

Case Report

Potential Clinical Effects of Integrated Therapeutic Thai Massage with Tok Sen and Physical Therapy in Case of Office Syndrome: Clinical Experience

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Musculoskeletal Disorder (MSD) presented with muscle spasm, local and referred pain, and stiffness on shoulder, neck, back and numbness along the arm is the most common problem among working people who have office syndrome. Myofascial pain syndrome is one of many problems that has been claimed and defined as “painful conditions with trigger points, local and referred pain, tenderness, referred autonomic phenomena” previously [1]. Traditional Thai massage has been performed and is well known around the world with legal course training. The efficacy of traditional Thai massage has been proposed on relaxation effect mainly. Typically, traditional Thai massage can be performed in prone, side-lying, supine, and sitting position under 30–45 min as in a protocol in the previous program [2]. Previous evidence showed that traditional Thai massage could immediately improve the heart rate variability (HRV), pressure pain threshold (PPT), and body flexibility among patients with back pain-associated myofascial trigger points [3]. In addition, Thai massage also have therapeutic effects on pain, muscle tension, and anxiety in a patient with scapulothoracic syndrome [4]. Thus, the review report in 2015 indicated that traditional Thai massage can help with treatment for chronic pain [5]. Therefore, traditional Thai massage does not only have benefits on relaxation effect but can be used to treat in some cases of myofascial pain-causing from prolonged working unless the cause of pain and numbness from spinal cord compression or bone fracture. Presently, “Therapeutic Thai massage” that differs from traditional Thai massage has been evidentially reported with specific pressured points or signal points along the energy line. The aim of therapeutic Thai massage is to dissolve the clinical problems, thus more clinical knowledge, especially anatomy, physiology, pathology, and physical examination must be concerned. In many careers of medical teams, Physical Therapy has been involved those patients extensively. Conventional treatment with ultrasound, hot pack, joint mobilization, stretching exercise, deep friction, manual therapy, etc., is also the common technique. From the author’s experiences and patient’s compliant of slow recovery from symptoms and more time-spent on treatment. When integrated treatment of physi-

cal therapy with therapeutic Thai massage, it can help to dissolve the clinical problem as found in a previous study with joint mobilization technique [6]. In addition, surprise efficacy of using the specific treatment of Therapeutic Thai massage with “Tok Sen” which is used in some alternative medicine clinics has been observed. Tok Sen is called hammer massage that composed of the main hammer and various shaped wood (Fig 1). Tok Sen has been inherited from a gentleman of Lanna Knowledge in the northern part of Thailand. The clinical efficacy of Tok Sen on musculoskeletal disorder has not been reported as same as its’ mechanisms. But from the author’s clinic experience, the external vibration effect from hammering on the muscle is possibly the main mechanical effect to primarily loosening the muscle fibers and myofascial bond, then secondarily facilitating the blood flow and releasing of by products as a previous suggestion [7]. It is consistent with the basic idea of Thai traditional theory on opening the wind and energy flow in the body. Therefore, the author short represents the improved symptoms in a female case from chronic pain at shoulder, neck, upper back, and numbness at the hand from office syndrome.

Case: A 35-aged female subject. The symptom was composed of pain at shoulder, neck, upper back and referred pain to the elbow and feeling the numbness at the all fingers in the right hand. All symptoms were aggravated after working all day which presented in the evening and when turned the neck to the left side. Finally, the office syndrome was preliminarily diagnosed.

Physical Examination: Taut band on the upper trapezius muscles, levator scapulae, and paravertebral muscle around the medial border of the right scapular were found. Referred pain was presented on the upper and forearm laterally, in addition, the numbness at all fingers was felt. She could not cross-hand on the back and felt pain anteriorly in the shoulder region.

Treatments: The program of treatment consisted of a hot pack covering the right shoulder and upper back muscles for 10 min-



utes in a supine position before continuous treated with therapeutic Thai massage as below.

Supine position: Started with open the signaling; three points under the clavicle at the origin of the pectoralis muscle, two points at upper arms and axillary anteriorly, two points at beside the elbow joint laterally and medially, above 2 finger-distance in mid-line from wrist joint, three points in the palm and five points at the back of the hand. Tok Sen was performed along the two energy lines from the axillary fold to the forearm for 2-5 rounds. Tendons and fibrous bands at the wrist joint and palm were freely moved by prying (Fig 2).

Side-lying on the left Position: Started with open the signaling; three points around the scapular medially to inferiorly, two points at mid-scapular or subscapular muscle and axillary laterally. Tok Sen was performed from the upper arm laterally to the forearm. After the arm was elevated to the head, Tok Sen was also done on the latissimus dorsi to the tricuspid muscles. Then, both muscles were stretching by the therapist's forearm. Finally, side-lying lean backward was required and the right hand was abducted before pectoralis muscle and coracoid brachialis were rhythmic percussed by Tok Sen. All lines were done 2-5 rounds. Moreover, the scapulohumeral movement and glenohumeral joint were mobilized with anteroposterior direction 10 times.

Prone Position: Tok Sen was performed on the trapezius, levator scapulae, paravertebral muscles, and medial border of the scapular line. In addition, Tok Sen was also done on the paravertebral muscle at mid-and lower-back for 2-5 rounds (Fig 3).

Sitting Position: started with Tok Sen on the trapezius muscles and shoulder laterally. Then the right hand was crossed back and shoulder joint was manual retracted posteriorly and Tok Sen was also done (Fig 4).

After 30-45 min in all treatment, the symptoms of pain, muscle tension, numbness, and shoulder movement were rechecked. Then, therapeutic ultrasound was used somewhere that presented local pain from previous treatment.

Clinical Results

Immediately responds with no pain on shoulder, neck, and upper back, and numbness at the fingers, as well as the shoulder, could move cross-back easily with less muscle tightness

after the first visited treatment. Moreover, no referred pain on the upper arm and elbow. The neck could turn to the left easily without provoking the any symptoms.

Clinical Implementations

1. This clinical experience with Therapeutic Thai massage and Tok Sen can be integrated with Physical Therapy on pain, muscle tightness and spasm, and numbness from peripheral entrapment with tendon, fibrous or ligament.
2. This combined treatment can reduce the treated cost and time.
3. The protocol treatment is not necessarily to use of any expensive devices.

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