

CASE STUDY 4

FEMALE CLIENT

AGED 57YRS

OCCUPATION: PHYSIOTHERAPIST

DATE TREATMENT STARTED: 04/10/23

MEDICAL HISTORY

Client is fit and healthy and leads an active life. She works part time as a physiotherapist.

She does not take any prescribed medication and does not have any underlying medical problems/diagnosis.

Apart from having a mole removed in 2017, she has not had any other surgical procedures or significant trauma.

She has 2 children (aged 25yrs & 23yrs) both were born via normal vaginal delivery.

SCAR HISTORY

Client had a pre-cancerous mole biopsy in December 2016 followed by mole removal in January 2017 from the (L) anterior medial third of rib 9. The scar healed without any problems but the client experienced tightness and pain in the surrounding tissues for many months afterwards, both at rest and on activity. The pain interfered with her ability to work and she had myofascial release treatment 6 months after surgery which reduced the pain to a manageable level. Over the years the pain has continued to reduce, however the client continues to experience occasional sharp pain across the area when moving suddenly from a stationary position or when rotating. She also feels there is a sensation of tightness when moving and hypersensitivity of the scar and the skin surrounding it.

PRE-TREATMENT ASSESSMENT

The scar is 8cm long and has a raised, thickened, striated texture.

The 2cm area around the scar has increased sensitivity and the client reports a feeling of 'tenderness/irritation' when it is touched.

On palpation, there is reduced glide and movement across the scar – when the skin above the scar is moved, there is very little carry over of movement to the skin below.

Tethering of the scar is palpable over the medial rib margin.

Client reports no emotional attachment to the scar but does feel cross that a relatively small procedure has caused so many problems and 'looks a mess'.

TREATMENT OBJECTIVES

- Release tethered scar tissue.
- Improve flexibility and glide of the scar tissue.
- Reduce soft tissue tightness in the surrounding tissues and improve scar integration.
- Reduce pain/tightness on functional movements.
- Improve sensation.

TREATMENT 1 – 04/10/23

A total of 3 full sequences of MSTR were applied each lasting 90 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 4.5 minutes.

1st Sequence – 2/10 pressure – scar tissue felt hardened in comparison to surrounding tissue. Client reported that the scar felt tender.

2nd Sequence – 2/10 pressure – Scar tissue felt slightly softer. Client reported no tenderness.

3rd Sequence – 4/10 pressure – Scar tissue continued to soften during the treatment.

Post Treatment Evaluation

Scar felt softer on palpation and the striated texture was less apparent.

Client reported reduced tenderness when touching the scar.

Increased flexibility of skin and tissues across the scar when the client actively moved.

The client reported a general feeling of looseness. When she lifted her left arm, she could feel a stretch from her ribs, across the scar and down to her pelvis.

TREATMENT 2 – 30/10/23

Client reports a continuation of the feeling of flexibility and looseness during the last 3 weeks. She has not experienced any episodes of pain when moving.

On assessment, the scar feels significantly softer and flatter. The striation is less marked, particularly along the middle of the scar.

There is no increase in sensitivity or tenderness on palpation.

Movement across the scar has continued to improve, although tethering can still be felt over the medial rib margin.

A total of 3 full sequences of MSTR were applied each lasting 90 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 4.5 minutes.

1st Sequence – 4/10 pressure – scar tissue softened during the treatment. Client did not report any tenderness.

2nd Sequence – 4/10 pressure – scar tissue became pinker around the scar margins.

3rd Sequence – 4/10 pressure – no tenderness felt.

Post Treatment Evaluation

Scar tissue has continued to soften and appears more integrated with the surrounding tissues. The length of striation has reduced and the lateral third of the scar is now a fine white line. The tethering at the medial rib border has released and the tissues move freely. The area around the scar is pink and appears more active. There is good movement of the skin and tissues across the scar.

TREATMENT 3 – 22/11/23

Client reports that she doesn't notice the scar at all and it no longer affects any of her activities. When she touches it, 80% of the scar feels like the normal surrounding skin but the area over the rib margin still feels slightly tender and thickened.

On assessment, the scar has continued to improve since the last treatment and appears more integrated with the surrounding normal tissue. There is no obvious tethering visually when the client moves.

On palpation, the majority of the scar tissue feels soft, pliable and smooth. Slight scar thickening at the rib margin remains and there is small reduction in the movement continuity when manually moving the surrounding skin.

A total of 3 full sequences of MSTR were applied each lasting 90 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 4.5 m minutes.

1st Sequence – 4/10 pressure – slight tenderness over the rib margin.

2nd Sequence – 4/10 pressure – client reported a feeling of pulsation over the whole scar.

3rd Sequence – 4/10 pressure – no tenderness or pulsation.

Post Treatment Evaluation

The scar feels smooth and integrated into the surrounding tissue. The movement is fluid across the scar in all directions and there is no tethering at the rib margin.

With her eyes closed, the client reported that she could not feel where the scar was located when she touched the area. The sensation is normal and there is no tenderness.

TREATMENT CONCLUSION & REFLECTION

This was an interesting scar to treat, as a mole removal procedure typically results in a large, thickened, striated scar and patients are often not aware of this. Although the client reported that she didn't think she had any emotional connection to the scar, she was quite angry that such a small procedure had caused so many problems. The scar tissue was tight and there was limited flexibility and glide across the scar itself. Due to the location, the scar was also tethered to the rib margin and this area had the most marked sensory changes.

Each treatment resulted in marked changes to the texture, flexibility, movement and sensitivity of the scar, however the most significant changes seemed to happen between the treatment sessions. The scar would look and feel completely different each time the client returned for the next session.

At the end of the course of treatments, the client reported that she was surprised to feel completely different about the scar – she no longer felt any anger and it didn't bother her at all. She had no pain, normal sensation and full, normal function.

This case study really demonstrated the body's ability to continue to change once tissues are released. The difference in both scar appearance and flexibility between each session was astonishing. The treatment sessions had a direct effect on the scar tissue and this enabled more normal functional movement between the sessions that in turn, optimised the integration of the scar tissue with the normal surrounding tissue.

The following photographs were taken with the client's consent.



PRE-TREATMENT 1



POST TREATMENT 1



PRE-TREATMENT 2



POST TREATMENT 2



PRE-TREATMENT 3



POST TREATMENT 3