Treating Fibromyalgia With Massage

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Fibromyalgia is a chronic and debilitating syndrome that occurs predominantly in women with no age demographic. Being a syndrome, it has several characteristic symptoms that require a multidisciplinary approach to its treatment. This article examines what we, as massage practitioners, can contribute to improving a client’s comfort and lifestyle.

I have learned most of what I know about treating people with fibromyalgia from my clients, and I am grateful for what they have taught me. Of all the conditions that clients present at my practice, fibromyalgia is the most challenging.

What Is Fibromyalgia?

It is not known why people develop fibromyalgia. However, its onset can usually be traced to a traumatic event, illness, hormonal changes, chemical sensitivity or a rheumatic illness. For those unfortunate enough to suffer with the condition, some or all of the following symptoms will be present:

• Widespread muscular pain that is often described as burning, throbbing, stinging or stabbing. Muscular stiffness and pain is usually more prevalent first thing in the morning and at the end of the day. Symptoms are worsened in times of stress, after activity and during damp weather.

• Overwhelming fatigue that results in apathy and listlessness. There is a lack of stamina as those afflicted tire easily even after mild activity. Recovery from activity takes far longer than for those who do not suffer from fibromyalgia.

• Insomnia and nonrestorative sleep are common complaints. Unfortunately, sleep difficulties compound many of the problems associated with fibromyalgia. Without proper sleep, the body produces inadequate quantities of hormones such as serotonin and human growth hormone, which negatively affects stress and pain levels. The immune system is challenged leaving the body susceptible to infections. Mood swings, irritability and agitation are the result.

• Depression and anxiety are prevalent in people with fibromyalgia. Living with constant pain and in a perpetual state of fatigue, and knowing that it will probably never permanently go away, will leave most people feeling depressed and anxious. It is generally accepted that these states are the result of the fibromyalgic condition and not the cause of it.

• Difficulty concentrating and impaired memory often accompany the condition. These problems are most likely caused by the compounding of symptoms mentioned above. A dull cognitive function can be the most worrying aspect of this condition for many sufferers. As one fibromyalgic patient explained: “the drain on my brain is the worst thing, even worse than the pain”.

• Irritable bowel syndrome has been shown to affect 75% of fibromyalgia sufferers.

• Premenstrual syndrome, dysmenorrhoea and endometriosis are prevalent.

• Headaches, numbness and tingling in extremities due to muscle tension and joint restriction.

Other associated symptoms can include, but are not limited to, genitourinary imbalances, allergies, Reynaud’s phenomenon, dizziness, vertigo, tinnitus, brittle nails and sinus congestion.

Getting Fibromyalgia Diagnosed

People who have been diagnosed with fibromyalgia are likely to have been through many test procedures to rule out other conditions with symptoms that mimic fibromyalgia. These usually involve blood tests, Magnetic Resonance Imaging (MRI) and sometimes an electromyogram (EMG). The tests will detect pathologies like rheumatoid arthritis, hypothyroidism, polymyalgia rheumatica, lupus, multiple sclerosis and degenerative discs — all of which have symptoms in common with fibromyalgia. However, none of the tests will detect fibromyalgia. It can take some considerable time before an accurate diagnosis is made.

An Internet survey of fibromyalgia sufferers was undertaken in October 2005. This survey was posted on the National Fibromyalgia Association website which is based in California, USA. It consisted of a 121 item questionnaire that recorded demographics and information sources; symptoms and functionality; perceived aggravating factors and triggering events; diagnosis; management strategies and medication use.

The survey elicited 2,596 satisfactory responses over three days. The vast majority of respondents were from residents of the United States with only 46 responses from Canada, Australia, New Zealand and various European countries.
Respondents to the survey revealed that almost half of them had consulted between four and six healthcare practitioners before they received their diagnosis. Almost 28% of respondents felt that their healthcare provider did not consider fibromyalgia to be a legitimate disorder.

In 1990, the American College of Rheumatology developed criteria by which fibromyalgia could be diagnosed. They established that widespread pain needed to have been present for at least three months prior to diagnosis. For the pain to be considered widespread, it had to be experienced on both sides of the body and in both the lower and upper regions with the waist being the line of division. In addition, a minimum of 11 out of 18 specific sites in the body had to reproduce ‘tender points’ on digital palpation (see Figure 1).

**What Is Happening To The Muscles?**

Like most people who suffer from muscular pain, the muscles of someone with fibromyalgia receive an inadequate supply of energy from adenosine triphosphate (ATP) and other energy phosphates. When energy from ATP is in short supply, some of the muscle fibres are unable to relax after contraction and the muscle remains in a shortened position. If this pattern continues, tension gradually builds. Muscles and fascia become taught and lose elasticity. The supply of arterial blood flowing into the affected tissues is depleted thereby also depleting oxygen levels (ischemia) and causing muscular pain.

Theories are still evolving about what else happens pathologically in people with fibromyalgia. However, biochemical changes have been found in the cerebrospinal fluid of fibromyalgic clients. A series of metabolic imbalances occurs in people with long term, chronic muscular pain. They experience lower levels of serotonin, the neurotransmitter that is responsible for, among other things, diminishing pain and regulating sleep patterns. Substance P, another neurotransmitter that is responsible for triggering the pain response, is increased.

It is thought that the sympathetic nervous system in fibromyalgic clients becomes disturbed in such a way as to further inhibit the ability for muscles to relax thereby causing further ischemia. This in turn results in even less serotonin and even more substance P production. In other words, the decreased pain relief and increased sensitivity to pain for the person with fibromyalgia is amplified.

Furthermore, the pathological picture is compounded by the sufferer’s unrestorative and disturbed sleep patterns. Without proper sleep, the body is unable to produce other neurotransmitters eg the body generates insufficient human growth hormone which helps to repair minor muscle damage.

**How Can We Distinguish Between Tender Points And Trigger Points?**

Given the ‘tender points’ criteria described by the American College of Rheumatology, it is clear that the chronic widespread muscular pain is what distinguishes fibromyalgia from other disorders. As one of my clients with fibromyalgia described it: ‘it’s like having a period all over your body’. Myofascial trigger points are frequently present at the same sites as tender points and they can also cause chronic debilitating pain in several locations. The question as to whether or not the two types of points are actually the same often arises. The answer is that there are defined differences between the two conditions, but trigger points are frequently palpable in fibromyalgic clients (see Table 1).
**Fibromyalgic Tender Points**

Muscle endurance is low so that those afflicted tire quickly. On palpation the muscles feel doughy and soft. Affects mostly females. Fatigue is almost always present. Morning stiffness is a common complaint. Pain is described as burning, vague, diffuse, stinging and aching. Exercise programs have been shown to help this condition.

<table>
<thead>
<tr>
<th>Myofascial Trigger Points</th>
<th>Fibromyalgic Tender Points</th>
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</thead>
<tbody>
<tr>
<td>Location of the point is localised and distinct.</td>
<td>Location is more general.</td>
</tr>
<tr>
<td>Pain usually has a specific referral pattern.</td>
<td>Pain is described as burning, vague, diffuse, stinging and aching.</td>
</tr>
<tr>
<td>On palpation, the muscle feels stringy, hard, rigid and warm.</td>
<td>On palpation the muscles feel doughy and soft.</td>
</tr>
<tr>
<td>Response to manual therapy is relatively quick and the problem can be resolved.</td>
<td>Response to manual therapy is slow, requiring long term treatment that may never bring full recovery.</td>
</tr>
<tr>
<td>Affects males and females equally.</td>
<td>Affects mostly females.</td>
</tr>
<tr>
<td>Morning stiffness is not a trigger point symptom.</td>
<td>Morning stiffness is a common complaint.</td>
</tr>
<tr>
<td>Fatigue is not an associated condition.</td>
<td>Fatigue is almost always present.</td>
</tr>
<tr>
<td>Muscle endurance is not affected by trigger points.</td>
<td>Muscle endurance is low so that those afflicted tire quickly.</td>
</tr>
<tr>
<td>Exercise programs do not help this condition.</td>
<td>Exercise programs have been shown to help this condition if taken slowly and gradually.</td>
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**How Can Massage Help?**

People who suffer from fibromyalgia experience their symptoms differently. Each will present with a different combination of symptoms and in varying degrees. The primary motivation for seeking help from a massage therapist, however, is to find relief for their muscular pain.

Two things to keep in mind when a fibromyalgic client comes for massage treatment is that their experience of the condition will not be the same as another client, and they have ‘good days and bad days’. Massage can help relieve some of the pain experienced if done on a regular basis. It is important to keep in mind the lowered pain threshold of fibromyalgic clients — they will usually not be able to tolerate deep pressure. If it is their first visit to a massage therapist or their visits are infrequent, the benefits of pain relief may not be experienced immediately. Occasionally, their condition is aggravated by an excessive release of metabolic waste products into the circulatory system.

Many people with fibromyalgia, and other chronic pain conditions like hypothyroidism, find that lying prone for long periods puts pressure on their thoracic cage leading to lower back pain. They also find turning over on the massage table very difficult because their lower back ‘locks up’ making it inflexible. For this reason, it is best to minimise the time lying prone to no more than about 15 minutes depending on the individual. The neck and shoulder regions can be treated with the client lying on their side in much the same way as you would treat a pregnant woman with support under the top flexed knee and under the head.

The classical Swedish massage techniques of effleurage and petrissage are effective for fibromyalgic clients. The strokes should be used in a full body massage. The effleurage can be applied superficially to induce relaxation initially, then be deepened to stimulate circulation and identify areas of tension. The kneading and squeezing actions of petrissage also stimulate circulation and warm and soften the tissues of both the muscle and fascia.

The gentle stretching of myofascial release techniques can prove to be a valuable tool when massaging a fibromyalgic client. These techniques are painless and can help to free-up the muscle beneath the fascia to give it more room for movement.

Studies have been done using muscle energy techniques on fibromyalgic clients with positive results. There are different variations of muscle energy techniques, but one technique, post-isometric relaxation is gentle enough to use with most fibromyalgic clients. It involves the practitioner bringing the antagonist to the affected muscle into a contracted position just below the resistance barrier. The practitioner then asks the client to push against their resistance using only 20% of their strength for 10 seconds. The client then stops pushing and takes a deep breath after which the practitioner gently stretches the muscle to its new point of just being below the resistance barrier. This process can be repeated two or three times.

The benefit of using muscle energy techniques is that shortened muscles are lengthened by inhibiting the stretch reflex. The stretch reflex is the point at which resistance occurs. Muscle energy techniques overcome this reflex and take the muscle to a new limit.

**What Can A Client Expect?**

As with other aspects of this condition, opinions about whether or not a client can expect future full recovery are varied. Massage therapy alone, even if done frequently and regularly, is unlikely to bring long lasting relief. However, a toning down of pain and anxiety symptoms can be achieved with regular treatment, particularly if combined with other therapies such as acupuncture and naturopathy that aim to improve the body’s capacity to heal.

One of the problems with treating someone with fibromyalgia is that, for many, their syndrome has left them so debilitated that they are unable to cope with working in a full-time job. They have probably spent a lot of time and money on trying to diagnose, manage and treat their condition. Financial resources are often strained.
There is a long period of readjustment that requires these people, who all too often have lead busy lives before developing fibromyalgia, to limit their expectations. No longer having the energy to physically take on many of the things they could do before is only one aspect of the problem. Mental and emotional adjustments have to be made as well. Relationships undergo challenges as friends and family need to come to terms with the new limits that fibromyalgic clients have to set.

For fibromyalgic clients particularly, it is important to give them some techniques and strategies that they can use for self healing such as self massage techniques and possibly a light exercise program. By passing some of the responsibility for healing back into their hands, the fibromyalgic client regains some of the power they may feel has been lost to them through their condition. If we can make a difference by helping to ameliorate one or two symptoms, it may be enough to bring some hope and encouragement back to those that come to us for treatment.

References


