

# Using Therapeutic Touch

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**M**any occupational therapy practitioners have been involved with the treatment of pain associated with a variety of traumatic injuries. The injuries can range from mild to severe, and can affect all systems of the body, including but not limited to the musculoskeletal, nervous, vascular, respiratory, lymphatic, endocrine, and visceral. One of the body's reactions to being assaulted is the protective response of fascia, which is composed of connective tissue supporting every part of the body at a cellular level. Upon injury, many connective tissue cells migrate to the site to provide protection. The effect is often a thickening of tissue that protects the injured area. As the body heals, the connective tissue usually returns to a more mobile state. However, if the injury is chronic or severe, the connective tissue can maintain its decreased mobility, which over time can increase pain and disabilities. Multiple treatment modalities may or may not be effective in dealing with these symptoms, which often become chronic conditions.

Myofascial release (MFR), craniosacral therapy, neurodevelopmental treatment (NDT), and other methods involving manual techniques have become useful to occupational therapists for clients with these problems. Therapeutic touch uses light pressure and, at times, light manual traction to facilitate physical change. The electromagnetic field of the practitioner can influence the client's physical functioning in a positive way. The practitioner, after becoming centered and quiet, facilitates the self-correcting mechanism, enhancing the balance and har-

mony within the client.

The first major component of therapeutic touch is intentionality, or the intent to help. The practitioner tries to imagine the client as whole and well, before and during the touching process. Other important features of hands-on treatment are the dynamic interactions between therapist and client, the interchange of energy, and ongoing adaptations to the body's changing needs throughout the treatment sessions. As **Regi Boehme**, OTR/L, explains, NDT can be like an interactive, graceful, fluid dance, as each person continually adapts to the other's movements. Most importantly, the practitioner is the facilitator, the person who supports the client's self-healing process. Thus, the client's active participation is the vital component for change and growth.

## CASE REPORT

The subject was a 48-year-old woman who had been in an automobile accident 1 month earlier. Her seat belt strap had driven the birthstone on her necklace into her upper sternum, which sustained a puncture fracture. Her right lung had collapsed, and multiple bruises on her trunk were consistent with typical seat belt injuries. She reported headaches, earaches, pervasive soreness, lack of energy, and upper-body weakness. This weakness included her jaw, which interfered with her chewing anything but soft foods. Her psychiatrist had recommended MFR, muscle relaxants, and limited activity for several months.

This case study presents excerpts from two occupational therapy treatment sessions (morning and afternoon), about 1 1/2 hours each. The therapist combined treatment techniques of therapeutic touch, NDT,

MFR, and craniosacral therapy, with emphasis on healing intention.

## Session #1

*Therapist:* Where would you like to begin, lying on your back or sitting?

*Client:* It doesn't matter. Wherever you think would be best.

*Therapist:* I'd like to start by palpating your craniosacral rhythm, which I just reviewed a few days ago in a craniosacral course I took from **Nancy Lawton-Shirley**, an occupational therapist, and **Deanna Wanzek**, a physical therapist. Let's have you lie on this pad, with a pillow under your knees. I am placing my hands on either side of your head and feeling the rhythm, out and in, out and in. The flexion phase, which is external rotation, shortening, and widening, seems to have more amplitude and strength than the extension phase, which is internal rotation, lengthening, and narrowing. . . . Now I'm going to change the position of my hands to be underneath and supporting your head so I can induce a still point, which will relax all connective tissue, improve flow, and strengthen the rhythm. . . . Out and in, out and in, out and in. I'm going to wait for it to go in, and then visualize my hands holding, not letting you go out, until you reach a still point. . . . OK, you're there. Now I'll wait until you are ready to resume the rhythm. . . . OK, it is much stronger and more symmetrical now.

*Client:* Something's popping in my neck. It feels good. And my neck feels more connected to my head.

*Therapist:* What hurts the most right now?

*Client:* My right shoulder.

*Therapist:* That's not surprising, with your respiration compromised by the collapsed lung. The thoracic inlet is a very common place that gets stuck; the sternocleidomastoid area is linked to



the shoulder and ribs. Now I'd like you to sit on the floor in front of me as I sit in this chair. I'm resting my hands very lightly on your shoulders just to feel what is going on and to wait for information that will tell my hands where to go and what to do. Nancy said that our hands palpate to learn, not fix, but during palpation, healing takes place, especially if we allow our hands and fingers to become very sensitive. Then our touch becomes intuitive. Let me know if my pressure is too heavy.

*Client:* No, it's fine.

*Therapist:* In the myofascial release course I took from Regi Boehme, I learned that connective tissue cells will migrate to the site of injury to protect it, but it often results in so much thickening that mobility is jeopardized, not only in that spot, but in other areas also, because the connective tissue, or fascia, is interconnected throughout the body. Nancy also said that when connective tissue hardens and compresses, energy flow is blocked. This occurs because of trauma, a quick accident, or through a long slow process over time, like constant postural misalignment. The heat from my hands, after several minutes, even through your clothes, will begin softening the tissue so that it becomes movable. While we're waiting, tell me how your body feels generally since the accident.

*Client:* It's hard to describe. My head doesn't feel attached to my neck and it feels too heavy for my neck to hold up. By the afternoon, I usually have to rest my head on my hand. My arms don't feel attached to my body, either. I also feel like my whole body is wrapped around the seat belt that's still there.

*Therapist:* Deanna spoke about the rotation caused by the seat belt. Do you feel rotated, and in which direction?

*Client:* Yes, I feel rotated to the left.

*Therapist:* We'll check that out later. Right now, my hands want to go to your scapula, your right shoulder blade. . . . I am feeling the need to let my fingers define the outlines of that bone and simply support it, without expecting any motion.

*Client:* Yes, I think I need that, because I don't know where it is, I don't know where my body is in space. It's like that fascia is so wrapped around the bone that I can't feel where it is.

*Therapist:* Nancy said that there are proprioceptive receptors in connective tissue, so release can increase body awareness.

Now I'm just going to let my right hand enclose the entire scapula, giving it lots of support. Is that too much pressure?

*Client:* No, it feels great.

*Therapist:* Now I'm going to find out if there is any mobility possible. . . . OK. I feel maybe a millimeter sideways toward the arm, not even that much sideways toward your spine. Absolutely none up or down, and no rotation toward the left.

*Client:* No, it won't move.

*Therapist:* In fact, when I even visualize your scapula moving, I feel it tremble. It's not ready. So, the only thing I'm going to do is support the right scapula, so you feel safe. . . . My hands are sinking deeper because the tissue is softening. Oh, I felt a release, a softening.

*Client:* (deep breath) Yes, I felt it, and shivers down my legs. I also felt something in my left hip relax.

*Therapist:* Well, everything is really connected, isn't it? . . . OK, now I'm moving my right hand toward the back of your neck and one finger slowly up the center of the back of your head, stopping and waiting, up a little more, waiting. . . .

*Client:* I feel another release, and now some tears are coming. I can't help it.

*Therapist:* That's very common. Dr. Robert Kest, whose bio-psychology workshops I've attended, says that when we are injured, a certain pattern of locking occurs in the autonomic nervous system. That prevents the movements that allow bio-psychological balancing throughout the body. Touch can facilitate the freeing of movement for rebalancing, and when the tissues release, emotions are then free to move through the whole organism. But tears are very cleansing, too. Which reminds me, you need to drink a lot of water during this to help wash away toxins in your body. . . . Now both hands want to enclose the back of your head . . . and now to the sides to stay on your temporal bones.

*Client:* Oh that's so weird. I've had some trouble hearing out of my right ear, and a real sore spot in back of that ear.

*Therapist:* Show me where that is. OK, I'll put my finger there and just stay. . . . It's getting very hot. There's a lot of energy being generated now.

*Client:* I can feel the heat too, and my hands are very hot. But yours feel icy on my head.

*Therapist:* That's interesting. Bring one of your hands up to feel my hand.

*Client:* Your hand is warm, not cold!

*Therapist:* Yes. Let's continue this and see what happens. . . . There is a lot of pulsing in this spot.

*Client:* I feel it, and some sort of clearing, like something's moving through, and now your hands feel warm on my head. Oh dear, more tears.

*Therapist:* Now, I'm going to put my left hand on your left scapula and my right hand on your right scapula, and just stay there for a while, so you get a sense of both sides of your body and symmetry. . . . How are you feeling?

*Client:* I feel pretty good.

*Therapist:* This would be a good time to stop for lunch. Better get up slowly. When changes occur in the body, it takes a while for them to become integrated. You may feel disoriented.

## Session #2

*Therapist:* I think we should look at a certain spot Deanna Wanzek told me about that seems to get very tight after seat belt injuries. It's on your left side, between your hip and your rib cage. Could you lie on your right side, with your head on a pillow?

*Client:* Let me feel where that is. Oh, I found a little knot. It hurts! I didn't even know it was there!

*Therapist:* Show me where to put my finger. OK, I feel it. It's not very big. . . . Wow, it dissolved really quickly, but my fingers are moving around toward the back, following a kind of rope. Now I need to stop and wait on this part. . . . OK it's soft, I'm moving again, can you roll a little more toward the left so I can follow this toward your spine? Your body really knows what it needs. With just a little help, it can self-correct.

*Client:* I know exactly where you are going, right up to my right scapula! I can feel that thing connecting to it.

*Therapist:* Really? OK, I'll go with it, stopping and waiting when I need to. . . . Well we're at your spine, and now this rope is more like a wide band. Please switch to your left side, so I can keep going. . . . Thanks. . . . Well, it's really wide, and it won't budge. Nothing's happening.

*Client:* You need to move to the scapula, the right side.

*Therapist:* Whatever you say. . . . Now I'm there, just supporting again, with both hands. . . . Now I feel some funny little muscle leaps from your scapula.

*Client:* I feel it too. And I feel more shiv-



ers all over my body.

*Therapist:* Now I'm moving my right hand to below the scapula, and the tissue is beginning to soften and separate from that bone which I'm still holding with my left hand. It feels like it couldn't do that until the bone was supported. You know, the support I'm talking about is more than just physical. I'm trying, with my intention, to offer emotional support too. . . . OK, now there's some movement and more softening.

*Client:* (deep breath) I did feel that release too, and a tug in my chest near the fracture!

*Therapist:* Your scapula seems ready for movement. . . . Yes, I can move it a little in all directions, but I need both hands to enclose it.

*Client:* It feels grainy, like sand, or pieces of cement breaking up.

*Therapist:* Good. I'll keep my hands there so the heat and energy can keep flowing. . . . It seems to be softening nicely, and with that softening, more and more movement.

*Client:* I can feel something warm spreading through my whole body (deep breath).

*Therapist:* You may be ready to stop soon. I want to end with another craniosacral palpation and induction of still point. You can turn over on your back now. . . . OK, I feel the rhythm, I'm going to hold you again in the extension stage (in). . . . There's the still point. . . . It started again, pretty even and strong. We can stop. You can sit up, and stand when you're ready. . . . How do you feel?

*Client:* Oh, I can move my shoulder now. It feels so open. It hasn't felt this good since the accident. What a relief.

#### **Follow-Up by Telephone 2 Days Later**

*Client:* The next morning after the treatment, I felt so much energy! It increased all day long, almost unending, and I didn't feel the need for my daily nap in the afternoon. That night, for the first time, I was able to eat and chew a regular meal, although my jaw was still a little sore. My neck stopped hurting too. That spot on my left side below the rib cage still hurts, though, and I think that's where treatment needs to start next time.

#### **CONCLUSIONS**

This case study demonstrates the use of hands-on techniques such as MFR, craniosacral therapy, NDT, and other methods involving therapeutic touch for injuries resulting from an automobile

accident. The philosophy of occupational therapy includes the concept that human life is a process of continuous adaptation, with active participation as the vital component for change and growth. The dynamic interaction between this client and her therapist throughout the treatment sessions illustrates the therapist's role of facilitation, supporting the client's own self-healing process. ■

#### **FOR MORE INFORMATION**

Readers interested in courses offering training in these techniques may contact:

Boehme Workshops:  
414-355-8744 (NDT, MFR, craniosacral therapy)

Center for Organismic Studies: 303-449-8281  
(seminars for health care professionals)

Erhardt Developmental Products: 612-730-9004  
(therapeutic touch)

Myofascial Release Seminars: 800-FASCIAL

Professional Development Programs: 612-439-8865  
(NDT, craniosacral therapy)

Upledger Institute, Inc.:  
800-233-5880  
(craniosacral therapy)

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