

CASE STUDY 3

FEMALE CLIENT

AGED 62YRS

OCCUPATION: RETIRED 6 MONTHS AGO

DATE TREATMENT STARTED: 03/10/23

MEDICAL HISTORY

Client is healthy and active, since retiring 6 months ago she walks twice a day with her dog and attends a Pilates class twice a week.

She was diagnosed with type 2 diabetes in 2016 and started Metformin.

Her diabetes is well controlled and she does not have any problems with the medication. She is reviewed twice a year by the GP and diabetic nurse.

She has had no other medical problems, no operations and doesn't take any other prescribed medication.

She has 1 child (aged 18yrs) who was born via normal vaginal delivery.

SCAR HISTORY

August 2023 on holiday in France, client tripped up a high kerb and fell onto the corner of a stone wall cutting her left eyebrow. She was attended by paramedics and the wound was closed using steri-strips. She sustained extensive bruising and swelling around her eye and the upper left quadrant of her face.

The wound healed well and the bruising and pain gradually reduced but the whole area continues to feel tender and 'lumpy' and the scar feels tight and stuck. There is also a significant reduction the move of the left side of her forehead especially when she raises her eyebrows which makes her look and feel asymmetrical.

PRE-TREATMENT ASSESSMENT

The scar is 2.5cm in length and is situated in the left upper eyebrow margin. The skin is slightly reddened and there is swelling present at the borders on the scar. There is also some uneven swelling present over the left side of the forehead, more evident closer to the scar. The client reports hypersensitivity on palpation over the scar and the surrounding area and says it feels more tender than the other side.

The skin over the left side of the forehead appears smoother.

There is limited movement of the eyebrow and forehead producing asymmetrical facial expressions. On raising her eyebrows, movement on the left side of the forehead is reduced by 80%. The client reports a feeling of tightness around the scar.

The client says she feels very aware that her facial expressions are asymmetrical, especially when holding conversations with people she doesn't know.

TREATMENT OBJECTIVES

- Release tethered scar tissue.
- Improve flexibility and glide of the scar tissue.
- Improve mobility and symmetry of the forehead.
- Normalise sensation over the scar and surrounding area.
- Improve circulation to the area.

TREATMENT 1 – 03/10/23

A total of 3 full sequences of MSTR were applied each lasting 30 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 90 seconds.

1st Sequence – 2/10 pressure – Client reported that the scar felt tender. Scar tissue felt tethered and tight.

2nd Sequence – 2/10 pressure – Scar tissue softened. Client reported a slight reduction in tenderness.

3rd Sequence – 2/10 pressure – Scar tissue continued to soften during the treatment. Client reported scar felt tingly and looser.

Post Treatment Evaluation

Scar felt smoother and the surrounding area felt more even.

The swelling at the edges of the scar had reduced.

There was a 25% improvement in the movement across the left side of the forehead on raising the eyebrows.

Client reported that she could feel that side of her face moving better and the whole area felt less sensitive and tight.

TREATMENT 2 – 2/11/23

Client reported that she felt the mobility and tenderness of the area had continued to improve since the last session and she is much less aware of the asymmetry.

On assessment, the scar is smoother and lighter in colour. The surrounding area is also flatter and there is no evidence of swelling. The mobility of the forehead has continued to improve and there is more symmetry to facial expressions.

A total of 3 full sequences of MSTR were applied each lasting 30 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 90 seconds.

1st Sequence – 2/10 pressure – No tenderness reported. Scar feels softer.

2nd Sequence – 3/10 pressure – Scar tissue moving more fluidly, less resistance felt.

3rd Sequence – 3/10 pressure – Client reports that the area feels normal.

Post Treatment Evaluation

Scar tissue feels softer and more integrated with the surrounding tissue.

There is more glide and movement across the scar in all directions when the surrounding skin is moved.

Client reports that the sensation is almost normal in comparison to the other side. Improved active mobility when the client raises her eyebrows with more symmetry across the forehead.

There is still limited movement of the left eyebrow itself and the area directly above the eyebrow.

TREATMENT 3 – 01/12/23

Client has continued to feel improvement in the mobility and flexibility of the scar and surrounding area. She is no longer aware of the scar or the asymmetry and reports that the sensation is the same as the other side.

The scar is significantly less visible and the area moves more freely. The movement around the left forehead area has continued to slowly improve but the left eyebrow elevation remains reduced and the area directly above the left eyebrow remains less active.

A total of 3 full sequences of MSTR were applied each lasting 30 seconds with 5 minutes rest between each sequence to allow the tissues to adjust. Total working time of 90 seconds.

1st Sequence – 4/10 pressure – No tenderness reported. Good scar mobility.
2nd Sequence – 4/10 pressure –) Sequence 2 & 3 were carried out directly above
3rd Sequence – 4/10 pressure –) the scar to try to reduce tightness and mobilise this area.

Post Treatment Evaluation

During the sequences above the scar line, the client reported that she felt the area become tingly and post treatment she felt it was more mobile.

On palpation above the eyebrow, the tissues felt more flexible post treatment.

There was a slight improvement in the eyebrow movement when the client was asked to raise her eyebrows and the forehead appeared to move more freely.

TREATMENT CONCLUSION & REFLECTION

This scar was caused by trauma rather than surgical intervention and I was interested to see how it would respond to treatment. The bruising and swelling from the trauma were extensive and along with the scar itself, had impacted the mobility of the tissues. I was surprised to see how a relatively small scar had significantly affected the movement and symmetry of the face.

The initial treatment had a very immediate, positive impact on tissue flexibility and active movement and this continued to improve between treatments. The following treatments built on this improvement, however the movement of the eyebrow itself and the area directly above remained limited. Therefore, in my final treatment session I decided to treat the area directly above the upper scar line to release this area. Following this treatment, there was a slight improvement in eyebrow movement.

By the end of the course of three treatments, the movement on raising the eyebrows had improved by 50% and there was greater facial integration and symmetry. The client reported that the hypersensitivity had resolved and the sensation felt normal in comparison to the other side. She didn't feel any tightness when moving her forehead and was no longer aware of asymmetry.

This case study has highlighted to me the extensive damage sustained from a trauma scar and the benefits that can be gained from using the MSTR technique not only on the scar itself but also on the surrounding tissues. If I carried out this treatment again, I would combine it with facial massage techniques to further improve circulation and tissue mobility.

The following photographs were taken with client consent:



PRE-TREATMENT 1



POST TREATMENT 1



PRE-TREATMENT 2



POST TREATMENT 2



PRE-TREATMENT 3



POST TREATMENT 3