BTEC Level 6 Professional Diploma in Advanced Clinical and Sports Massage

The Evaluation of **The Jing Method™ of Advanced Clinical Massage** on Pain and Quality of Life in Women with Endometriosis and Adenomyosis

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March 2025

Total Word Count: 4483

"I certify that this work has not been accepted in substance for any degree and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Advanced Massage Training. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others".

Mrs H Cleverley: **Date:16/03/2025**

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Acknowledgements

Had it not been for Covid I'm not sure I would be here. When furlough ended, my team and I were made redundant from a job that didn't have my heart. The moment I ended that phone call I signed up for ACMT, so my first thanks go to my old boss, for propelling me into this journey!

I'd like to give a huge thanks to Rachel, Meg and Susan along with everybody in the Jing team, for expanding my horizons and deepening my knowledge by sharing your dedication and unwavering passion, elevating bodywork in the UK and improving the lives of many.

Thank you to my fellow BTEC students (23-25), and for all of your support along the way, I feel so incredibly grateful our paths have crossed, I'm continuously inspired by you all and you really are magnificent bunch!

I'd like to express my gratitude to Dr Luker, for searching outside of the box to find further options to help and support the many women in his care as a consultant gynaecologist, and for seeing possibility in The Jing Method™ of advanced clinical massage in improving the lives of those with endometriosis and adenomyosis.

And last but not least, my family who have been endlessly supportive in my ventures. Mike, Lila, Ernie and Gilby, thank you so much, I love you all eternally.

“In the symphony of pain, endometriosis becomes the conductor, orchestrating a melody that only those who face it can truly comprehend” Unknown

Abstract

Aim – To evaluate the effects of The Jing Method™ of advanced clinical massage on pain and health related quality of life in women with endometriosis and adenomyosis.

Method – 12 participants were recruited with 9 completing the study. All participants had a confirmed diagnosis of endometriosis and/or adenomyosis. A "within subject design" study was carried out over a 16-week period, week 1-6 assigned as a control phase, week 7-12 assigned as an intervention phase, and with 16 week follow up questionnaires completed to assess for any lasting effects. Throughout the study the participants completed three questionnaires to evaluate pain and their health-related quality of life. These included the POQ-SF which was completed on a weekly basis, along with the EHP-30 which was completed a week prior to the study starting and week 7, 12 & 16, and the BSGE Pelvic Health Questionnaire which was also completed in week 7, 12 & 16. Throughout the treatment phase the participants received a 50-minute treatment using elements of The Jing Method™ lower back, stress and chronic pain and advanced myofascial release protocols. Participants also received 3 self-care exercises making up a routine no longer than 10 minutes, and they were advised to complete these 3 times in-between the in-person sessions.

Results – The results of this study show positive improvements across all outcome measures, positively impacting pain, and improving quality of life in women with endometriosis and adenomyosis. With mean pain scores across all questionnaires showing a marked decrease comparing the intervention phase to the control phase, with the endometriosis health profile (30) questionnaire showing a 37% decrease from week 7 to 12, and the pain outcome questionnaire (short form) showing a 36% decrease from week 1 to 12, with both measures showing further improvements at week 16 validating short term lasting effect of The Jing Method™ of advanced clinical massage on endometriosis and adenomyosis.

Conclusion - Collectively the data supports the efficacy of The Jing Method™ as a non-invasive treatment option for women living with endometriosis and adenomyosis and could

serve as a viable complementary therapy alongside mainstream medical practices, particularly for women seeking alternatives due to the limitations of hormonal and surgical interventions.

These results provide a foundation for further research and underscore the need to incorporate a multi-modal treatment approach alongside a biopsychosocial framework into client centred care.

Expanding the study to a larger sample size would further validate these findings and enhance their applicability to broader clinical settings.

Abbreviations

ADL – Activities of Daily Living

BPS – Biopsychosocial

C&P – Control and Powerlessness

EHP-30 – Endometriosis Health Profile (30 questions)

EW – Emotional Wellbeing

HFMAST – Heat, Fascia, Muscle, Acupressure, Stretching, Teach Self-Care

HRQoL – Health Related Quality of Life

MFR – Myofascial Release

MRSQ – Menopause Rating Scale Questionnaire

NA – Negative Affect

PA – Physical Activity

POQ-SF – Pain Outcome Questionnaire (Short Form)

SI – Self Image

SS – Social Support

TA – Therapeutic Alliance

Introduction

Endometriosis and Adenomyosis: Definition and Impact

Endometriosis affects roughly 10% (WHO, 2024) of the global population, with adenomyosis estimated to affect 20% of the population (Kolovos et al., 2024). Although classified as separate diseases, both share comparable symptomology and have been considered to fall within the same disease spectrum (Habiba et al., 2024), Despite the prevalence of both diseases, multiple studies have found that diagnosis can often take years (Becker et al., 2021; Dunselman et al., 2014) misdiagnosis is common and the journey to find effective treatment can be long (Taylor et al., 2021), as these diseases are poorly understood (Lamceva et al., 2023)

Endometriosis is a hormone dependant chronic inflammatory disease. It's a complex disease where endometrial-like tissue is found outside of the uterus (Ezzat, 2017). The extent of the disease can vary greatly, from shallow deposits to deep infiltration, with rare cases migrating to extra pelvic locations (Allaire et al., 2023), leading to inflammation and adhesions, binding tissues and organs together, reducing mobility, motility and impacting healthy function of the affected area. Interestingly pain levels are not directly correlated with the disease's severity (Maddern et al., 2020).

Adenomyosis is defined by the presence of endometrial-like tissue within the myometrium, encased within the muscular structure of the uterus (Bulun et al., 2023), resulting in smooth muscle hypertrophy and uterine enlargement (Zhang et al., 2024). Like endometriosis, adenomyosis is an oestrogen dependant chronic inflammatory disease.

Endometriosis is considered a systemic disease (Taylor et al., 2021) with multiple influences occurring concurrently (Lamceva et al., 2023) making it complex to treat. Agarwal et al. (2019) make a clear case for the need for an individualised multimodality treatment approach, treating the person as a whole from a biopsychosocial (BPS) perspective. With its chronic progressive nature endometriosis is a significant medical, social and economic problem, which costs the UK an estimated £12.5bn for treatment, loss of work and healthcare provisions (Horne and Missmer, 2022). Symptoms vary widely between patients, and extend beyond the physical, significantly impacting psychological well-being and health related quality of life (HRQoL) (Soliman et al., 2017).

Table 1: Common symptoms of endometriosis and adenomyosis, highlighting the wide range of physical, psychological and functional impacts that can be experienced by affected individuals.

Physical	Psychological
Persistent abdominal, pelvic, leg, chest & back pain	Depression
Pain during intercourse	Anxiety
Gastrointestinal symptoms – nausea, constipation, diarrhoea, bloating, painful bowel movements	Emotional exhaustion
Urinary symptoms – painful urination, increased frequency, urgency to urinate, urinary retention	Psychological distress – frustration, helplessness
Presence of blood in faeces or urine during period	Brian fog
Headaches	Difficulty concentrating
Infertility	Irritability
Abnormal, heavy or irregular bleeding	Overwhelm
Fatigue	Strain on personal relationships

There is limited research that has been carried out to evaluate the effects of massage measuring pain and HRQoL in women with endometriosis and adenomyosis, this study therefore seeks to understand if The Jing Method™ of advanced clinical massage could be a viable option to the current standard medical treatments aiming to reduce pain and improve quality of life in women with endometriosis and adenomyosis.

Current treatment options

Once diagnosed, the recommended primary treatment options for endometriosis include hormonal treatment, non-steroidal anti-inflammatory drugs and analgesics, along with surgery to treat and remove endometriosis (Dunselman et al., 2014). The main objectives of treatment are to reduce pain, delay reoccurrence and preserve/restore fertility. De Graaff et al. (2013) shows that it is common for women to undergo multiple surgeries, and a majority have taken one or more hormonal therapy. Despite medical interventions, due to the complex nature of the disease, many women's symptoms persist (Mettler et al., 2014).

Historically adenomyosis has been diagnosed post hysterectomy however advances in imaging have allowed for earlier detection and focus on symptom control (Adenomyosis Diagnosis and Management. 2022), sharing the same treatment options as endometriosis. However, due to surgical risks associated with treating adenomyosis non-surgical options are preferable if organ preservation and wish for pregnancy is confirmed (Stratopoulou et al., 2021), the last treatment option remains as a hysterectomy (Kolovos et al., 2024).

First line medical treatments have been shown by multiple studies (Agarwal et al., 2019; Giese et al., 2023) to be ineffective for long term relief of symptoms, with Pickett et al. (2023) estimating 70% of patients having received treatment still experience pain, leaving many patients looking for alternative treatment avenues.

The Role of Complementary & Alternative Medicine (CAM) and Self-Management Strategies

Many women turn to alternative treatments as part of a self-management strategy. Armour, Sinclair, et al. (2019) found heat, acupressure, massage, meditation/breathwork, exercise, and stretching all to be effective in self-management.

Valiani et al. (2010) has shown that massage can have a positive impact in reducing pain for endometriosis patients with short-term recorded benefits, however the sample size was small, and with the lack of control group it's difficult to determine if the observed changes are due to the interventions or other factors. Comparatively Muñoz-Gómez et al (2023) in their study showed a 30.76% reduction in pelvic pain with a 6-week intervention of a combination combining soft tissue and articulatory techniques, with a lasting score of 27.26% after a one month follow up, suggesting "soft tissue techniques improve the quality of the muscle–fascial structures and connective tissue, and that it also favours blood circulation and drainage in women with gynaecological problems". Although the sample size was also small and the intervention phase included only 3 treatments, this study is comprehensive in its use of validated questionnaires measuring pain and quality of life and lumbar mobility. Assessments were also made at multiple points throughout the study (post intervention, one and six months), providing insight to the longer-term benefits of manual therapy interventions.

Further evidence in the field of physiotherapy and manual therapy, Wurn et al. (2006) indicates positive results in reducing pain, increasing mobility and function of organs within the pelvic bowl by reducing adhesions through physical therapy and massage techniques.

Shrikhande et al. (2023) with their multimodal approach including physical therapy, recognises that myofascial disfunction, leading to myofascial pain and trigger points is a key contributor to pain experienced by endometriosis patients, trigger points described as "nodules on taut bands of muscle with a spontaneous response to stimuli, serving as a continuous nociception source". Aredo et al. (2017) also agrees, highlighting that the continuous pain source leads to peripheral, cross and central sensitisation, with long term pain experiences causing neuroplasticity that alters the nervous system, with endometriosis lesions presenting with higher nerve fibre density, leading to magnified pain signals.

Black (2017) highlights the positive effects of myofascial release on abdominal scaring and lower back pain, seeing improvements in pain scores lowering by 67.6%, however the cohort of the study only reported moderate pain intensity initially, and the sample size small.

There have been no previous studies evaluating the multi modal approach of The Jing Method™ of advanced clinical massage and endometriosis and adenomyosis, however, and although not directly related, menopause shares many symptoms akin to endometriosis and adenomyosis (Table 2).

Table 2: Symptoms shared by menopause, endometriosis and adenomyosis

Physical	Psychological
Gastrointestinal symptoms – constipation & diarrhoea	Depression
Pain during intercourse	Anxiety
Urinary symptoms – painful urination, increased frequency, urgency to urinate, urinary retention	Brain fog & difficulty concentrating
Headaches	Irritability
Fatigue	Strain on personal relationships

Multiple studies (Hyde. (2021); Mitchell. (2023); Hurworth. (2023)) evaluating the efficacy of advanced clinical massage and symptoms of menopause, have found positive improvements across all symptoms recorded in the menopause rating scale questionnaire (MRSQ). Looking specifically at symptoms akin to endometriosis and adenomyosis, combined data across all three studies, improvements were seen in sexual problems (39%), bladder function (32%), irritability (25%), exhaustion (22%), anxiety levels (21%), and

depression (15%). Interestingly, these studies were all adapted to an online format, strengthening the case for self-care and symptom management.

Sanchez Vera et al. (2023) further demonstrates that a multimodality treatment approach can bring effective reduction in pain, and improvements in quality of life. In particular highlighting the significant benefits of acupuncture, and the protective qualities of reducing oestrogen as a result of exercise. However, engaging in physical activity (PA) with endometriosis has found mixed results, with Tennfjord et al. (2021) concluding the effects of PA and endometriosis related pain could not be determined due to confounding factors, although all studies reviewed saw positive improvements in pain and HRQoL. Conversely Gonçalves et al. (2017) found a significant reduction of pain among women who practiced Hatha yoga, along with improvements in all EHP-30 scores, however sample size was small limiting significance.

Multiple studies (Armour et al., 2019a; Armour et al., 2019b; Leonardi et al., 2020) recognise heat as a beneficial self-management strategy through the use of heat pads and/or warm baths, providing temporary pain relief. Furthermore, Leonardi et al. (2020), makes the case for empowering women with positive problem focused self-care strategies, reporting "lower stress levels and less depressive symptoms" enabling women more control over their wellbeing, improving confidence and supporting women to build a toolbox of coping mechanisms.

Biopsychosocial (BPS) model

Our understanding of pain has developed considerably in recent decades, the multifaceted nature of pain relies not solely on nociceptive input, but a complex interplay between biological, psychological and social factors. First described by George Engel (1977), he outlined the need to understand patients subjective experience, connecting the psychological and social impacts on pain and disease, creating a framework for patient centred care (Borell-Carrió et al., 2004).

As described in their book Fairweather and Mari (2015a) detail how, when treating chronic pain conditions, it is essential to come from a BPS perspective. With research showing that tissue damage doesn't directly correlate with pain experience, and many possible

psychological and social factors playing into a negative pain loop of those experiencing pain (Ossipov et al., 2010). Zheng et al. (2019) concludes that 'endometriosis pain is closely related to central sensitisation'.

The Jing Method™: A Multimodal Approach

The Jing Method™ of advanced clinical massage, as defined by Fairweather and Mari (2015b), is a multi-modality treatment approach for chronic pain that combines Eastern and Western bodywork techniques. From in depth consultation through to self-care, empowering clients to understand their pain, creating a compassionate and caring connection, with the BPS model at the forefront of client centred care.

One of the key foundations of The Jing Method™ is building a strong therapeutic alliance (TA) throughout the treatment journey, as highlighted by Sheppard (2018) in the clear downward trend of mean pain outcomes in the 'positive' group who were fully supported with positive language throughout the study.

Beyond these foundations the multi-modal approach following the HFMAST mnemonic (**H**eat or cold, myo**F**ascial release, treating **M**uscles with trigger point therapy, the use of appropriate **A**cupressure points, **S**tretching and **T**eaching self-care) as outlined in Fairweather and Mari's (2015: 6) massage fusion. Together this multi-modal method forms an outcome-based approach.

In her literature review Desroches (2024) makes the case of the role of massage delivered with a strong therapeutic alliance, to support clients with pain education, increasing mobility by reducing fear associated with avoidance of activity, and by attuning treatment to client's condition, tolerance and expectation. Massage has the capability to stimulate structural and chemical change, providing safe, empathetic touch improving client's awareness of their body and support positive change in pain modulation.

Due to the complexity of both endometriosis and adenomyosis, it is evident that a multimodal approach has the potential to improve the lives of those living within this disease spectrum. By treating patients with the BPS model in mind, and empowering and educating women, as well as addressing biological factors like fascial restrictions, trigger points and a heightened nervous system, welcomed touch may be able to help women improve their pain, function, and HRQoL.

Method

Ethical approval was first sought from The Jing Institute (see appendix 1) for the study of 'The evaluation of The Jing Method™ of advanced clinical massage on pain and quality of life of women with endometriosis and adenomyosis'

Prior to the study commencing a literature review was completed in related subjects, sourced from previous research conducted in the subject area. Relevant research was found via search engines Pub Med, Google Scholar and Mendeley.

The participants for this study were recruited within a 3 week period, primarily with the support of a consultant gynaecologist at the Royal United Hospital, Bath, by bringing awareness of the study to his patients, and secondly by utilising a social media campaign, and leaflets displayed at my private practice.

The prerequisites of the study require participants to have a confirmed diagnosis of endometriosis and/or adenomyosis via laparoscopy or advanced imaging and experiencing pain affecting quality of life. Participants must be available to commit to the full 16 weeks of the study, included being able to travel to clinic at agreed time for hands on treatment during the 6-week intervention phase.

Participants received a letter with a study outline and attended a 30-minute 1-1 video call to discuss the finer details of what the study involved and to answer any questions. It was explained that there would be three questionnaires that would be completed at different stages throughout the study, the Pain Outcome Questionnaire (short form) (POQ-SF), the Endometriosis Health Profile (EHP-30), and the BSGE Pelvic Pain Questionnaire.

- The POQ-SF is a generic questionnaire used to evaluate various aspects of pain and its impact on daily life, including the following domains: pain, mobility, activities of daily living, vitality, negative affect (emotional distress associated with chronic pain such as anxiety, depression, irritability and depression) and fear (pain related fear and avoidance behaviours).
- The EHP-30 is a disease specific measure designed to assess the HRQoL in women with endometriosis, responses from the 30 questions are divided, grouped and represented in 5 domains; pain, control and powerlessness, emotional wellbeing,

social support and self-image. Given the similar disease characteristics, this measure is also applicable to adenomyosis.

- The BSGE pelvic pain questionnaire is the standardised patient intake form used by the NHS to assess, monitor and guide the management of chronic pelvic pain.

It's important to note that the POQ-SF measures pain as an individual outcome, whereas the EHP-30 measures pain in relation to daily activities and the psychological impact of pain experienced, totalling 11 questions, with the latter providing a more comprehensive insight into the impacts of these diseases on women around the world.

Participants were sent a consent form to complete and return and the three validated questionnaires to familiarise themselves with. At this stage (the week prior to the control phase) it was requested that participants completed the EHP-30 to gain a baseline understanding of pain and HRQoL to return with consent to participate.

The study is a within-subject design, where all participants were exposed to every condition of all independent variables.

During the control phase (weeks 1-6) participants were sent the POQ-SF on a weekly basis, to provide baseline evidence of the participants pain levels and HRQoL. No intervention was received during this time.

The intervention phase took place over week 7-12. During which time participants were invited to attend an in-person treatment session once a week at a pre-arranged time.

The first treatment was 90 minutes long and included a 30-minute verbal consultation to gain an understanding of their full health history, and to undertake range of motion testing (ROM) of the pelvic region including the lumbar spine, coxal joints and the Thomas test to identify restrictions in the area. This was followed by a 60-minute session including all elements of HFMAST (heat, myofascial release, massage, acupressure, stretching and self-care), 50-minutes of hands-on clinical massage and 10 minutes of teaching self-care and client interaction. A reminder of self-care exercises was emailed in text form to all participants after their treatments each week. Refer to appendix 9 for treatment protocol and self-care exercises.

Weeks 8-11 participants attended a 60-minute session for advanced clinical massage, using the same format as above.

Week 12 participants attending their final in-person session at a longer session time of 70-minutes which included ROM testing followed by a 50-minute clinical massage and 10-minutes of teaching self-care and client interaction.

During the intervention phase (weeks 7-12), participants continued to complete the Pain Outcome Questionnaire 6 days after their treatment, alongside this the BSGE Pelvic Pain Questionnaire and the EHP-30 was completed on week 7 and 12.

It was requested that all participants refrained from any other massage or bodywork over the course of the study, it was also requested that no change in medication or treatment was made during the study. Existing medication, painkillers or other treatments specifically prescribed by their General Practitioner or Consultant Gynaecologist were to be continued as normal and as necessary. If participants varied this medication due to any changes in symptoms, this was recorded during pre-treatment consultations, along with any anecdotal feedback.

Table 2: Timeline of Questionnaire Completion

	POQ-SF	EHP-30	BSGE
Week -1		✓	
Week 1	✓		
Week 2	✓		
Week 3	✓		
Week 4	✓		
Week 5	✓		
Week 6	✓		
Week 7	✓	✓	✓
Week 8	✓		
Week 9	✓		
Week 10	✓		
Week 11	✓		
Week 12	✓	✓	✓
Week 13	✓		
Week 14	✓		
Week 15	✓		
Week 16	✓	✓	✓

Note: Week 7 questionnaires we're completed 6 days post first intervention.

Results

Out of the 12 participants that were recruited 9 completed the study, one participant with a diagnosis of adenomyosis, and 8 with a diagnosis of endometriosis. Within the study period one of the participants with endometriosis also received a diagnosis of adenomyosis (at week 12). Across all measures positive improvements were seen in all domains of the questionnaires.

Figure 1 – EHP-30 Scores

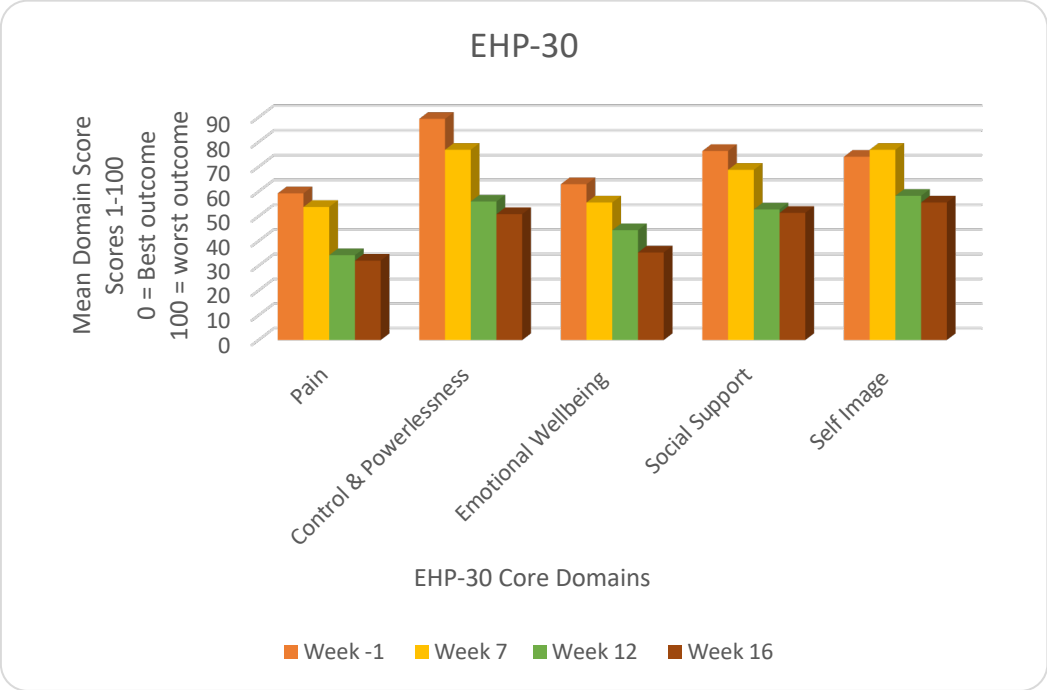


Figure 1: The effect of The Jing Method™ on EHP-30 scores

Figures 2-5 – POQ-SF Scores

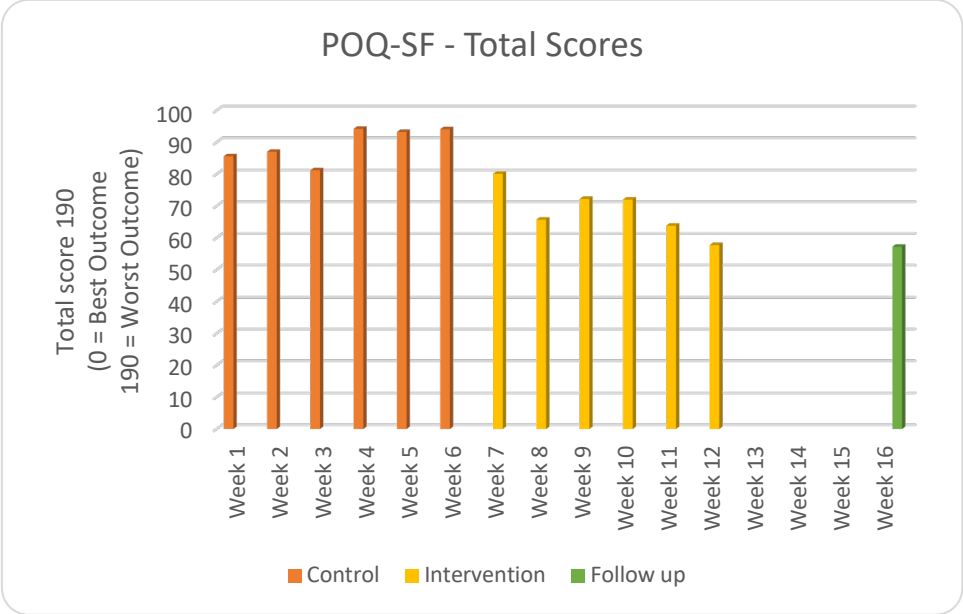


Figure 2: The effect of The Jing Method™ on POQ-SF total scores

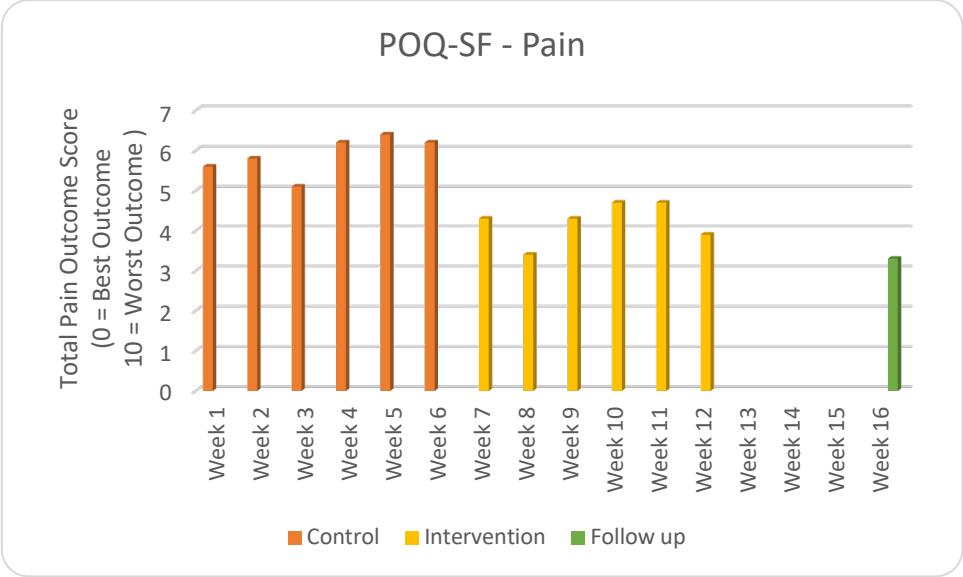


Figure 3: The effect of The Jing Method™ on total pain outcome scores

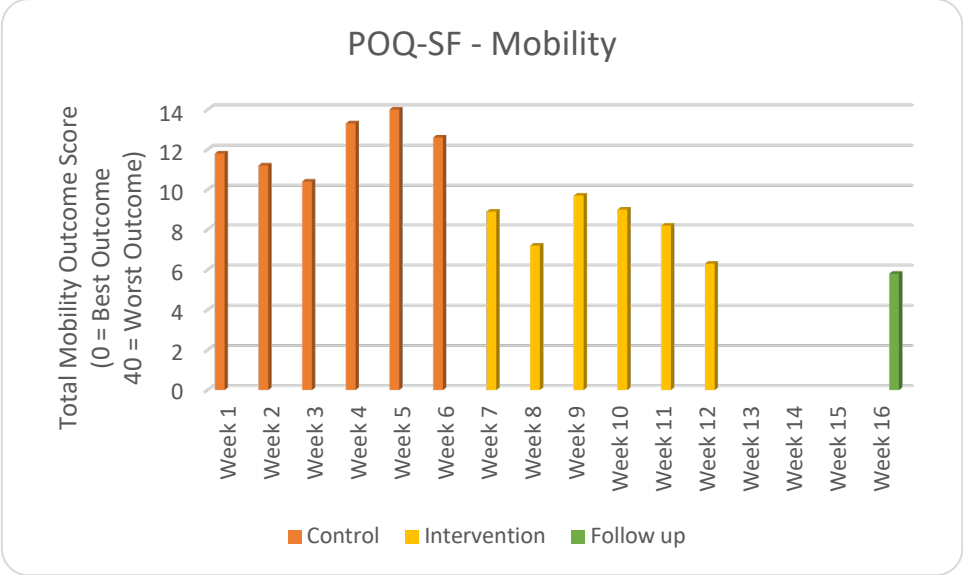


Figure 4: The effect of The Jing Method™ on mobility

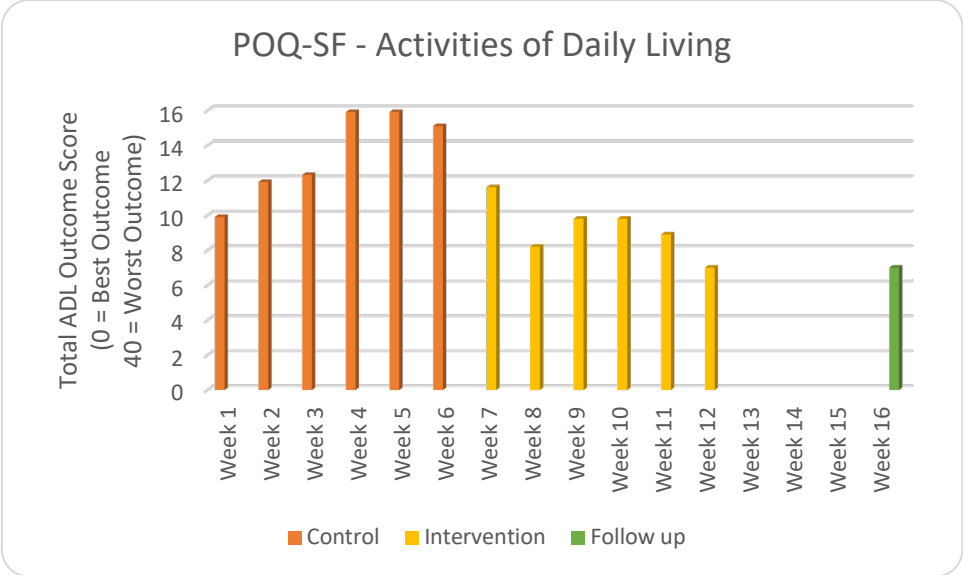


Figure 5: The effect of The Jing Method™ on activities of daily living scores

Figures 6-8 BSGE Scores

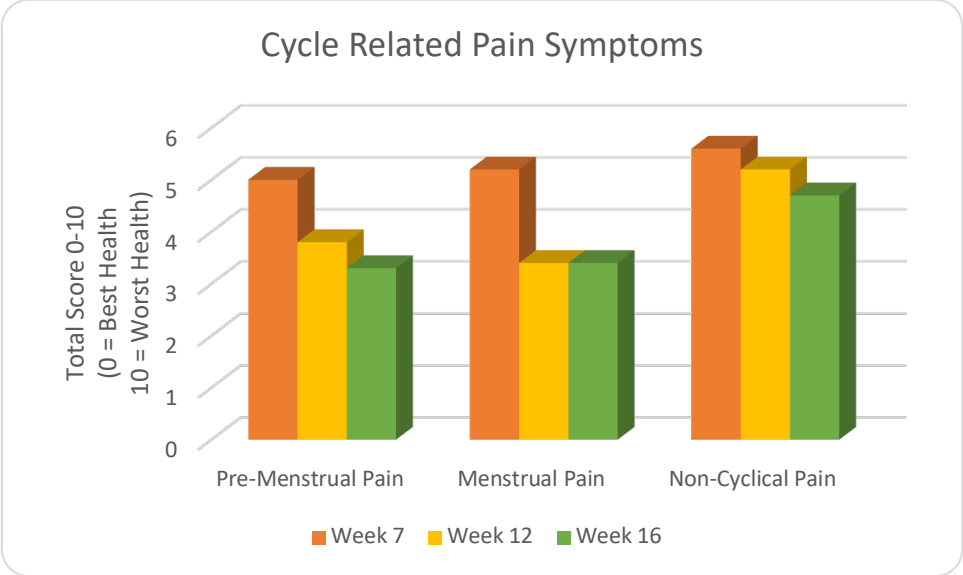


Figure 6: The effect of The Jing Method™ on pain symptoms

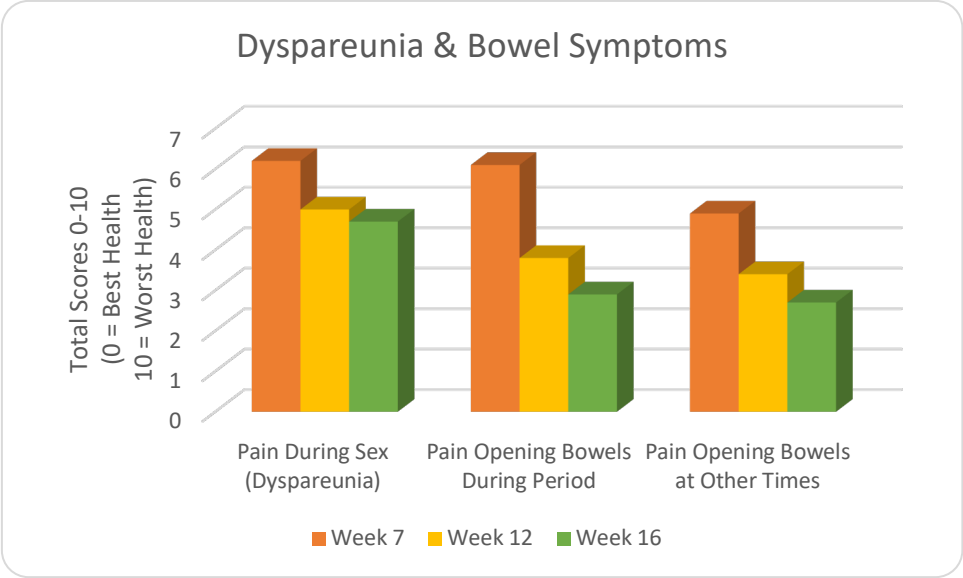


Figure 7: The effect of The Jing Method™ on dyspareunia and bowel symptoms

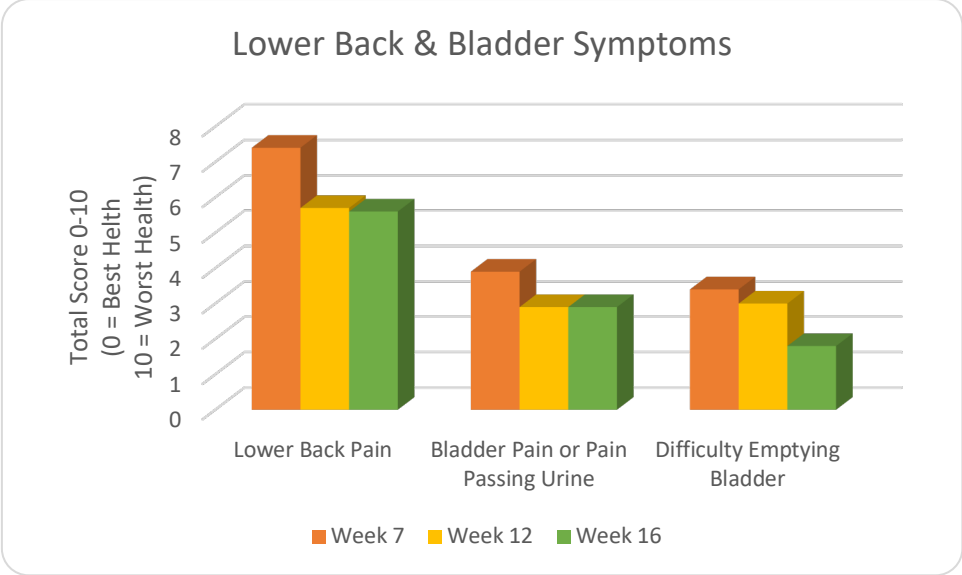


Figure 8: The effect of The Jing Method™ on lower back pain and bladder symptoms

Discussion

The results of this study support the hypothesis that The Jing Method™ of advanced clinical massage can positively impact pain and improve quality of life in women with endometriosis and adenomyosis. With the design of the study supporting both in person sessions and teaching self-care exercises, as part of a multi-modal approach.

Participants completed the EHP-30, BSGE and the POQ-SF at various intervals the assess the impact of The Jing Method™, with all instruments indicating positive improvements across all measured domains.

These results fall in line with previous studies looking at massage and manual therapy to improve pain in women with endometriosis (Valiani et al., 2010,Wójcik et al., 2022)

EHP-30

Encompassing five core domains: pain, control and powerlessness (C&P), emotional well-being (EW), social support (SS) and self-image (SI). The total EHP-30 domain scores showed a positive trend over the 16-week period across all domains, suggesting an overall improvement in participants HRQoL.

The mean pain score after intervention saw an improvement of 37%, with a further 7% improvement at the 16-week mark, suggesting a longer-term improvement in pain, these results are consistent with Muñoz-Gómez et al. (2023) in their study showed a 30.76% reduction in pelvic pain with a 6-week intervention of a combination combining soft tissue and articulatory techniques, with the aim to improve circulation and the quality of fascial and muscular tissue.

Scores across the remaining domains saw similarly positive results, with the greatest improvements from control and powerlessness. This domain also details the highest scores overall highlighting the strong interrelationship with the pain outcomes, leading to the importance of considerations in care, supporting women with strategies to manage symptoms through pain education and self-care plans.

Emotional wellbeing, social support and self-image also saw positive results, with Soliman et al. (2017) highlighting the psychological burden of these conditions, the outcomes in these EHP-30 scores illustrate how by supporting participants with a BPS framework, and fostering

a strong TA, as emphasised by Fairweather and M. Mari, (2015b), The Jing Method™ can lead to meaningful improvements in client's pain and HRQoL.

Interestingly, scores across all domains (bar self-image which sees a 3.6% rise) decreased from the first intake of data, in comparison to the intake at week 7, perhaps representing the positive influence single interventions could have, along with the remote psychosocial support provided in the collaboration and participation of the study, however there is no clear data prior to the first questionnaire intake, so this could indicate multiple participants experiencing flares in the previous weeks.

POQ-SF

The results show improvements across all domains, indicating a reduction in pain and its hinderance on daily life.

The POQ-SF total outcome score resulted in a positive decrease in mean total scores, in week 1 (85.6 ± 66.6) to week 12 (57.7 ± 63.3), with week 16 (57.2 ± 73.8) showing there has been a lasting effect from the intervention phase.

Looking at the pain element of the POQ-SF, scores highlight The Jing Method™ efficacy in alleviating nociceptive and neuropathic pain pathways, further supporting previous finding by Wurn et al., (2006), Black (2017), and Shrikhande et al. (2023) emphasising the role that manual and physical therapy can play in addressing myofascial dysfunction and adhesions.

Furthermore, the pain outcome scores show a strong correlation between both mobility and activities of daily living displaying similar trend lines, enhanced mobility strongly corresponds to ADL enabling clients to reclaim functionality, aligning with the findings of Muñoz-Gómez et al. (2023) and their findings of how manual therapy can increase lumbar mobility and reduce pelvic pain, thus improving ADL.

It's worth noting, in both the control and intervention phase pain measures saw a reduction and then subsequent rise, these fluctuations coincided with condition related flare ups, in the control phase this was true for 3 participants, and in the intervention phase this was true for 2 participants, leading to a slight upward trend in pain, mobility and ADL scores in both phases. However, the intervention phase showed a general overall reduction in these three measures compared to the control phase. All but one participant saw an overall downward

trend in pain scores. During the control phase the mean scores in the POQ-SF total scores sees an increase at week 4 and remains high until week 6, this can be attributed to a sharp rise in scores from participant 7 (141.3 ± 40.3) in which a haemorrhagic ovarian cyst was diagnosed during week 6. No medical intervention needed; codeine prescribed however not taken as pain subsided moving into the intervention phase.

BSGE

The results from the BSGE questionnaire provides an insight into specific symptomology experienced by participants. Across all individual pain related symptoms, a positive downward trend can be observed.

Looking more specifically; menstrual pain, pre-menstrual pain and non-cyclical pain saw a 34%, 35% and 16% drop respectively between weeks 7 and 16. Supporting Wurn et al. (2011) study, with the findings suggestive of the role of adhesions playing part in the cause of cyclical pain. With interventions designed to increase soft tissue mobilisation and restoring visceral mobility, manual therapy could have the potential to provide additional options alongside pharmaceutical and surgical treatment plans, with minimal adverse effects or complications.

The most profound improvements between week 7-16 were seen in pain experienced in bowel movements, and bladder pain and function, with both domains reducing from moderate to mild within the BSGE scale. Improvements in bladder and bowel function was a surprising result and further supports the findings of the 32% improved bladder function of Hyde (2021), Hurworth (2023) and Mitchell (2023), adding validity to the methodology of The Jing Method™ and its multi-modal approach. Furthermore, dyspareunia saw a reduction of 24% between weeks 12-16. Supporting Wurn et al. (2006) in their study, indicating the increase in mobility and function of organs, by reducing adhesions through physical therapy and massage techniques can have a positive influence on pain and function.

Manual therapy, massage and a multi-modal approach

Pelvic pain is one of the most common symptoms reported by women with endometriosis and adenomyosis, often persisting after medical interventions (Mettler et al., 2014). The mean scores relating to pain across all questionnaires show a marked decrease comparing the intervention and control phase. This demonstrates the value The Jing Method™ could offer,

in the palpation of soft tissues, through the use of heat, myofascial release, trigger point therapy, stretching, and on-going self-care support. With a reduction in pain for the women in this study, it's evident that HRQoL is improved, positively influencing their capacity to carry out daily activities along with the psychological uplift this brings to daily life. This study adds to the previous body of research (Valiani et al., 2010: Muñoz-Gómez et al., 2023: Wurn et al., 2006: Annal & Anitha, 2015: B. F. Wurn et al., 2011) on how massage and manual therapy has the potential to offer effective relief in symptoms. With Agarwal et al., (2019) supporting the integration of complementary therapies to help decrease inflammation, improving pain and HRQoL, as part of a long term, patient focused program of care.

The multi-modal approach of The Jing Method™ integrates the biopsychosocial model at its core, fostering a compassionate therapeutic alliance. Many of the participants valued the opportunity to share their experiences, feeling heard and understood. This is reflected in the EHP-30 scores with positive improvements in C&P, EW and SS scores. With participants being able to communicate their pain, alongside self-care plans, empowering women in understanding and managing their conditions.

Limitations

Although multiple studies have resulted in positive results for manual therapy and massage for endometriosis and adenomyosis, none have been of any scale, the limited sample size of this study restricts the data to be statistically significant. To increase the sample size, it would be valuable to conduct the study with multiple therapists as this would allow for a wider demographic of participants, as well as highlight variables related to TA and therapeutic setting.

Given the cyclical nature of endometriosis and adenomyosis, it would be beneficial to have a longer study period spanning multiple natural period cycles, with the control phase and the intervention phase extending over multiple natural cycles, lengthening the study would allow greater insight and understanding in participants symptomology and related BPS factors and influences, improving confidence in findings and further understanding the impact that The Jing Method™ could offer.

Self-care was a combined blend of active exercises and breathwork with the aim to increase mobility and motility in tissues within the pelvic region and along the wider fascial lines, with a particular focus on the deep front line of fascia. It would have been beneficial to track participants compliance to further strengthen influence of the element of self-care within The Jing Method™. Although text reminders were provided, it would have also been helpful to provide handouts including photographic images or digital demonstrations of self-care exercises to additionally support to participants, to further support participant compliance and to provide prompts that could be used once the study has ended.

Participants continued with pain medications when required throughout the study, this may have negatively influenced data further restricting the validity of outcome scores, it would have been beneficial for participants to track medication intake to provide insight in this possible influence on participant data.

At the start and end of the intervention phase active range of motion (ROM), and special orthopaedic tests were carried out to identify restrictions around the pelvic region and corresponding fascial lines, however these were difficult to quantify in data as much of the assessment results were the subjective opinion of the therapist. It would have been beneficial to use validated assessment protocols such as the Schober's test for lumbar spine flexion.

By study design, participants completed the first within study data intake from the BSGE and EHP-30 at week 7, this fell 6 days after the first treatment intervention. It would have been beneficial for this data intake to be completed at week 6, marking the end of the control phase. This would have allowed for better understanding of the data pre and post intervention, as the first intervention may have influenced the week 7 data.

Conclusion

Collectively the data supports the efficacy of The Jing Method™ as a non-invasive treatment option for women living with endometriosis and adenomyosis. And could serve as a viable complementary therapy alongside mainstream medical practices, particularly for women seeking alternatives due to the limitations of hormonal and surgical interventions.

These results provide a foundation for further research and underscore the need to incorporate a multi-modal treatment approach alongside a BPS framework into client centred care.

Whilst these results suggest positive improvements in pain and HRQoL, the small sample size makes it difficult to draw definitive conclusions to rule out the possibility of these outcomes are by chance or individual variables. Expanding the study to a larger sample size, with a more diverse cohort would further validate these findings and enhance their applicability to broader clinical settings.

Funding

This research project was partially funded by the RUH Gynaecology educational fund [£2000]. The sponsors had no active involvement in the study.

References

Agarwal, S.K., Foster, W.G., Groessl, E.J., 2019. Rethinking endometriosis care: Applying the chronic care model via a multidisciplinary program for the care of women with endometriosis. Int J Womens Health.

Allaire, C., Bedaiwy, M.A., Yong, P.J., 2023. Diagnosis and management of endometriosis. CMAJ. Canadian Medical Association Journal.

Annal, M.A., Anitha, B., 2015. Annals of SBV 4.

Aredo, J. V., Heyrana, K.J., Karp, B.I., Shah, J.P., Stratton, P., 2017. Semin Reprod Med 35, 088–097.

Armour, M., Sinclair, J., Chalmers, K.J., Smith, C.A., 2019a. Self-management strategies amongst Australian women with endometriosis: A national online survey. BMC Complement Altern Med.

Armour, M., Smith, C.A., Steel, K.A., MacMillan, F., 2019b. The effectiveness of self-care and lifestyle interventions in primary dysmenorrhea: A systematic review and meta-analysis. BMC Complement Altern Med.

Becker, K., Heinemann, K., Imthurn, B., Marions, L., Moehner, S., Gerlinger, C., Serrani, M., Faustmann, T., 2021. Sci Rep 11.

Black, L. 2017. Does Myofascial release on abdominal scarring assist in the reduction of lower back pain? Dissertation. Jing Advanced Massage Training: Brighton.

Borell-Carrió, F., Suchman, A.L., Epstein, R.M., 2004. The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. Ann Fam Med.

Bulun, S.E., Yildiz, S., Adli, M., Chakravarti, D., Parker, J.B., Milad, M., Yang, L., Chaudhari, A., Tsai, S., Wei, J.J., Yin, P., 2023. Endometriosis and adenomyosis: shared pathophysiology. Fertil Steril.

Desroches, C. 2024. The role of massage in the treatment of chronic pain. Dissertation. Jing Advanced Massage Training: Brighton.

Dunselman, G.A.J., Vermeulen, N., Becker, C., Calhaz-Jorge, C., D'Hooghe, T., De Bie, B., Heikinheimo, O., Horne, A.W., Kiesel, L., Nap, A., Prentice, A., Saridogan, E., Soriano, D., Nelen, W., 2014. Human Reproduction 29, 400–412.

Engel, G.L., 1977. Science (1979) 196.

Hurworth, M. 2023. Evaluating the efficacy of the Jing Method of advanced clinical massage online to treat menopause symptoms. Dissertation. Jing Advanced Massage Training: Brighton.

Ezzat, L., 2017. Int J Reprod Contracept Obstet Gynecol 6, 4187.

Fairweather, R. and Mari M., 2015a. Massage Fusion, The Jing Method for the treatment of chronic pain, Edinburgh: Handspring City Publishers

Fairweather, R and Mari M., 2015b. Massage Fusion, The Jing Method for the treatment of chronic pain, Edinburgh: Handspring City Publishers

Giese, N., Kwon, K.K., Armour, M., 2023. Acupuncture for endometriosis: A systematic review and meta-analysis. Integr Med Res.

Gonçalves, A.V., Barros, N.F., Bahamondes, L., 2017. Journal of Alternative and Complementary Medicine 23.

De Graaff, A.A., D'hooghe, T.M., Dunselman, G.A.J., Dirksen, C.D., Hummelshoj, L., Simoens, S., Bokor, A., Brandes, I., Brodszky, V., Canis, M., Colombo, G.L., Deleire, T., Falcone, T., Graham, B., Halis, G., Horne, A.W., Kanj, O., Kjer, J.J., Kristensen, J., Lebovic, D.I., Müller, M., Vigano, P., Wullschleger, M., 2013. Human Reproduction 28.

Habiba, M., Guo, S.W., Benagiano, G., 2024. Are Adenomyosis and Endometriosis Phenotypes of the Same Disease Process? Biomolecules.

Horne, A.W., Missmer, S.A., 2022. Pathophysiology, diagnosis, and management of endometriosis. BMJ.

Kolovos, G., Dedes, I., Imboden, S., Mueller, M., 2024. Adenomyosis—A Call for Awareness, Early Detection, and Effective Treatment Strategies: A Narrative Review. Healthcare (Switzerland).

Lamceva, J., Uljanovs, R., Strumfa, I., 2023. The Main Theories on the Pathogenesis of Endometriosis. Int J Mol Sci.

Leonardi, M., Horne, A.W., Vincent, K., Sinclair, J., Sherman, K.A., Ciccia, D., Condous, G., Johnson, N.P., Armour, M., 2020. Hum Reprod Open 2020.

Maddern, J., Grundy, L., Castro, J., Brierley, S.M., 2020. Pain in Endometriosis. Front Cell Neurosci.

Mettler, L., Ruprai, R., Alkatout, I., 2014. Biomed Res Int 2014.

Mitchell, E. 2023. Evaluating the efficacy of The Jing Method of advanced clinical massage online to treat menopause symptoms. Dissertation. Jing Advanced Massage Training: Brighton.

Muñoz-Gómez, E., Alcaraz-Martínez, A.M., Mollà-Casanova, S., Sempere-Rubio, N., Aguilar-Rodríguez, M., Serra-Añó, P., Inglés, M., 2023. J Clin Med 12.

Ossipov, M.H., Dussor, G.O., Porreca, F., 2010. Central modulation of pain. Journal of Clinical Investigation.

Pickett, C., Foster, W.G., Agarwal, S.K., 2023. Reproduction and Fertility 4.

Sanchez Vera, M.A., Restrepo Castro, O.I., Ortiz Zornosa, S., Díaz Bruce, J., Sierra Rodríguez, Z.Y., Caro Durán, O.F., 2023. Complementary pain management in endometriosis: a narrative review. Italian Journal of Gynaecology and Obstetrics.

Schrager, S., Yogendran, L., Marquez, C., Sadowski, E., 2022. Adenomyosis Diagnosis and Management. American Family Physician, Volume 105, Number 1.

Sheppard, D. 2018. Examining the effects of therapeutic alliance on pain outcomes when using different communication styles to teach and support participants through a core rehabilitation programme. Dissertation. Jing Advanced Massage Training: Brighton.

Shrikhande, A., Patil, S., Subhan, M., Moody, E., Natarajan, J., Tailor, Y., Mamsaang, M., James, N., Leishear, K., Vyas, R., Sandhu, S., Ahmed, T., Filart, R., Daniel, G., Orbuch, I.K., Larish, Y., Liu, L., 2023. Int J Womens Health 15.

Soliman, A.M., Coyne, K.S., Zaiser, E., Castelli-Haley, J., Fuldeore, M.J., 2017. Journal of Psychosomatic Obstetrics and Gynecology 38.

Stratopoulou, C.A., Donnez, J., Dolmans, M.M., 2021. Conservative management of uterine adenomyosis: Medical vs. surgical approach. J Clin Med.

Taylor, H.S., Kotlyar, A.M., Flores, V.A., 2021. Endometriosis is a chronic systemic disease: clinical challenges and novel innovations. The Lancet.

Tennfjord, M.K., Gabrielsen, R., Tellum, T., 2021. BMC Womens Health 21.

Valiani, M., Ghasemi, N., Bahadoran, P., Heshmat, R., 2010a. Iran J Nurs Midwifery Res 15.

Valiani, M., Ghasemi, N., Bahadoran, P., Heshmat, R., 2010b. The effects of massage therapy on dysmenorrhea caused by endometriosis.

Wójcik, M., Szczepaniak, R., Placek, K., 2022. Physiotherapy Management in Endometriosis. Int J Environ Res Public Health.

Wurn, B.F., Wurn, L.J., Patterson, K., Richard King, C., Scharf, E.S., 2011. J Endometr 3, 188–196.

Wurn, L.J., Wurn, B.F., King III, C.R., Roscow, A.S., Scharf, E.S., Shuster, J.J., 2006. Fertil Steril 86.

Zhang, H., Li, C., Li, W., Xin, W., Qin, T., 2024. Research Advances in Adenomyosis-Related Signaling Pathways and Promising Targets. Biomolecules.

Zheng, P., Zhang, W., Leng, J., Lang, J., 2019. Research on central sensitization of endometriosis-associated pain: A systematic review of the literature. J Pain Res.

Appendices

Appendix 1: Ethics Form

Appendix 2: EHP-30 Questionnaire

Appendix 3: EHP-30 Scoring Template

Appendix 4: Pain Outcome Questionnaire

Appendix 5: Pain Outcome Questionnaire Scoring Template

Appendix 6: BSGE Pelvic Pain Questionnaire

Appendix 7: Table of Participants

Appendix 8: Pain Outcome Questionnaire Results – Fear, Negative Affect & Vitality

Appendix 9: Treatment protocol & Self-care Routines

Appendix 10: Participant Feedback

Appendix 1: Ethics Form

	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	✓
1	Complete Section 1 to Section 13	
2	Electronically sign and date	
3	Participation information form (see separate form)	
4	Participation consent form (see separate form)	

Jing BTEC Research Ethics Form

BTEC Level 6: Professional diploma in Advanced Clinical and Sports Massage

Section 1: to be completed by student

Student's name:	Holly Cleverley
Student number:	PE31572
BTEC Year-group:	2023-2025
Date of application:	14/4/24
Student e-mail address:	echoholistics@outlook.com
Title of research project:	Evaluating the effects of The Jing Method™ of Advanced Clinical Massage on Pain and Quality of Life in Women with Endometriosis and Adenomyosis

Section 2: Does your project involve any primary research using human subjects?

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	x	

If yes, does it involve children under 16?		x
If yes, does it involve children under 18?		x
Other vulnerable populations (i.e. mental illness, aged subjects)?		x
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		x
Are you planning to use deception?		x
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?		x
Does your study involve paying participants or an alternative incentive to participate		**x**
Could the study put you or someone else at risk of injury?		x
Does your project make use of a validated questionnaire?	x	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. Pain Outcome Questionnaire Endometriosis Health Profile-30 (EHP-30)		

Section 3: Research premises

Where is your research being undertaken? Two locations – My Clinic 73 Great Pulteney Street, Bath, BA2 4DL Circus Health 27 Gay Street, Bath, BA1 2PD	
If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.	Yes

Section 4: Recruitment

How will you recruit subjects for this research study?

I will recruit in my local town and the surrounding area.

1. Using adverts and posters through social media – Facebook, Instagram, Google My Business
2. Hard flyers at the local hospital and left with a consultant gynecologist to make patients aware of the study.
3. Hard flyers in reception areas in both practices I work from.

Section 5 Outline your project procedure

This is effectively a draft of your method, include information on when questionnaires will be used, what your intervention will involve, any stimuli used, etc.

This study aims to evaluate the effect of The Jing Method of Advanced Clinical Massage on Pain and Quality of Life in Women with Endometriosis and Adenomyosis.

Participants will be recruited to this within person design study using adverts via social media, soft copy adverts and email approaches to the local hospital trust.

There will be a 1-1 online consultation to meet with potential participants to ensure they meet the inclusion criteria, and opportunity to gain full understanding of what the study entails.

- Those that are eligible will be sent a participant letter and consent form for completion, to be returned within 24 hours of initial online meeting. Participants will receive all questionnaires to review and it will be requested to complete the EHP-30 a week prior

to the study commencing to establish a baseline health profile in relation to endometriosis and adenomyosis.

If participants meet the inclusion criteria a days and times will be set for their treatments during the 6-week intervention.

Week 1-6 will be the control phase of the study, and will provide a baseline health profile with regards to pain and quality of life –

- Weeks 1-6: Participants to complete the Pain Outcome Questionnaire. This will be sent out on at Sunday morning for completion by the end of the day.
- There will be no hands-on intervention during the control phase.

Weeks 7-12 will be the intervention phase –

- Week 7: First treatment will include a full consultation along with the first treatment, this session will be 90mins.
- Participants will receive a 50 min treatment once a week – Protocol in supporting document.
- The sessions will follow prone lower back & supine stress and chronic pain protocol, to include all elements of the HFMAST framework.
- A 5 min self-care sequence will be demonstrated on week 7, and progressed on week 8 & 9, these sequences will then be repeated on week 10, 11 & 12. Participants will be asked to perform the 5 minutes self-care three times a week throughout weeks 7-12 and to inform the researcher each week how many times they completed it. Details of self-care in supporting document with the treatment protocol.
- Details of each treatment and self-care routines will be added to the appendix of the study literature.
- Six days after the treatment the Pain Outcome Questionnaire will be completed and returned prior to the next treatment, or within 24 hours.
- Week 7: Participants will complete an EHP-30 and the BSGE Pelvic Pain questionnaire alongside the Pain Outcome Questionnaire.
- Week Participants will complete the EHP-30 to assess any changes in pain outcomes during the treatment phase.

Week 16: 4 weeks post-treatment Pain Outcome Questionnaire, EHP-30 and the BSGE Pelvic Pain Questionnaire will be sent to participants to assess longer-term effects post-treatment.
After the study, a feedback form will be sent to all participants, for evaluation of the study and the experience of participants which may help improve further research studies that will take place.

Section 6: Describe what your participants need to do

Participants will initially attend a 1:1 online call to:

- Check they meet the inclusion criteria.
- Have the study explained to them to gain full understanding of what is expected from them.

- If they would like to take part, participants are required to read through the participant letter and complete the consent form to give full consent to the study.
- Participants are required to inform the researcher of any medications, manual therapy or other relevant treatments they are receiving for their Endometriosis and/or Adenomyosis throughout the duration of the study.
- Participants will agree to a set day and time to visit for the intervention phase.

Week 1-6 –

- Participants are required to complete the Pain Outcome Questionnaire weekly with no hands-on intervention.

Week 7-12 –

- Week 7 – Participants will complete the EHP-30 and BSGE Pelvic Pain questionnaires alongside the Pain Outcome Questionnaire.
- Participants are required to run through a full consultation with the researcher ahead of the intervention phase.
- Participants will receive a standardised 50-minute-long Jing Clinical Massage once a week for 6 weeks.
- The treatment will include bringing awareness to breath, amma and grounding, hot stones, myofascial release, trigger point work, the use of appropriate acupressure points, and stretching.
- Participants will be given a 5-minute self-care routine to follow throughout the treatment phase, this will be shown in-person, and participants will be carrying the routine out 3 times per week. The separate routine will be set on week 7, 8 & 9, and then the sequence will be repeated on weeks 10,11 & 12.
- Six days after each treatment participants are required to complete the Pain Outcome Questionnaire (or within 24hrs of the next treatment) and return to researcher prior to the next treatment.

Week 12 –

- Participants will complete the EHP-30 and BSGE Pelvic Pain Questionnaires, alongside the Pain Outcome Questionnaires within 24hours of the final treatment.

Week 16 –

- Participants will complete the final Pain Outcome Questionnaire, EHP-30 and BSGE Pelvic Pain Questionnaires, 4 weeks post treatment phase to assess any lasting effect of the study.

Section 7: Respecting confidentiality and ethical issues for participants

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. What ethical considerations are there?

- Data held will be in accordance with the General Data Protection Regulation (GDPR)
- Information on initial signup form informing participants that their information will not be available to third parties.
- Assurance that details will not be seen by anyone else.
- Participants names will be replaced by numbers so they will be anonymous.
- As soon as the study is over, all details will be deleted.
- There is minimal risk of injury but possibly there might be some localised sensitivity or transient muscle tenderness that can occur after a massage. This will be explained to participants before consenting to the study
- Trauma, mental, & emotional health issues: these can occur at any time and may do during the study. As these issues can arise in my every-day practice, I will continue to monitor and adopt safe-guarding procedures when needed. These include:
  *Remaining vigilant to signs of emotional and mental distress
  *Green-cross coding when needed
  *Stopping the treatment and allowing the client time and space if needed
  *Referring client to another professional if appropriate
- This study will be evaluating pain measured against quality of life. Should the researcher be concerned about a participant, resources will be available of local specialist help where participants can be signposted to.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?
The study will include:

- Women with a confirmed diagnosis of endometriosis and/or adenomyosis, and able to commit to the 16-week study and travel to my clinic, either my private practice or at Circus Health, depending on the day clients are able to commit to.
- Experiencing pain affecting quality of life as identified by positive scoring on an initial EHP-30 instrument 1 week prior to the study commencing.
- Any on-going medical issues, interventions or medication may affect suitability for the study and will need to be discussed.
- If participants start a new medication, therapy, or develop a medical condition during the study, inform the researcher in case it impacts the study.

The study will exclude:

- Planned change in medication during research phase: if this will affect the validation of the baseline.
- Further planned medical intervention, including surgery and fertility treatment during the research project.
- Any ongoing medical diagnosis other than endometriosis, or medication which may affect study; for example, cancer treatments such as chemotherapy.

Section 9: Student declaration:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES	NO

Student's handwritten signature:

(To be completed, once ethical approval has been provided)

Print Name: Holly Cleverley **Date: 1/04/24**

ONCE YOU HAVE COMPLETED THE ABOVE ETHICS DETAILS, THEN YOU CAN PROCEED TO PARTICIPANT INFORMATION AND CONSENT FORMS, SO READ BELOW AS IT IS IMPORTANT TO BE CLEAR ABOUT WHAT YOUR PARTICIPANTS NEED TO DO.

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time.

Studies should not involve participants under 18 without express permission from your supervisor. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

EITHER:
This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature: .....date: .....

OR:
This project is designed to include fieldwork with human participants.
(please circle yes or no)

YES / NO All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

YES / NO The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

YES / NO I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

YES / NO I am confident the participants' confidentiality will be preserved.

YES / NO I consider that any risks involved to the student, the participants, and any third party are minimal.

YES / NO I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature: ..... date: .....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:
Advisor's name (please print):

Advisor's signature: ..... date: .....
Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix 2: EHP-30 Questionnaire

EHP-30

Endometriosis Health Profile - 30 Questions

* Indicates required question

Part 1: Core Questionnaire

During the last 4 weeks,

How Often, Because Of Your Endometriosis, Have You.....

1. Been unable to go to social events because of your pain? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

2. Been unable to do jobs around the house because of your pain? *

- o Mark only one oval.
- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

3. Found it difficult to stand because of your pain? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

4. Found it difficult to sit because of your pain? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

5. Found it difficult to walk because of your pain? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

6. Found it difficult to exercise or do the leisure activities that you would like to? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

7. Lost your appetite and/or been unable to eat because of your pain? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

During The Last 4 Weeks,

How Often, Because Of Your Endometriosis, Have You....

8. Been unable to sleep properly because of your pain? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

9. Had to go to bed/lie down because of your pain?

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

10. Been unable to do the things that you want to because of your pain? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

11. Felt unable to cope with the pain? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

12. Generally felt unwell? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

13. Felt frustrated because your symptoms are not getting better? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

14. Felt frustrated because you are not able to control your symptoms? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

During The Last 4 Weeks,

How Often, Because Of Your Endometriosis, Have You....

15. Felt unable to forget your symptoms? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

16. Felt as though your symptoms are ruling your life? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

17. Felt your symptoms are taking away your life? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

18. Felt depressed? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

19. Felt weepy/tearful? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

20. Felt miserable? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

21. Had mood swings? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

22. Felt bad tempered or short tempered? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

During The Last 4 Weeks,

How Often, Because Of Your Endometriosis, Have You....

23. Felt violent or aggressive? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

24. Felt unable to tell people how your feel? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

25. Felt others do not understand what you're going through? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

26. Felt as through others think you are moaning? *

Mark only one oval.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

27. Felt alone? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

28. Felt frustrated as you cannot always wear the clothes you would choose? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

29. Felt your appearance has been affected? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

30. Lacked confidence? *

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

Appendix 3: EHP-30 Scoring Template

The EHP-30 consists of **30 core items** divided into 5 domains:

1. Pain
2. Control and powerlessness
3. Emotional well-being
4. Social support
5. Self-image

Each item is answered on a **5-point Likert scale**:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

Reverse Coding

- The EHP-30 does not require reverse coding, as higher scores reflect worse quality of life.

Calculate the Raw Score for Each Domain

- Add up the scores for all items within a domain.

Normalize Scores to a 0–100 Scale

To make scores comparable across domains, transform the raw scores into a scale from 0 to 100:

Normalised score = (Raw score – Minimum possible Score/Maximum possible score – Minimum possible score) x 100

Where:

- **Raw Score** = Sum of item responses in a domain
- **Minimum Possible Score** = 0 (if all responses in the domain are "Never")
- **Maximum Possible Score** = (Number of items in the domain) × 4 (if all responses are "Always")

Interpretation

- Higher scores indicate greater impairment in health-related quality of life.
- Comparisons can be made between domains or across different time points for the same individual.

Notes

- Ensure all items are completed; missing data can affect accuracy.
- Incomplete data can be handled with imputation methods or prorated scores if allowed by study guidelines.

Appendix 4: Pain Outcome Questionnaire

Pain Outcome Questionnaire

Please complete the following questions -

* Indicates required question

1. How would you rate your pain on average in the past week? *

(0 = No Pain 10 = Worst Possible Pain)

Mark only one oval.

- o 0
- o 1
- o 2
- o 3
- o 4
- o 5
- o 6
- o 7
- o 8
- o 9
- o 10

2. Does your pain interfere with your ability to walk? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

3. Does your pain interfere with your ability to carry/handle everyday objects*

such as a bag of groceries or books?

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

4. Does your pain interfere with your ability to climb stairs? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

5. Does your pain require you to use a cane, walker, wheelchair, or other

device? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

6. Does your pain interfere with your ability to bathe yourself? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

7. Does your pain interfere with your ability to dress yourself? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

8. Does your pain interfere with your ability to use the bathroom? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

9. Does your pain interfere with your ability to manage your personal grooming? *

(for example, combing your hair, brushing your teeth, etc.)

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

10. Does your pain affect your self-esteem or self-worth? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

11. How would you rate your physical activity? *

(0 = Significant limitation in basic activities 10 = Can perform vigorous activities without limitation)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

12. How would you rate your overall energy? *

(0 = Totally worn out 10 = Most energy ever)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

13. How would you rate your strength and endurance today? *

(0 = Very poor 10 = Very high)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

14. How would you rate your feelings of depression today? *

(0 = Not at all depressed 10 = Extremely depressed)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

15. How would you rate your feelings of anxiety today? *

(0 = Not at all anxious 10 = Extremely anxious)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

16. How much do you worry about re-injuring yourself if you are more active? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

17. How safe do you think it is for you to exercise? *

(0 = Not safe at all 10 = Extremely safe)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

18. Do you have problems concentrating on things today? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

19. How often do you feel tense? *

(0 = Not at all 10 = All the time)

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Thank you for your time in completing this questionnaire

Appendix 5: Pain Outcome Questionnaire Scoring Template

Pain Outcomes Questionnaire: Short Form - Scoring Template

Pain:
Self-report of pain intensity
Item 2

Mobility:
Self-report of pain-related impairment in mobility
Item 3 + Item 4 + Item 5 + Item 6 = Total

Activities of Daily Living (ADL):
Self-report of pain-related impairment in completing ADLs.
Item 7 + Item 8 + Item 9 + Item 10 = Total

Vitality:
Subjective sense of impairment in activity and energy levels.
30 – (Item 12 + Item 13 + Item 14) = Total

Negative Affect (NA):
Self-report of dysphoric affect and associated symptoms.
Item 11 + Item 15 + Item 16 + Item 19 + Item 20 = Total

Fear:
Pain-related fear and avoidance.
(10 - Item 18) + Item 17 = Total

Total Score:
Sum of the five subscale scores.
Total Score

POQ: Intake Inpatient Data (N=466)

%ile	Pain	ADL	Mobility	Vitality	NA	Fear	Total
1	3	0	0	8	1	0	31
10	5	0	12	14	11	4	60
25	6	1	19	18	19	10	77
50	7	8	28	22	29	12	97
75	8	18	35	25	37	16	121
90	9	28	40	28	44	18	138
99	10	40	40	30	50	20	170

POQ: Intake Outpatient Data (N=240)

%ile	Pain	ADL	Mobility	Vitality	NA	Fear	Total
1	2	0	0	2	0	0	2
10	5	0	12	14	8	5	51
25	6	1	18	17	15	10	71
50	7	7	25	21	27	13	97
75	8	21	35	24	36	17	120
90	9	29	39	28	42	19	145
99	10	40	40	30	50	20	173

CHRONIC PAIN REHABILITATION PROGRAM
Tampa, Florida
CARF and JCAHO Accredited

Revised 10/28/2003

Appendix 6: BSGE Pelvic Health Questionnaire (NHS Patient Intake Form)

BSGE Pelvic Pain Questionnaire

BACKGROUND DETAILS

Smoking: Current Smoker ☐ Ex Smoker ☐ Never smoked ☐

What is your Height? _____ Metres

What is your current weight? _____ Kilograms

1. GENERAL QUESTION ABOUT YOUR PAIN

Over the course of your **current normal menstrual cycle**, which of the following symptoms do you experience? Please tick yes or no to show whether you experience symptom during a normal cycle, and then if you have experienced the symptom, circle a score from 1 to 10 to indicate how slight or severe it usually is. (NOTE: N/A denotes 'no period')

Pre-menstrual pain (pain before periods) Experienced YES ☐ NO ☐ N/A ☐
1 = Experienced slightly 10 = Experienced severely 1 2 3 4 5 6 7 8 9 10

Menstrual pain (pain during periods)

Experienced YES ☐ NO ☐ N/A ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Non-cyclical pelvic pain (pain throughout the month)

Experienced YES ☐ NO ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain during sexual intercourse

Experienced YES ☐ NO ☐ N/A ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain opening bowels during period

Experienced YES ☐ NO ☐ N/A ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain opening bowels at other times

Experienced YES ☐ NO ☐ N/A ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Lower back pain

Experienced YES ☐ NO ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Bladder pain or pain passing urine

Experienced YES ☐ NO ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

Do you have difficulty emptying your bladder?

Experienced YES ☐ NO ☐

1 = Experienced slightly

10 = Experienced severely

1 2 3 4 5 6 7 8 9 10

2. **<u>Information about Bowel function</u>**
(NOTE: N/A is to be used if you have a stoma)

Do you have frequent bowel movements?

Never ☐ a little of the time ☐ some of the time ☐ most of the time ☐

all of the time ☐ N/A ☐

Do you have urgent bowel movements?

Never ☐ a little of the time ☐ some of the time ☐ most of the time ☐

all of the time ☐ N/A ☐

Do you have sensation on incomplete emptying of the bowel?

Never ☐ a little of the time ☐ some of the time ☐ most of the time ☐

all of the time ☐ N/A ☐

Do you have constipation?

Never ☐ a little of the time ☐ some of the time ☐ most of the time ☐

all of the time ☐ N/A ☐

Have you been troubled by blood in the stool around the same time as your period?

Never ☐ a little of the time ☐ some of the time ☐ most of the time ☐

all of the time ☐

Not applicable as I don't have periods ☐

3. Medical Therapy

Are you currently taking any of the following treatments?

Please tick to indicate your use.

Oral contraceptive pill

YES ☐ NO ☐

Mirena IUS (hormone containing coil)

YES ☐ NO ☐

GnRH Analouges

YES ☐ NO ☐

E.g. Goserelin, Buserelin, Lupron, Naferelin

GnRH Analouges + oestrogens (HRT)

YES ☐ NO ☐

Progestogens

YES ☐ NO ☐

E.g. Primolut, Duphaston, Provera

Aromatase inhibitors

YES ☐ NO ☐

Hormone replacement

YES ☐ NO ☐

4. **<u>Fertility</u>**

Are you currently trying to get pregnant?

YES ☐ NO ☐

Yes, been trying for less than 18 months

YES ☐ NO ☐

Yes, been trying for more than 18 months

YES ☐ NO ☐

Are you currently pregnant?

YES ☐ NO ☐

5. **<u>Do you take any of the following painkillers</u>**

Paracetamol

YES ☐ NO ☐

NSAID anti-inflammatories *E.g. Ibuprofen, Diclofenac*

YES ☐ **NO** ☐

Opiates *E.g. Tramadol, DF118*

YES ☐ **NO** ☐

6. **Have you ever had previous surgery for endometriosis**

Have you had your endometriosis surgically treated before today?

YES ☐ **NO** ☐

Have you had an ovary removed?

YES ☐ **NO** ☐

Have you had both ovaries removed?

YES ☐ **NO** ☐

Have you had a hysterectomy?

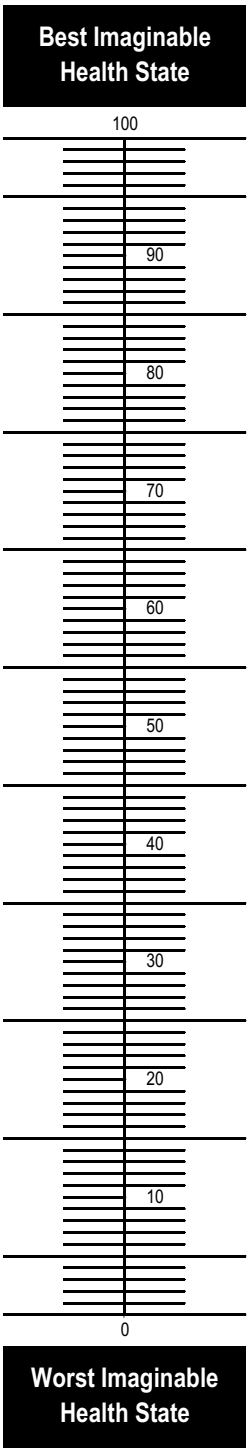
YES ☐ **NO** ☐

7. Questions about your health in general

The following questions refer to how you feel about your health in general **TODAY.** They form part of a standard set of questions relating to quality of life and therefore some may not seem particularly relevant to you. However, please try to answer ALL questions.

Please score how good or bad your health is **TODAY.** The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

(Please place a line on the scale between 1 and 100 according to how you feel)


Best Imaginable Health State
100
90
80
70
60
50
40
30
20
10
0
Worst Imaginable Health State

8. Please indicate which statements best describe your health state TODAY

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

Pain/Discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

Anxiety/Depression

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

Self-Care

I have no problems with self-care ☐

I have some problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

Thank you very much for completing this questionnaire.

We would like to reassure you again that all the answers will be treated in the strictest confidence.

Appendix 7: Table of participants

Table 3: Participant baseline demographic and genealogical characteristics

Particpants	Total (n=9)
Average age	34 (± 21)
Time of evolution (Years)	11.2 (± 12.8)
Pain Symptoms	
Pre-mentrual pain	4 (44%)
Mentrual pain	4 (44%)
Non-cyclical pelvic pain	9 (100%)
Dyspareunia	7 (78%)
Pain opening bowels during period	6 (67%)
Pain opening bowels at other times	9 (100%)
Lower back pain	9 (100%)
Bladder pain or pain passing urine	6 (67%)
Difficulty emptying bladder	5 (56%)
Medical interventions	
Oral contraceptive	2 (22%)
Mirena UIS (Containing hormone)	3 (33%)
GnRH Analouges	0 (0%)
GnRH Analouges & Oestrogens (HRT)	0 (0%)
Progestogens	2 (22%)
Aromotase inhibitors	0 (0%)
Hormone replacement	1 (11%)
Current pregnancy status	
Trying to get pregnant	0 (0%)
Pregnant	0 (0%)
Pain control medications	
Paracetamol	9 (100%)
NSAID anti-inflammatories	7 (78%)
Opiates	5 (56%)
Previous surgery history related to endometriosis and/or adenomyosis	
Surgery	7 (78%)
Ovary/ies removed	0 (0%)
Hysterectomy	0 (0%)
Hysterectomy	0 (0%)

Appendix 8: POQ-SF - Results – Fear, Negative Affect & Vitality

POQ-SF – Vitality (Figure 9)

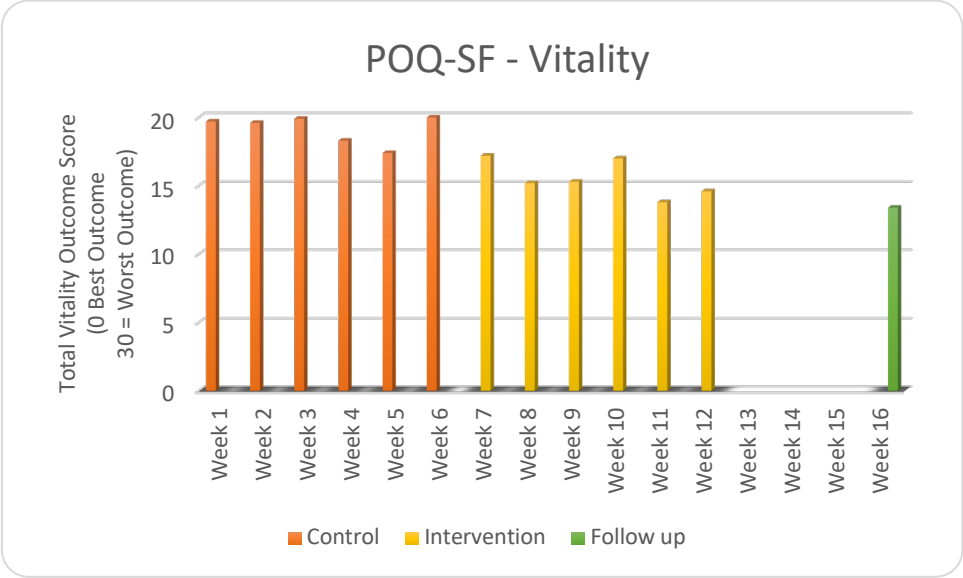


Figure 9: The effect of The Jing Method™ on vitality scores

POQ-SF – Negative affect (Figure 10)

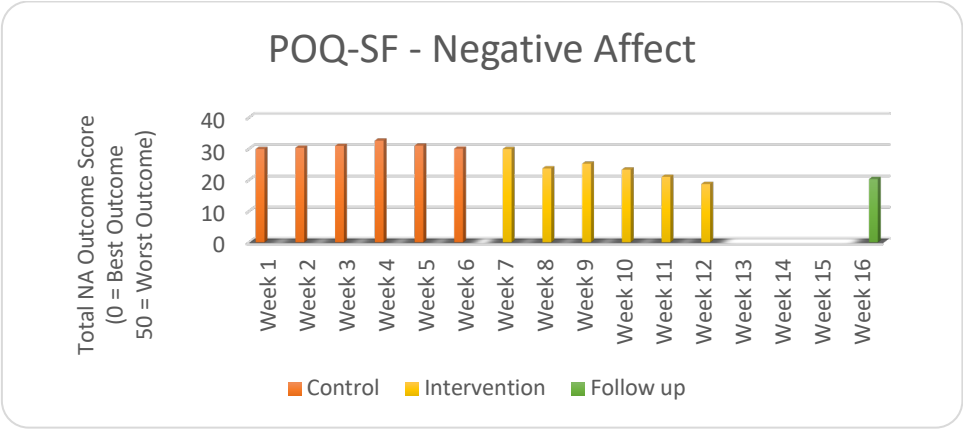


Figure 10: The effect of The Jing Method™ on negative affects scores

POQ-SF – Fear (Figure 11)

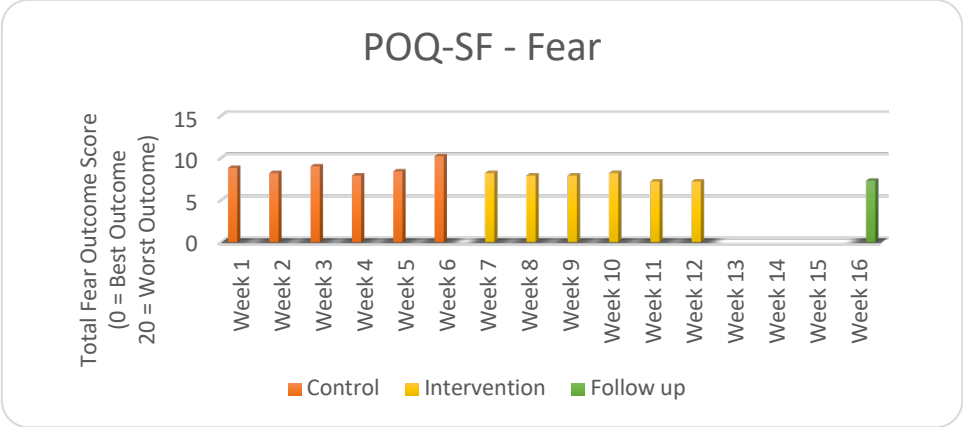


Figure 11: The effect of The Jing Method™ on fear scores

Appendix 9: Treatment Protocol & Self-Care Exercises

Treatment Protocol

Evaluating the Effects of The Jing Method™ of Advanced Clinical Massage on Pain and Quality of Life in Women with Endometriosis and Adenomyosis.

Prone

- Grounding
- Gentle rocking movement of the body
- Amma – Erectors/Bladder Channel, glutes, posterior line to feet.
- G/H Mobilisation to bring arms back to bed
- Hot Stone on Sacrum
- Hoto stone compressions along the spine, inferior to superior, ending at the occipital ridge
- MFR – Double fist down erectors
- MFR – Cross handed stretch across lower back
- MFR - Skin rolling from medial to lateral lower back
- Forearm work across the whole of the back
- Broad effleurage including hot stones
- Strip and treat erectors
- Work the lamina groove
- Fingertip friction to the lateral border of the erectors
- Forearm effleurage – whole back
- Deep effleurage to QL with palm of hand – superior to inferior
- Iliac scissors
- BL 31-34 – For the benefits of regulating menstruation, easing period pain, lower back pain and lower abdominal pain, and indicated for constipation and diarrhoea which are both common symptoms for Endometriosis.
- Draped QL stretch
- Forearm work to glutes and lateral rotators followed by amma down the legs
- K1 for grounding

Supine

- Stone placement along anterior chakra points
- Fascial leg pulls, bringing leg out laterally to a comfortable stretch to the deep front line passing down the adductors, and then dropping leg of the table to hang at the knee, with cross-handed stretch across hip flexors
- MFR – Pelvic transverse plane release
- KI 3 – Benefits reproductive health, back pain and fatigue
- SP 6 – Benefits reproductive health, digestive issues and pain
- MFR – Lift the rectus abdominis with the knees bent
- Effleurage to the abdominals
- Static compressions working medial to laterally along the diaphragm
- Strip the intercostal muscles
- Cross handed stretch across the pecs
- Deep work to the posterior neck
- Cervical release
- Facial massage
- Acupressure points across the forehead
- Holding of the head and grounding
- GV 20 promoting calm and clear energy

Self-Care

Each set of Self-Care should take no longer that 10 mins to complete, participants will be advised to run through the routine 3 times per week.

Week 7

- Self-massage with a tennis ball against the wall around the glutes and the side of the hips, finding areas of restriction, leaning in and holding for 10 secs on and trigger points, bringing beneficial impact on mobility and pain.
- QL stretch – Stand with your back against the wall, cross right foot in front of left, bring right arm above head and maintaining contact with your back and the wall bring your upper body across to the left creating a c shape with the body, hold for 60

seconds and repeat on the other side. Feeling a release and creating space along the whole of the side body.

- Heat & Slow diaphragmatic breathing – Hot water bottle on the abdomen for its analgesic effect and to help soften tissues and ease tensions

Week 8

- Cat Cow – 10 repetitions - Mobilisation of the spine. Abdominal, back and neck stretch.
- Back block routine: Gentle rocking with knees to chest and ankles crossed – 30 secs. Roll up lifting pelvis and place block under sacrum, slide one leg and then the other down to rest flat on the floor, bring one arm after the other above the head, completely relaxing muscles allowing ligaments to come into a comfortable stretch, hold for 60 secs and then slide legs back so feet are planted flat and bring arms back to sides, creating extension through the front line and distraction on the lumbar spine. Remove block. Pelvic rock, bringing knees up and bringing the knees to chest in a rocking motion using the arms, leaving the trunk and legs relaxed, mobilising the lumbar spine. Reverse curl – Cross ankles and extend legs towards the ceiling, engage transverse abdominals to life the sacrum away from the floor – 10 reps. Decompressing the lumbar spine.
- Wide legged child's pose with slow diaphragmatic breathing stretching the lower back and hips.

Week 9

- Passive scalenes, levator scapula and upper traps stretch to both left and right sides, holding each stretch for 30 seconds, easing tensions in the neck and shoulders, and lengthening fascial tissues in the superior deep front line, and back line.
- Fascial stretch – Spinal twist: Lie on back with knees bent, gently allow the knees to drop to one side, bringing the arms out to the sides ensuring the shoulders remain in contact with the ground. Turn head to the opposite direction and hold for 60 seconds, repeat on the other side.
- 3 Part breath, encouraging to bring breath down using the full capacity of the lungs and expanding the rib cage.

Week 10 – Repeat week 7

Week 11 – Repeat week 8, replacing the reverse curl for a pelvic tilt as part of the back block routine.

Week 12 – Repeat week 9

All exercises should be within a comfortable range for the participant.

Appendix 10: Feedback Form with Responses

From our first point of contact, did you feel you were given all the information you needed about the study?

- Yes, I felt fully informed
- Yes
- Yes, very clearly
- Yes, Holly explained everything thoroughly and made me feel comfortable
- Yes
- Yes! I was absolutely clear and well informed.
- Yes
- Yes
- Yes

Have you found all the communication clear and understandable?

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

If you've answered no to the above question, how do you feel this could have been improved?

- I don't, but I'd like to comment on how comfortable I was to be able to talk about sensitive information with Holly and how clear she was with all of the information. One thing that would have been helpful is a diagram of the exercises, personal preference though as I find visual aids useful!

Do you feel your sleep has improved over the course of the study?

- Yes – A little improved
- Yes – Much improved
- Yes – A little improved
- Yes – A little improved
- Yes – Moderately improved
- Yes – Moderately improved
- Yes – Moderately improved
- Yes – Much improved
- Yes – Moderately improved

Do you think the treatments you received were appropriate for you? (Not very 1-5 Very much)

- 5
- 5
- 5
- 4
- 5
- 5
- 5
- 5
- 5

Do you think the exercises were appropriate for you? (Not very 1-5 Very much)

- 5
- 5
- 5
- 4
- 5
- 5
- 5
- 5
- 4

Did you feel supported throughout the study? (Not very 1-5 Very much)

- 5
- 5
- 5
- 5
- 5
- 5
- 5
- 5
- 5

Do you feel your ability to cope with your symptoms have improved over the course of the study?

(Not at all 1-10 Much improved)

- 7
- 8
- 5
- 4
- 7
- 10
- 10
- 10
- 9

Have you found the overall experience beneficial?

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

If yes, what elements of the study have you benefitted from? (Treatment/Self-care/Talking through your symptoms)

- All of the above.
- No or considerably less pain, something I haven't experienced for many years. Feeling understood and supported. Less depressed as I was not in pain, or so much pain which made me feel better all round. The massage was also very nice
- Treatment & self-care.

- Talking through symptoms and receiving treatment are 2 things I have really struggled with, so to receive both been very nice. It's also made me realise how much my symptoms affect me mentally and emotionally; I take this as a good thing as I now understand what I need to do next to help me.
- Talking through helped me to figure out the pain, especially being able to compare pain intensity /location over the weeks. The treatment was incredibly beneficial, so much so that I'm looking to continue.
- It was definitely a very healing experience. The treatment itself really allowed my central nervous system to relax and the targeted movements eased any pain. It also made me become more mindful of my body and this carried on outside the sessions, where I would become aware of my pain flaring if I got stressed. Doing the exercises also helped me manage the pain and keep an empowered connection to my body. I was feeling powerless about my situation prior to joining the study but I felt more in control of my mind and body whilst doing it. I found being able to talk about my experience of my diagnosis of endometriosis, and the feeling of anxiety I felt because of it, massively helpful. I was able to process many challenging emotions in a held and lovely way. The treatments were so nourishing and replenishing and the relaxation I felt from them rippled through my week. I definitely noticed a reduction in pain and a reduction in my stress and fear response. It connected me back to my body, where-as I had felt totally anxious and disconnected from it prior to the study.
- The breathing and stretches have helped so much.
- Treatment, self-care.
- The treatment.

Would you consider clinical massage as part of your symptom management plan moving forward?

- Yes
- Yes
- Yes
- Maybe
- Yes
- Yes

- Yes
- Yes
- Yes

Do you have any suggestions for improving the research process in the future?

- Expansion and progression of the massage-based treatment to become available to more women
- A longer period of research.
- Possibly other forms of massage techniques. I definitely now see how beneficial acupressure and hot stone are for my symptoms but would be interested to see if there's any other techniques that would help!
- Just the visual aids for the exercises, otherwise it wasn't too much or too little.
- No.. I thought it was amazing and I was so lucky to be able to take part!!
- No all was amazing.

This section is an opportunity for you to write your general feedback about the experience as a whole.

- It felt amazing to be seen and heard, and to have a targeted treatment specifically for endometriosis.
- I am so grateful to have been given the opportunity to take part in this research. Having no pain, or just having less pain has been wonderful. After years of constant debilitating pain, I cannot begin to describe what a joy it is just to have a single day pain free, let alone many days. I am sad that the trial has ended and worried that the pain will come back. Going back to being in pain again would be awful. I had 3 days of constant pain at the beginning of the year and was scared that it was going to be permanent, but thankfully has stopped for now. I wish the trial had been longer, partly because it was so lovely to have the massages and to feel taken care of, but mainly because I think that the longer it continued the longer the results would last. I often feel people don't understand or believe how severe the pain can be or how it makes you feel. It takes away your enthusiasm to do things and impacts every aspect of life. I have lost so much sleep over the years and this has really helped with that. I think it is a wonderful thing that Holly and the RUH have done, and hope the research will be given serious consideration as an alternative treatment, it is the only thing I have

found to have given lasting relief. I hope the others taking part in the trial found it as beneficial as I did. Thank you, Holly and Mr Luker, it has been like having my life back.

- The experience was great and very lucky to have been a part of it. Thoroughly looking forward to the results!
- I would like to thank Holly for all the support she has shown through this study. It's helped me understand a lot in myself and see it in a different picture. In which I mean there is things out there to help with such a debilitating condition other than medication. I hope this is something I can possibly carry on in the future. I think I struggled to finalise my decision on whether this helped due to having a diagnosis of an ovarian cyst during this course but hopefully having monthly massaged in the future I can see an even bigger change. Thanks again, I'm honoured to have been able to receive this chance to have taken part in the study.
- I feel very fortunate that I was able to take part in the study. It helped me in so many ways, especially with being able to cope better with the pain mentally. I'd had a lot of trouble with my mental health over the past year, talking to Holly every week helped me to realise it's mostly hormonal after seeing a pattern. The same with identifying different pains - talking through it helped me to realise which pains were endo/nerves/possible cyst. Since not having the treatment, the pain has sorted of rolled back into one across my pelvis, like it's gone back to being just a part of my life. I'm not sure if that's because I've since found out I have pain sources practically all over, but I'd really like to continue the treatment to see. Thank you, Holly and Mr Luker!
- As above. All in all, and amazing experience of empowerment and reconnection to my body, and a releasing of fear and anxiety. I felt very healed and nourished after each session.
- I wasn't sure if this was going to work for my pains, but I am amazed on how much it made my pains and symptoms ease. Holly was great and made me feel so comfortable and also made me feel heard and understood. I would definitely recommend anyone who is struggling with pains from endometriosis or possibly similar conditions to have this massage therapy.