

Canadian Acupressure College
Relaxfast! Chair Massage Case Study
by Richard Morton

Client Details

Client X is a 65 year old Caucasian male, semi-retired, but very active in the community. Being constantly on the go, Client X has suffered in recent years with a degenerating right knee condition – caused by years of playing hockey & a life of ‘perpetual motion’. Client X is a hardworking ‘pillar’ of the community, who helps people whenever he is able. He is emotionally very level-headed, and is thought of very highly by everyone who knows him. Client X shrugs off his normal aches and pains, but decided very recently that he had to do something about his right knee, which was giving him increased discomfort and reducing his mobility. Even after arthroscopic surgery to clean up cartilage in his knee some years ago, he was advised to have a complete right knee replacement procedure as soon as was medically practical.

The knee replacement procedure was performed on November 4th 2009, and lasted for several hours.

Client X also suffered a mild heart attack on the operating table due to fibrillation. He had 49 staples during the surgery, but the operation on his knee was a complete success.

I wanted to approach Client X to be a Relaxfast! case study client for the following intentions :-

- 1) To help reduce the inflammation around the site of the knee surgery.
- 2) To possibly reduce recuperation time post surgery
- 3) To help reduce general pain post morphine (and pain medication prescriptions).
- 4) To reduce upper body tension caused by immobility during recuperation.
- 5) To promote the general sense of well being of the client during this difficult process.

Presenting Symptoms

I met with Client X for the first session on Nov 23d 2009, 19 days after the knee replacement operation. Client X had been immobile for this time, was looking lethargic and low in energy. His knee and incision area was extremely swollen, and the flexing capability of the knee was very limited. Client X’s sleep in the first two weeks after the procedure had been very intermittent due to knee pain and variable effectiveness of pain medication. Moving during nightly sleep patterns was generally out of the question so Client X was looking very tired without the relaxation gained in deeper sleep levels. As a result he was looking pale and his immune system was low. Client X’s voice seemed to be weak, and he seemed frustrated that he couldn’t walk freely enough yet to function in even a limited business capacity.

In general, Client X’s spirits seemed at low ebb, although he put a brave face on his situation. His knee was very swollen and tight, so it seemed that he would need another month at least before any improvement would be forthcoming.

Treatment Approach

With Client X, I decided to give him the standard Relaxfast! Chair Massage procedure up until the neck release, then incorporate local and distal point release work – beginning with the first session on his left (good leg). I started with this approach on the premise that :

- 1) The surgical knee area would be too painful or tender to work on the points effectively.
- 2) The left knee had been taking the strain from the surgical knee, and would also need tension release.
- 3) I could effect improvements in energy, circulation, toxin drainage and reduction in tension of both knees through working on points on the left knee area using a master point (e.g. BI- 62).

Acupressure Points Employed

I used the following acupressure points in the series of sessions with the client.

Session 1 - Nov 23rd 2009 BI-62 (local) with SP-10, SP-9, GB-34 & GB-31 (left leg)

Session 2 - Nov 25th 2009 BI-62 (local) with SP-10, SP-9, GB-34 & GB-31 (left leg)

Session 3 - Nov 30th 2009 BI-62 (local) with SP-10, SP-9, BI-54 & GB-34 (surgical leg)

Session 4 - Dec 11th 2009 BI-62 (local) with SP-10, SP-9, GB-31 & GB-34 (surgical leg)

Session 5 - Dec 21st 2009 BI-62 (local) with SP-10, SP-9, P2, BI-54 & ST-36 (surgical leg)

Session 6 – Jan 13th 2010 BI-62 (local) with SP-10, SP-9, BI - 54 & GB-34 (surgical leg)

Selection of Acupressure Points

BI-62 I used this as a local point in order to influence the surgical knee from the left leg. It was also dual-purpose, in that the ‘overworked left leg would equally benefit from release, in particular the feet and knees. This point also helped Client X with his insomnia, and induced a more restful sleep.

SP-10 This point is useful to release the knees.

SP-9 Helps to reduce edema and influence the knees (blood flow, water circulation etc)

GB-34 Helps to release sciatica, and any muscle conditions. Reduces soreness and relaxes all smooth/striated muscles in the body.

GB-31 Very useful point for releasing the knees, legs and hip joints. Also releases sciatica, lower body pain including the legs, and helps leg weakness/ prevents arthritis in knees and hips.

BI-54 Important point used to release the knees and hip regions. In particular releasing fluid from surgical area was a desired effect. Sciatica and lower extremity paralysis were also problems that were limited with this acu-point.

P2 Point used to help effect upper back release.

ST-36 Point used to promote muscle activity and encourage growth in knee area.

Relaxfast! Session Results

Session 1 – Nov 23rd 2009

The 15 minute Relaxfast session was given to the client with his leg out straight as he was unable to bend his leg to sit on the massage chair. His back was particularly tight but loosened up during the back release. The client, having experience of various forms of holistic treatments – seemed to be developing an ‘awareness’ of acupressure during this first session. He did not relax as fully as I hoped, so we booked the next session as soon as we could (48 hours later). I worked on the non-surgical leg after the neck release and used BI-62 as a local point to effect the surgical knee (The new knee was swollen and very solid to touch). BI-62 also promoted better sleep, as Client X was still suffering from fitful and uncomfortable nights. This was affecting his wife’s sleep aswell.

Session 2 – Nov 25th 2009

The client relaxed visibly much more during this session. I asked him to work on deeper breathing and he ‘let go’ of his upper body tension much quicker and more deeply than session # 1. By this time, 11 days after his surgery. Client X was mostly walking without crutches (short distances) He was now having physiotherapy, and was enjoying more energy. I worked again on his left leg, with BI-62 to influence the right surgical knee, as we felt that it was still too early to work directly on the new knee site. A slight pain in the left quadriceps muscle was experienced as a result of the session. Even with this last aspect, Client X fell asleep for a short period.

Session 3- Nov 30th 2009

The 15 minute Relaxfast session was now effecting Client X’s demeanor, as well as giving him excellent relaxation and tension release. At the end of this session he had an air of ‘elation’ and relief that I hadn’t seen before. It was this session that he asked for me to work directly on the surgical leg for the first time. Because of the continued swelling and compactness of the right knee area, BI-54 was ‘very hard to exert any pressure into ...’ The other points that I worked on, I found had satisfactory release with, although were very much influenced by the edema aswell (particularly (SP-9, SP-10 & GB-34). I photographed the knee before this session, please see attached)

Relaxfast! Session Results (continued)

Session 4 – Dec 11th 2009

By this time the client had been driving again for 10 days. His new knee joint was working with full mobility, in that it could achieve full flexion by mid December. A callous that he had on his right toe due to walking issues caused by the deteriorating knee joint had now disappeared completely. Edema around the right knee site was visibly reducing, and Client X could walk for longer distances (took his cane just in case). He continued to exhibit great relaxation with the

fifteen minute session, along with extra 10 minute extended work with knee/leg acupressure points. Client X could now walk without any sign of a limp – six weeks after surgery! The medical system had not advised him of a recuperation timeframe, but people he knew who had similar surgery informed him of periods of up to six months for returning to full function.

Session 5- Dec 21st 2009

By this session I was generally convinced that the knee rejuvenation was not my main priority ... My new aim was to provide my client with a good tension release and relaxation to cope with the new dynamics of living with his new 'body mechanics'. I made doubly sure that the main 15 minute session was a full release for his back, shoulders, arms, hands and neck – resulting in a powerful sense of relaxation and sense of well being! This mindset was reinforced by the very tight P2 acu-point that indicated upper back tightness.

Session 6 – Jan 13th 2010

The client informed me that while at aquafit class, he had pulled his left anterior cruciate ligament. This suggested to me that his body was still adjusting dynamically to his new knee, and along with his renewed 'energy and vitality' - had led to overextending his body. I worked on SP-10 and BI-54 on the left leg as well as the right to release this tension. When I worked on BI-54 on the right knee, I felt an arc of electricity extend from my middle finger into the acupoint. This was the first major energetic movement I had encountered in this point. I feel that this was a definite step forward in the nerve regeneration and function of the knee. The Edema has reduced again quite noticeably, and the stitches are becoming less apparent as well. Breathing during the session indicated good relaxation, and the client felt very invigorated, and again, seemed elated afterwards. Please see attached the final photo taken on Jan 21st 2010.

General Summary

My intention in helping my client was to encourage the following improvements to his condition :-

- 1) Reduce the recuperation time of the (R) knee after full replacement surgery.
- 2) Reduce the inflammation in the knee for 'quick' return to normal activity.
- 3) Improve energetic, muscular and circulatory dynamics of knee and right leg.
- 4) Provide rebalancing to client's body after extended period of imbalance due to deteriorating condition.
- 5) General relaxation during a stressful life-period, and tension release.

I became quickly aware (after the 1st session) that the knee and its incorporation into the client's body - was an incredibly complex and massive change to Client X's natural state. The right knee itself was in itself, a solid balloon-sized mass – that did not (intuitively to my mind) permit any incursion of any kind. It was only at the time of the third session (a short period of time relatively speaking) that, with the client's permission, any direct acupressure could be administered. By this time my approach to treating my client had changed philosophically to stress and tension-management. After the client had suffered a heart attack on the operating table - relaxation (during this very radical change to his body structure) gradually took on a much greater significance as the sessions went on.

On the sixth session, when I finally connected with a strong electrical release (20 seconds approx) at BI-54, it seemed

to me that the knee had awoken to its new life and I had somehow found the 'last piece of the puzzle'. Chi had completed the pathway through the knee.

All six sessions were done with the client's leg out straight, even though by the 5th session, the knee was flexible enough to bend to the extent of the massage chair's angled pad. This was only 4 weeks after we began the sessions.

I feel that fundamentally I did help my client in the ways I described in the first paragraph. However, it was more from the angle of relaxation that promoted his recovery, as opposed to the specific aspects of each acupressure point necessarily that I had expected. The removal of stress and tension had actually allowed him to heal to a greater extent. This case study has triggered a desire in me to investigate the healing of the 'human condition' in the very deepest sense. By analyzing fact, approach and intuition towards disease and behaviour, I feel honoured to be a participant of unlocking the answer to wellness and longevity in all of us.

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**Nov 13th 2009
9 days after surgery**



**Nov 30th 2009
26 days after surgery**



**Jan 21st 2010
78 days after surgery**

Richard Morton

Relaxfast Student 2010