

## **Shiatsu and Shoulder Pain**

Adelaide Medical Centre in Newcastle upon Tyne developed a small research project with Shiatsu practitioner Anne Palmer, MRSS(T). For her MSc dissertation Anne evaluated the effectiveness of Shiatsu for patients with chronic shoulder pain. GPs at the centre, which is linked to the University of Newcastle, referred patients who came with this condition to Anne. Patients has the opportunity to join the research if they chose to. A programme of Shiatsu sessions was offered over several months. Although one of the reasons for selecting chronic shoulder pain was because it is frequently presented.

The use of the SF-36 evaluation questionnaire and objective measures of range of movements suggested all patients showed improvements after the 2 month follow up. As a result of this, Shiatsu is now one of 6 complementary therapies being used by the Primary Care Group.

### **RESEARCH:**

*Vega RH. Shiatsu, a pressure technique. Physical Therapy. 55(4):381-382, 1975.*  
This is an early account of Shiatsu by the Chief Physical Therapist of a medical centre in New Mexico, USA. It includes four very brief vignettes and suggests that Shiatsu may be useful in helping to alleviate a range of symptoms including muscle spasms, headaches, low back pain, painful shoulder and limitation of movement.

*Research Project on the Perceived Effectiveness of Shiatsu Treatment. Clifford Andrews BSc, MRSS.*

The first 9 conditions which include: General Health/wellbeing, ankle problems, headaches, joint problems, sciatica, back problems, emotional problems, shoulder problems, stress. Over 50% of the clients perceived the treatment as being +2 or Very Effective. In the second observable category which includes: Digestive problems, neck problems, menstrual problems, the perceived effectiveness was divided equally between the +1 (Effective) and +2 (Very Effective) scores but in each case over 80% of the sample found some benefit (+1 and +2 scores combined). A third group which includes depression, bowel problems/IBS, low energy, knee problems, showed a greater variety in the distribution of the scores. In depression slightly more +1 scores than +2 were recorded, although all of the sample indicated some benefit (+1 and +2 scores combined). Bowel problems and IBS proved difficult to treat giving the widest spread of scores amongst all the categories. Of the sample 40% indicated 0 or no change and 30% giving +1 and 30% giving +2. Low energy also proved to be a difficult category to completely resolve with 24% scoring +2 but a larger 55% feeling some benefit and scoring +1. Knee problems also appeared difficult to completely resolve, despite all of the sample reporting some benefit, only 17% scored +2 with 83% scoring +1.

Conclusions: A large majority of clients that responded to the Questionnaire perceived Shiatsu as being very effective. Two patterns emerged from the analysis of the responses; The most common conditions treated by Shiatsu in the sample shown, and also the relative perceived effectiveness of treatment of different conditions

described. These show very promising results with some conditions which western medicine sometimes has difficulties in treating.

Shiatsu is perceived by the majority of clients in the sample as a complimentary approach to health management which is very effective for a wide range of common health problems.

*The Use of Shiatsu in treating people with shoulder pain. A pilot study. Anne Palmer, MRSS(T) January 2000. MSc Dissertation, Northern College of Acupuncture/ University of Wales*

### Results Abstract

A protocol was developed to explore the use of Shiatsu in treating people with shoulder pain.

Using a single study case design (4x n=1 studies) the progress of four people who had been suffering from unexplained and previously intractable shoulder pain for between two and eight years was monitored. The subjects received eight weekly Shiatsu treatments at their local GP surgery.

Outcomes were measured using both objective (measurements of joint mobility) and subjective (SF-36 Health Questionnaire) methods at weeks 1, 5, 8 and at a follow-up two months later.

The physical, diagnostic and energetic aspects of Shiatsu treatment are described, together with a review of the limited research material available.

The results were encouraging, with three out of the four participants showing great improvements in mobility, reduction in pain, and increase in general well-being during the course of the treatments. Some of these improvements were reduced at the follow-up, but not to the original low levels. The fourth participant did not complete the course of treatments.

The strengths and weaknesses of the design are discussed and suggestions for further research are made.

*The protocol proved to be effective. A modified version of this protocol may now be used to repeat the study in a number of centres. It is hoped, thereby, to accumulate a significant body of evidence which will further support the findings of this preliminary study, that Shiatsu is indeed effective in treating people with shoulder pain.*

### **CASE STUDIES:**

In May 2001 I treated Mr Jones twice for his frozen shoulder.

#### Presenting Symptoms

He had had the problem for 2 weeks on this occasion. His symptoms were dull aching severe pain mainly in the upper arm (deltoid muscle area), but spasmodically radiating down to his wrist. Lifting his arm up in a sideways arc from fingers pointing to floor to fingers pointing to ceiling was the most painful, and he could only lift his arm about 30 degrees from the floor. Lifting his arm up in a forward direction was also painful when reaching about half way from floor to ceiling. Rotating his arm in a backward arc was a bit stiff, but pretty much pain free. Twisting his arm up his back (as if he was trying to fasten a bra!!) was also quite painful and restricted. He could reach outwards or downwards without problem.

2 years previously he had had a similar problem lasting for around 6 months, and his GP had referred him to hospital and for physiotherapy; heat and ultrasound treatment eventually worked on that occasion.

Mr Jones was 49 years old and otherwise in good health. He is left-handed.

During discussions I discovered that two or three days before the problem arose on this occasion he had been working on his roof in a cold wind.

#### Diagnosis

Visually his right shoulder appeared much more 'hunched' forwards than his left. He looked extremely 'held' in his upper body. He was obviously quite tense and nervous about what I was going to do to him.

In Traditional Chinese Medical terms I suspected that an invasion of Cold was causing Painful Obstruction Syndrome of one or more of the meridians (energy channels) in the arms, as a result of his exposure to the cold wind whilst on the roof.

#### Aims

To reduce the pain, increase the mobility and generally relax and improve the posture of the shoulders. To expel the Cold.

#### Treatments

During the first treatment, several of the left arm channels were very painful to the touch, so I spent a lot of time holding and visualising the improvement of energy flow. I also heated the area using moxabustion herbs. I did a lot of gentle mobilisation techniques on both his shoulders and his back and neck in particular. He found it very difficult to relax, which made working on him quite difficult.

Afterwards he said how surprised he was that 'it was nice' ... he had expected it to hurt. Over the next few days he saw a gradual improvement — it felt much better and he had more movement. He even managed to cut a tall hedge without adverse reaction and generally he felt more relaxed. Two weeks later I saw him again for a follow-up appointment. The pain was now concentrated further down the left arm and was much reduced. There was still some restriction in movement, but it was much improved on what it had been. Again I carried out warming with moxabustion and also worked the channels, which were much less painful to the touch. I also did some stretches to increase the mobility of the arm. I spent a long time trying working on both his shoulders and his neck. Generally he was much more relaxed than at the previous session, and even 'drifted off' a couple of times.

#### Results

Mr Jones experienced a complete recovery from his frozen shoulder symptoms over the next few days and I did not treat him again. We both worked for the same company, so I saw him regularly over the next 12 months, and there was no recurrence of the symptoms during that time.

Susan Crawshaw, MRSS. 9 March 2006.