distribution primarily in the breasts and abdomen. She has been experiencing low back pain for a few years. The pain is sporadic but worse during her menstrual period, which is also marked by moderately severe menstrual cramps. Since she started working at the store, the menstrual cramps have grown steadily worse.

A general physical indicated no apparent pathologic condition. A physical examination ruled out disk and nerve problems and indicated muscle tension and strain. Her doctor said the probable cause is her excess weight. On her doctor’s recommendation, she started a walking program and has been reducing her food portions to support gradual weight loss.
The doctor also prescribed muscle relaxants, to be taken as needed. Lately the client has been taking the medication daily in the evening. The pain worsens as the day goes on; it is relieved initially when she lies down but becomes worse if she lies or sits still for an extended period. She was referred to a physical therapist who designed a rehabilitation exercise program and recommended massage intervention under the physical therapist’s supervision.

CASE 6
ATHLETIC DELAYED ONSET MUSCLE SORENESS

The client is a 22-year-old rookie cornerback professional football player. It is the second week of training camp, and the weather is hot and humid. The training regimen includes various running and sprinting segments, position-dependent drills, and strengthening and conditioning with a weight-lifting program. The team’s warm-up includes stretching activities. Maximum performance is required to secure a position on the team, and the competition is fierce. During the past 5 days, the team has been practicing in full equipment for the morning practice and in pads, helmet, and shorts for the afternoon practice. The training staff has been diligent about keeping all players hydrated, and ice baths are available. The client has been regularly soaking his legs in the ice water tubs.

One afternoon the client reports to the trainer that he aches all over and has some cramping in his hamstrings and calves. The leg cramping goes away with increased hydration and ingestion of electrolytes. He has been referred to the team massage therapist for management of delayed onset muscle soreness. The client does not want the massage during the afternoon break, because he is afraid it will affect his afternoon practice; therefore, he is requesting evening sessions after team meetings.

CASE 7
THIRD TRIMESTER PREGNANCY

The client is 34 years old and in the eighth month of her second pregnancy. She has a 9-year-old son. The pregnancy has progressed normally, and the client has had the usual minor complaints of nausea, swelling in the ankles, low back ache, and shoulder and neck pain. She has noticed that her breathing has become more labored in the past 2 weeks. She feels pressure on her bladder, but bowel function is normal. She has been receiving massage on and off during the pregnancy. Now that her posture is changing with the increase in the size of the baby, she is more uncomfortable and wants to begin a more frequent and regular schedule of massage until the baby is born. She lives in the country, and the weather has been snowy and icy. Because she feels clumsy and is concerned about falling, she has been staying home and would prefer on-site massage sessions.
CASE 8
PREMENSTRUAL SYNDROME

The client is a single, 29-year-old female with a 5-year-old child. She has been diagnosed with premenstrual syndrome (PMS). After ovulation she is increasingly irritable and anxious. She experiences general swelling and some bloating. Often, but not always, she gets a migraine headache about a week before her menstrual period. Her weight is within normal range for her height, but she can increase half a clothing size during the menstrual period.

She takes ibuprofen as needed for pain, and she is taking a multivitamin and additional B vitamins. She is weaning herself off coffee by switching to green tea, which also has caffeine but not as much as coffee. On weekends she rides her bike and roller-blades for exercise. She has not changed her diet. She recently joined a PMS support group.

The client has a stable income, but the days off work and the mood fluctuations during her premenstrual period are beginning to disturb her employer. Currently, she is 3 days past ovulation and just beginning to experience symptoms.

CASE 9
REPETITIVE STRAIN/OVERUSE INJURY: BURSITIS

The client is a 48-year-old man who has been diagnosed with bursitis of the left elbow. He is a manager of a retail center, and most of his day involves phone and computer work. The bursa at the olecranon around the attachment of the triceps has become irritated and inflamed. The client fell and hit the elbow 6 months ago. The bursa was injured but healed with no apparent problems. The client recently began a weight-training program that includes biceps and triceps toning. He admits that he overtrained, doing both upper body and lower body exercises every day instead of following an alternate-day pattern. In addition, he used more weight than was necessary.

The client was given a cortisone injection at the inflamed site and is taking aspirin. He has been told to rest the area and maintain range of motion but not to lift weight with the arm. The client expresses concern about losing recently acquired muscle tone and bulking. He had become overweight and deconditioned in his early 40s after being very fit in his 20s and 30s. He is determined to reclaim a fit body. He is already receiving massage on a weekly basis with the goal of managing stress and the muscle soreness caused by exercise. He is now specifically focused on reversing the bursitis.
CASE 10
JOINT SPRAIN WITH UNDERLYING HYPERMOBILITY AND LAX LIGAMENT SYNDROME

The client is a 16-year-old female cheerleader. She has been involved in dance and gymnastics since she was 5 years old. The client is generally in good health but has a history of various sprains and strains.

The current injury occurred when her leg tangled in a fellow cheerleader’s leg, resulting in a grade 1 sprain of the lateral collateral ligament of the right knee. The deltoid ligament on the lateral aspect of her right ankle received a second-degree sprain when she landed on the outside of her foot. This same ankle was sprained last year.

Appropriate first aid was administered, and follow-up medical care included external stabilization and passive and active movement without weight bearing to promote healing with pliable scar tissue formation. Antiinflammatory and pain medications were used for the first 3 days and then withdrawn because these medications can slow healing. The client was on crutches for a few days until she could bear weight on her foot. Weight bearing has been allowed for the past 5 days. It has been 10 days since the accident.

The client’s mother cleared the massage with her doctor, who supports the intervention to manage some of the compensation from using crutches and to promote healing of the injured area. The client complains of neck, shoulder, and low back stiffness and pain.

CASE 11
OSTEOARTHRITIS AND ARTHROSIS

The client is a 67-year-old male with osteoarthritis and arthrosis in both knees. He is a sales manager, financially stable, and has a flexible schedule. He has always been active and has a history of participating in high school and college sports. He ran track and played basketball. During that time, he had various minor to moderate injuries, including knee trauma. In his words, “I would just tough it out and play anyway.” To compound the problem, he was in a car accident when he was 36 and broke his left ankle. He also spent 12 years in the U.S. Marine Corps as a sergeant.

Currently he enjoys golf and racquetball. He does not want to use a golf cart, because he enjoys the walking, and he needs the exercise because of a cardiac condition. He plays racquetball for 1 hour on Tuesdays and Saturdays but really suffers with knee pain between times. His condition is worst at his early morning Sunday golf game. Initially, he is very stiff, which interferes with his golf swing, but he warms up as time goes on.

He uses topical capsicum cream and takes aspirin for the arthritis and for the cardiac condition. He is currently 20 pounds over what his doctors would like him to weigh. The extra weight bothers his
knees. He thinks that he has gained some of the weight because the knee pain has slowed him down.

The left knee is more painful than the right. In the future he may undergo joint replacement surgery, but for now he is exploring any methods that will allow him to remain active.

He has never had massage and has the support of his physicians. Admittedly, he is skeptical about massage. He says he is not one to be “fussed over” and just wants the job done.

CASE 12
NERVE IMPINGEMENT SYNDROME

The client is a 34-year-old female. She has been a cosmetologist for 12 years and maintains a very busy practice. The client has been self-employed for the past 4 years and has two employees. The business specializes in hair weaving and various types of braiding.

She has been experiencing right arm and wrist pain for the past 2 years. She was diagnosed with carpal tunnel syndrome (median nerve impingement), but surgery is not recommended until more conservative interventions have been exhausted. There are also indications of brachial plexus impingement from a minor whiplash injury 3 years ago. Another contributing factor is the client’s use of birth control pills.

She is experiencing the typical symptoms of pain in the wrist and hand with numbness in the thumb and first two fingers. The muscles in the hand show no signs of atrophy. Her right arm feels heavy, and she has aching and numbness from her upper arm down into the right scapular area. Tapping the wrist makes the hand tingle, and reaching for the floor with the right hand and lateral flexing of the head to the left increase the symptoms. She wakes up at night with her arm feeling numb. Heat applications help. She also takes an over-the-counter pain medication, Aleve (naproxen).

CASE 13
GENERAL RELAXATION

The client is a 44-year-old male who is on a vacation cruise. He has a high-stress job and has been having problems in his personal relationship. He will be on the cruise for 2 weeks and would like to schedule four massage sessions, two each week. Although he knows he has numerous minor musculoskeletal issues, he is not interested in addressing any of them. His goal is relaxation and pampering. He has no contraindications for relaxation massage.
CASE 14
SLEEP DISTURBANCE

The client is a 52-year-old female. She is married and has three children: two grown and one in high school. She is satisfied with her personal and professional life most of the time. Currently, she works part-time as a nurse, but is considering returning to school to advance her career options.

The client is menopausal; she had a hysterectomy when she was 46, but she still has her ovaries. She is taking a low-dose hormone replacement (estradiol) and uses a topical progesterone cream. The estrogen and progesterone, plus the addition of soy to her diet and vitamin E supplementation, have controlled her hot flashes. However, she is still moody and restless, and she is experiencing sleep problems. She is also mildly hypertensive but is not taking medication for it. She is 15 pounds above her ideal weight. She is active; she plays golf and tennis and bowls. For the past 6 months she has been on a very low fat diet and has lost 12 pounds. She loves coffee, and she quit smoking 9 years ago.

She has minor aching in her knee joints and is generally stiff in the morning but loosens up with a hot shower and some stretching. She has had an occasional massage while on vacation but has never had massage that focused on a specific outcome goal. She became aware of the benefits of massage in a book she was reading about managing menopause.

CASE 15
CIRCULATION IMPAIRMENT

The client is a 57-year-old male with type 2 diabetes mellitus. He is non-insulin-dependent at this point and is taking an oral hypoglycemic medication that stimulates the secretion of insulin. He is 40 pounds overweight, and part of his diabetic management is weight loss. He lost 25 pounds initially but has not lost any weight in 3 months.

His exercise is closely monitored to minimize blood sugar fluctuations. He walks and uses a rowing machine. He has begun to notice some impaired circulation in his legs and some burning in his feet. He reports that he has developed minor symptoms of vascular insufficiency and diabetic neuropathy, a common complication of diabetes. His doctors are exploring all options to manage the condition.

The nurse on the diabetic management team has recommended massage, because recent studies have shown benefit in both supporting circulation and better insulin regulation. The client is willing to try anything that can help, and because the massage therapist is affiliated with the medical team, he feels confident that the nurse who is responsible for the management of his program will supervise the process.

The client is in a long-term relationship and has a good support system.
CASE 16
FATIGUE CAUSED BY CANCER TREATMENT

The client is a 46-year-old female with early detected, stage I breast cancer. The cancer was detected by mammography 12 months ago. She had a lumpectomy and radiation therapy. The outcome looks good. She is currently undergoing treatment with tamoxifen. All medical test results, including those from thyroid and bone density tests, are within normal parameters.

Two years ago the client married for the first time. She managed a branch bank for many years but retired from that job and is seeking a more meaningful career. She loves restoring antiques and hopes to pursue this as both a hobby and a money-making enterprise. Although money is a concern for her, she is willing to commit both time and resources to those things that increase the quality of her life. She heard about massage at a support group meeting and was intrigued by the studies that showed that massage supports the immune function and helps with the anxiety and depression that can accompany the diagnosis and treatment of cancer.

Her main concern is fatigue. After a year of focusing on treatment, she wants to get on with her life, but the fatigue keeps her motivation suppressed. She experienced fatigue during radiation treatment but expected to resume her normal energy level once treatment was over. In addition to the benefits mentioned in the studies, she hopes that massage will help her regain her energy. Her doctor is very supportive of massage but wants to speak to the massage practitioner before sessions begin to review the proposed treatment plan.

CASE 17
BREATHING DISORDER: ASTHMA

The client is a 14-year-old male. His parents are exploring support care to help him manage his asthma. The client has been managing his asthma since he was 6 years old. Asthmatic triggers include smoke, perfumes, dust allergy, and exercise. The client has just entered high school and wants to be involved in sports. He shows a talent for golf and is frustrated when his breathing problems interfere with his game.

The client uses a combined medication program that includes Singulair and Ventolin. He does well on the medication, and side effects are minimal. When using the inhaler, he occasionally gets a headache or stomachache, a racing heart, and feels agitated.

Massage therapy was suggested to help with stress and with relaxation of the breathing muscles. The young man is not so sure about the massage therapy. He does not want to take off his clothes, and he does not want his parents in the room watching. He thinks he is doing fine with the medications, but there has been some indication that he has been overusing his inhaler. The medical team would like him to try relaxation methods before they try adjusting his medication.
CASE 18
SEASONAL AFFECTIVE DISORDER (SAD)

The client is a 32-year-old female. She is married and has two children, 6 and 9 years old. She is a teacher but has chosen to stay home while her children are young. She has been diagnosed with a form of depression called seasonal affective disorder (SAD). She experiences moderate symptoms, including an increased appetite and a carbohydrate craving, and she gains about 20 pounds every winter. She loses some of the weight in the summer, but over the years she has become overweight. She wants to be alone and has lost all interest in sex. She is fatigued, she says she feels as if she weighs 1,000 pounds, and she cannot get enough sleep. She does not want to do anything, but manages to drag herself through the day to meet her major responsibilities. She has a hard time remembering details and is impatient with unexpected demands on her time. Her muscles ache, and she continually has a dull headache.

She is taking Prozac, a selective serotonin reuptake inhibitor (SSRI), and has recently begun using light therapy. Both seem to help.

She is interested in complementary methods, especially aromatherapy and homeopathy. She has also read that massage can have a positive effect on depression. She loves massage and has treated herself to massage when on vacation. A holistic health center with a massage clinic just opened in her hometown, and the rates are affordable with a package plan. Her doctor is supportive, especially if massage will help her be more compliant with an outdoor walking program.

CASE 19
SPORTS PERFORMANCE ENHANCEMENT

The client is a 22-year-old female college student studying exercise science and athletic training. She is also a competitive marathon runner. Four years ago, she lost her left leg below the knee in an automobile accident. She has rehabilitated successfully and has been fitted with both a running prosthesis and a prosthesis for general use.

She is currently training for a marathon. She is determined to commit herself to the best performance possible. As an amateur athlete, she coordinates her own training program and works with a running coach. She had a first-degree ankle sprain 2 years ago, experiences generalized cramping if she overtrains, and has had one experience of shin splints. These symptoms improve when she drinks enough water or sports drinks and stretches. She occasionally gets side stitches.

She is a student of the sport and is constantly studying the effects of diet and training protocols to enhance her performance. She is interested in incorporating massage into her program to support recovery and flexibility and to reduce the potential for injury. Finances are secure as a result of an insurance settlement from the accident. She has determined that she can afford $150 per month to pay for massage and wants the maximum benefit from the investment.
CASE 20
SCAR TISSUE MANAGEMENT

The client is a 28-year-old male computer technician who works 50 hours per week. He is in good health, active in a variety of outdoor activities, and concerned about maintaining the quality of his life.

Six years ago, while burning leaves, he was burned on his chest. He had first- and second-degree burns, in addition to small areas of third-degree burns. He was fortunate to be treated in a major burn center and received the best of care. The scarring was managed very well. Only one area had to be grafted, and the donor site was on his thigh; scarring also is present in that area.

Although the areas with a first-degree burn healed with no scarring, the areas with a second-degree burn did scar, with what is called hypertrophic scars. The client feels as if these scars are causing tightness across his chest and finds the sensation a nuisance.

The client has had massage a few times before and found that it lessened the tightness in his chest for a short time. He has read about various forms of connective tissue massage and the effect on scars. In the context of general massage, he would like to explore the possibility of using massage to make himself more comfortable and for general stress management. Because he just received a raise, he has $100 per month to spend for massage care.