

Neural-mobilization techniques encourage the free-gliding movement of nerves so optimum function can be restored.

However, you should never directly massage an impinged nerve. Nerve tissue is not like muscle; working it does not improve its function. After all, the reason it is dysfunctional is because of too much compression on the nerve. Nerve compression from inflammation in surrounding tissues is also addressed with massage.

For example, in carpal tunnel syndrome, swelling of the distal flexor tendons as a result of chronic overuse can lead to pressure on the median nerve. Massage treatment to the flexor tendons can reduce cumulative overload on the tendons and decrease the likelihood of further inflammatory irritation.

While massage cannot address physical structures compressing the nerve—bone or cysts, for example—it can help dysfunctional biomechanical patterns that cause improper bone alignment. In all cases, and particularly those in which the cause of compression has eluded assessment, working the entire length of the median-nerve

pathway is more effective than purely localized treatment.

Neural mobilization techniques can address the entire nerve. Nerves must be able to glide through soft-tissue tunnels and have some degree of play between them and adjacent soft tissues. In many cases, nerve-compression pathologies are made worse by adhesions that have developed between the outer sheath of the nerve and nearby tissue. Neural-mobilization techniques encourage the free-gliding movement of nerves so optimum function can be restored. These techniques are an excellent adjunct to massage.

A neural-mobilization technique involves a series of stretching movements that takes the nerve into its fully stretched position to the point where discomfort is felt and then brings it back to a slightly relaxed position. (See Figure 6.)

Each back-and-forth movement gradually increases the amount of stretch and is repeated for 30 to 60 seconds. These

stretches pull on any adhesions that may have developed and eventually free the nerve, increasing its mobility.

Neural mobilization is most effective if performed after massage techniques that have reduced tightness in adjacent tissues. Relaxation-producing techniques, such as deep stripping, static compression, multidirectional fiber techniques and stretching, will address tightness in the forearms, upper arms, anterior chest and neck. Be careful your techniques do not aggravate existing neurological symptoms or produce pain.

Nerve tissue is very slow to heal. Consequently, it takes a while to produce significant results, even if the original compression cause is resolved. If the compression pathology occurred recently, the rate of resolution is likely to be faster. If the condition has been present for a long period of time, the rate of improvement is likely to be much slower.

Pain-free clients

Compression disorders are common. They occur in a wide segment of the population, for a host of reasons. They also lead to other types of dysfunction. Sadly, they often go unsuccessfully treated due to either failure to identify the real problem or ineffective treatment.

Massage therapists can play an important role in

finding resolution for those who suffer from these conditions. Utilizing techniques that address the entire nerve pathway is invaluable, as such techniques address the nerve as a whole. Caution is advised in nerve treatment, but with conscientious application, your clients can be pain-free.

Whitney Lowe is director of the Orthopedic Massage Education & Research Institute in Sisters, Oregon. He authored *Functional Assessment in Massage Therapy* and *Orthopedic Massage: Theory and Technique*. He authors articles for his bimonthly research newsletter, *Orthopedic & Sports Massage Reviews*, and he wrote "Orthopedic Massage: The 2 Critical Core Principles of Pain-and-Injury Treatment" for the March 2012 issue of *MASSAGE Magazine*.

Footnotes:

1. Hains G., Descarreaux M., Lamy A.M., Hains F. "A randomized controlled (intervention) trial of ischemic compression therapy for chronic carpal tunnel syndrome." *The Journal of the Canadian Chiropractic Association*. 2010;54 (3):155-63.
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