

The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers

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A dissertation submitted in partial fulfilment of the requirements of Jing Advanced Massage Training for the Professional Diploma in Advanced Clinical Massage and Sports Massage

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"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 Institute of 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".

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Abstract

Objectives:

The objective of this case study was to investigate and analyse the effects of the JING method of clinical massage therapy on an individual surfer with non-specific chronic shoulder pain (note the individual involved has a history of shoulder injury).

Method:

This case study utilised the DASH questionnaire as a research tool to measure pain and disability within the participating surfer. This took place across a 16 week programme, which involved a 6 week control phase, a 6 week intervention phase and a follow up 4 weeks post the final intervention.

The initial 6 week control had the participant answering the DASH questionnaire with no intervention in order to draw a comparative baseline, the DASH questionnaire was then continued throughout the treatment phase to analyse what effects the treatments were having on the participants pain and mobility levels. 4 week post the final treatment the DASH was completed for a final time to assess any long term effects of the treatments.

Results:

The results found throughout this study show a strong case in favour of the JING method of advanced clinical massage being very beneficial to surfer's with chronic shoulder pain issues, even if they have existing pathologies within the shoulder girdle. Despite an outlier in week 12 in which the participant developed an acute pain within the shoulder, the intervention treatments appeared to improve the participants condition when compared to the control phase.

Despite the outlier in week 12 it has been observed that the participant showed great recovery in the lead up to the week 16 follow up, with the lowest DASH score of the study being recorded.

Conclusion:

This study shows a promising start into research regarding the use of the JING method of advanced clinical massage for the treatment of non-specific chronic shoulder pain in surfer's, however due to the limited sample size, further research is needed.

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Introduction

Chronic non-specific shoulder pain is one of the most common injury complaints made by both professional and recreational stand up surfers (Inada et al., 2018)(Hanchard et al., 2021). Multiple systematic reviews of scientific literature indicate that this is due to the imbalance and overuse of internal and external rotators. This imbalance has an affect on both muscular strength and restriction within the shoulder girdle. Although there are multiple other shoulder movements and uses within surfing it is estimated that surfers spend anywhere between 40-60% of their time in the water paddling (Langenberg et al., 2021), further emphasizing this imbalance.

The historical research surrounding the subject of pain and injury in stand-up surfer's, this mainly focussed on acute pain and injury (Furness et al., 2015; Hay et al., 2009; Nathanson et al., 2007). The recent research is now being more focussed around the prevalence and location of chronic musculoskeletal pain in stand up surfers, with the use of both medical prevention and complementary care interventions being considered (Hohn et al., 2020; Remnant et al., 2020).

As the research that will be reviewed in this paper will explore, massage has been used for many years to treat non-specific shoulder pain, alongside other chronic and acute pain conditions. The majority of older studies, more than 10 years old, have been very focussed around the use of soft tissue massage and have been of poor quality or heavily biased towards other comparative active treatments resulting in mixed reviews and conclusions as to the effectiveness of massage as a long term treatment for such chronic pain conditions (Crawford et al., 2016).

The recent studies have become more focussed around the use of massage as a stand-alone treatment to address all the different factors believed to be related to and/ or directly linked to the current biopsychosocial view of pain, first discussed by George Engel in 1977 and recognised by the International Association for the Study of Pain (IASP) (Borrell-Carrio, 2004; Fairweather and Mari, 2015; IASP Contributors, 2021).

The Jing method of advanced clinical massage is a multimodal approach to the treatment of chronic pain based on the biopsychosocial model and is therefore used to address not only the physical hands on treatment, but also offers manageable self-care practices and a holistic

therapeutic alliance, as laid out in Massage Fusion and will likely yield more positive results than massage as a stand-alone treatment (Fairweather and Mari, 2015).

As a result of the evident need for a structured multimodal approach around the treatment of chronic pain the JING Method of Advanced Clinical Massage has been chosen as the most appropriate method for this study.

An Overview of Musculoskeletal Shoulder Pain

Musculoskeletal pain is one of the most common complaints made to clinics and rheumatology departments (Abdelshafi et al., 2011), with the most common causes of musculoskeletal pain originating from trauma, degeneration, inflammation and vascular disease.

A study by J. Bury and C. Littlewood (2016) indicated that shoulder pain accounted for up to 26% of all musculoskeletal pain within the UK, with 40% of these stated to be on-going chronic conditions that have an effect on the subjects daily lives, including their ability to perform everyday tasks and fully participate in sporting activities (Bury, Littlewood, 2018).

Musculoskeletal shoulder pain is heavily associated with central sensitization, a nervous system phenomenon which results in normally innocuous stimuli input being perceived as painful, this central sensitization is evidenced to be a likely method of the development of chronic pain conditions and must be strongly considered throughout the treatment of chronic pain (Borstad and Woeste, 2015).

Diagnosis of chronic shoulder pain often consists of a combination of detailed medical history and examination, with x-rays and CT scans being used to confirm diagnosis (Murdoch, 2023).

Treatment of chronic shoulder pain has historically been approached in many different ways through both traditional and complementary interventions. Traditional medical interventions include injections (Blaine et al., 2008), both non-steroidal anti-inflammatory drugs and steroid based drugs, and surgery (Green et al., 1999; Zheng et al., 2014). These treatments are known to come with many adverse side effects and complications that can include addiction, kidney failure and gastrointestinal bleeding (Chen and Michalsen, 2017).

Complementary medical interventions most commonly found in the treatment of chronic shoulder pain included physiotherapy (stretching and strengthening exercises), acupuncture,

osteopathy, chiropractic and massage therapies. It has been found that these practices not only reduce the pain, they also improve mobility, range of motion and overall quality of life (Trivedi et al., 2022).

The Injury of Muscles of the Shoulder Girdle in Stand Up Surfing

The shoulder is utilised in multiple different ways within stand up surfing across the different aspects of the sport including paddling, duck diving (the act of submerging the board to get under a wave), and popping up (the explosive action required to get to ones feet). However, paddling is the most frequent action within the entire sport with multiple studies estimating that between 40%-60% of a surfers time in the water is spent paddling (Hanchard et al., 2021; Langenberg et al., 2021). Consequently some of the most commonly recorded acute and musculoskeletal injuries in surfing are found in the shoulder. Without the correct recovery systems and actions put in place these acute injuries often then become chronic pain conditions within many surfers (Langenberg et al., 2021).

It is evident that all muscles used for both internal and external rotation as well as extension, flexion, adduction and abduction, are used within the action of paddling, however these actions are subjected to very different measurements of resistance with internal rotation and extension being acted upon with greater force from water resistance as opposed to the external rotators only being acted upon by gravitational forces (Langenberg et al., 2021). This results in the internal rotators (pectoralis major and subscapularis) and shoulder extensors (posterior deltoid, latissimus dorsi and teres major), becoming much stronger over time and causing an imbalance within the shoulder girdle (Langenberg et al., 2021).

Through this action of the internal rotators of the shoulder being put under much heavier resistance through the water than the external rotators, which are only subjected to gravity resistance during the paddling phase of stand up surfing, results in a large imbalance in both muscular strength and restriction (Langenberg et al., 2021).

A study into shoulder strength by J. Furness et.al (2018) (that tested the differences between internal and external rotation strength of the shoulder in competitive surfers found that there was little relative difference between bilateral internal rotation within a cohort of competitive surfers, however, the same study also found that there was a large disparity in external rotation with the dominant side ER being much greater, relatively, than the non-dominant side within the same cohort (Furness et al., 2018).

The Effects of Massage and Manual Therapy on Chronic (Shoulder) Pain/ Pathologies

Massage and manual therapy as a whole is becoming a more commonly proposed treatment for chronic pain conditions, particularly those that incorporate a multimodal approach to treatment, based around the biopsychosocial model (Keeratitanont et al., 2015). This has been hypothesized to be due to the “severity” and “negative impact” of pain being dependant on many factors, including but not limited to; genetics, general health status, emotional and cognitive context, and cultural and social factors (Keeratitanont et al., 2015).

For instance a study by Ali Bakshi, E; et al (2010) studied the use of four complementary therapies (physical therapy, massage therapy, mechanotherapy, and a combination of the 3, referred to as a compound program) in the treatment of rotator cuff muscles in shoulder impingement syndrome, with a focus on volleyball players. The study found that each individual treatment had a positive affect over the course 3 treatments per week for 4 weeks, 12 treatments total. However, the compound program, integrating all 3 treatment methods, showed to have the most positive affect over the course of the study. These findings are supported by multiple studies and systematic reviews including (Bervoets et al., 2015; Steuri et al., 2017; van den Dolder et al., 2015), although the findings of these studies are not as strong and must therefore be considered mid to low level in their quality of evidence.

More recent studies by students of the JING Institute of Massage Therapy such as that of Murdoch, S (2023), Donate Gimeno, L (2023), Harte, E (2023), and (O’Connell, 2018) indicate a greater reduction in the experience of pain in chronic shoulder conditions, through the use of a multimodal approach that is designed around the biopsychosocial model.

The study into The Effects of the JING method of massage on Rotator Cuff Pain in Strength Training Adults Donate Gimeno, L (2023) found a positive mean reduction in study participants pain by 24.49%, with their greatest improvements being around their ability to perform within their sport (30.21%). This evidence backed up by O’Connell’s (2018) findings around 100m swim times, show that massage, with a multimodal approach, can also have a positive impact for those affected by chronic pain through sports training and injuries.

The Effects of Self-Care on Chronic Pain Conditions

Self-care is one of the most important aspects around managing any chronic pain condition as well as chronic conditions in general. Self- care allows an individual to take power and

ownership over their condition (Lorig and Holman, 2003) (Lenker et al., 1984) which gives them the motivation to manage it effectively and reduce the effect's their condition may have on their daily lives.

A vital element of self-care is the delivery of and wording behind self-management i.e. The individual is to simply go for a walk of increasing lengths over the course of several weeks sounds far more manageable than maintaining an “exercise regime” that may cover the exact same activity (Lorig and Holman, 2003).

Self-care is proven to be most effective when properly taught to a person affected by chronic pain as this gives them greater understanding of why it is important, as well as a sense of ownership over their condition (Mann et al., 2013). Improper delivery of self-care can lead to a lack of understanding of, and therefore a lack of participation in self-care programmes.

This power and ownership over one's condition plays heavily into the psychosocial aspect of the biopsychosocial model that is currently the basis for understanding chronic pain and pain in general. Without this self-care aspect any other treatment, whether it be body work or a traditional medical intervention will be less effective and the effects of treatment are less likely to be as long lasting.

The Jing Method for the Treatment of Chronic Pain

The Jing Method of clinical massage has been developed as a multi-model treatment method for chronic pain by M. Mari and R. Fairweather as laid out in the book *Massage Fusion* (2011). The approach encompasses more than just massage as a stand-alone treatment method and utilises the current biopsychosocial model believed to be the main influencers of an individual's perception of pain and utilises the HFMAST method of treatment (see table 1).

This approach encompasses not only the hands on treatment, it also involves a comprehensive consultation in order to identify these biopsychosocial factors, and teaches effective self-care techniques in a manageable way, incorporating the idea of ‘pacing’ in order to further promote pain reduction, and an increase in mobility, range of motion, and quality of life.

Murdock. S (2023) found that in a study utilising the JING method as a treatment for chronic shoulder pain there was an average overall improvement of 54% by the final treatment in the intervention phase, with the most significant mean improvement being 85%.

Murdock. S (2023) also found that there appeared to be a strong correlation between the effectiveness of the treatment and the participants stress and anxiety levels, suggesting a

strong link back to the biopsychosocial model. Evidencing the need for the JING methods multimodal approach to treatments around chronic pain.

Biopsychosocial Model

This breaks down to Bio – Biological factors including the injury at the root cause of the pain, Psycho – Psychological factors have a massive influence on how individuals perceive pain, if a person is experiencing heightened levels of stress this can result in a pain condition being experienced at a heightened level to if the same injury occurred in the same individual at a time of reduced stress, and Social – it is believed that often how society perceives pain and their attitudes towards it can have an influence on an individual’s perception of pain within that society.

HFMAS

Table 1 – Evidence for treatment using the JING method

Hot	The use of heat can have great benefits on chronic pain management, both physically and psychologically. It has been shown to have a positive effect on pain related anxiety and catastrophising as well regulation of the body’s natural homeostasis..	(Gibbons, 2019; Lee et al., 2011; Lewis et al., 2012; McCorry, 2007)
Fascial Release	A study into the effectiveness of myofascial release on a group with chronic low back pain, found a far greater improvement over the control group which were treated with a placebo “sham MFR”.	(Arguisuelas et al., 2017)
Muscular Trigger Points	A study into the treatment of myofascial trigger points in patients with chronic shoulder pain found that a greater proportion (55%) of the intervention group experienced varying degrees of improvement, up to full recovery, in comparison to the control group (14%).	(Bron et al., 2011)

Acupressure Points	A systematic review of 6 randomised control trials found a clinically significant improvement on chronic back pain throughout the reviewed studies (averaging >30% improvement), as well as improvement to the subjects disability and sleep.	(Godley and Smith, 2020)
Stretching	A 6 week study into the effects of a stretching exercise programme over a 6 week period found a significant improvement in pain severity and disability in Subacromial- impingement syndrome patients both actively and at night.	(Turgut et al., 2018)
Teaching Self-Care	A randomized control trial study into the effects of self-care in the management of chronic shoulder pain found a far greater improvement in the intervention groups pain scores in comparison to their control group counterparts.	(Santello et al., 2020)

Hypothesis

Based on the evidence given in the above literature review it is believed this study will find common chronic non-specific shoulder pain conditions and range of motion restrictions due to the common repetitive movements of surfers whilst paddling and popping up etc. The Jing method of massage will help to show significant improvement over the 6 week intervention period with a lasting effect post intervention phase.

Method

Before recruitment of the study began, ethics approval was submitted to and obtained through the Jing Institute of Advanced Clinical Massage. Recruitment for the study was then started once all necessary approvals of ethics was signed off, and advertised through the use of posters and social media posts.

Google scholar, PubMed, and Mendeley were utilized in order to research existing studies and papers surrounding the associated topics.

This study utilized a “within subjects” design, which takes into account any and all variables acted upon by the subject, and allows an assessment of changes to these variables over time. A “within subjects” design also allows for easy repetition of a study such as this for further research.

The Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire was used in order to assess the effects of the Jing method of advanced clinical massage on non-specific shoulder pain within a population of surfers. This research tool was utilised as it is the most in depth of its kind. The additional sections for how the participants pain affects both their work and ability to perform within their given sport were also utilised.

There was an initial zoom interview with each potential participant to outline and confirm inclusionary and exclusionary criteria, emphasize participant expectation, and their ability to leave the study at any point with no explanation needed and gain participant consent.

Through this process, it was concluded that 5 of the 6 interested parties were unable to participate in the study. 1 participant due to their pain no longer being present since initial contact. Two participants were excluded due to not fitting the criteria of being regular surfer's, and the final 2 potential participants being unable to commit to the time constraints of the study. This resulted in the study becoming a case study with a single participant.

The initial 6 week long control phase, in which the participant was required to fill out the DASH questionnaire, which was completed each Wednesday, the day before the given treatment day of Thursday. This will allowed a baseline assessment of the clients pain.

Weeks 7 – 12 will involve 6 weeks hands on intervention using the Jing Method shoulder girdle protocol as laid out in the book *Massage Fusion*, with completion of the DASH questionnaire on the day prior to treatment (Fairweather and Mari, 2015).

The first of the intervention research sessions was 90 minutes long, and included a full client consultation, signed by the client and stored securely in line with GDPR guidelines. This consultation was used to gauge any biopsychosocial influences that may be occurring. This included client history, range of motion testing and special orthopedic tests.

Self-care was completed at home 3 times every week in between each hands-on intervention.

Further treatments were 1 clinical hour in length. 45 minutes of which consisted of hands-on treatment, with the further 15 minutes being used for a check in and a re-addressing of self-care to gauge how to progress into the following week.

Treatments 6 also included a re-assessment of any previously positive ROM as per the JING method.

4 weeks post the final treatment the participant was required to fill out the same questionnaire in order to gauge post intervention longevity of any recorded effects of the treatment.

Results

In the figures shown below the dramatic increase in the DASH score for week 12 at the end of the control phase was due to the subject experiencing an acute injury the day before the DASH questionnaire was filled out. It can be observed that through the previously given self-care management practices being readdressed, the subject experienced a rapid recovery and greater reduction in pain.

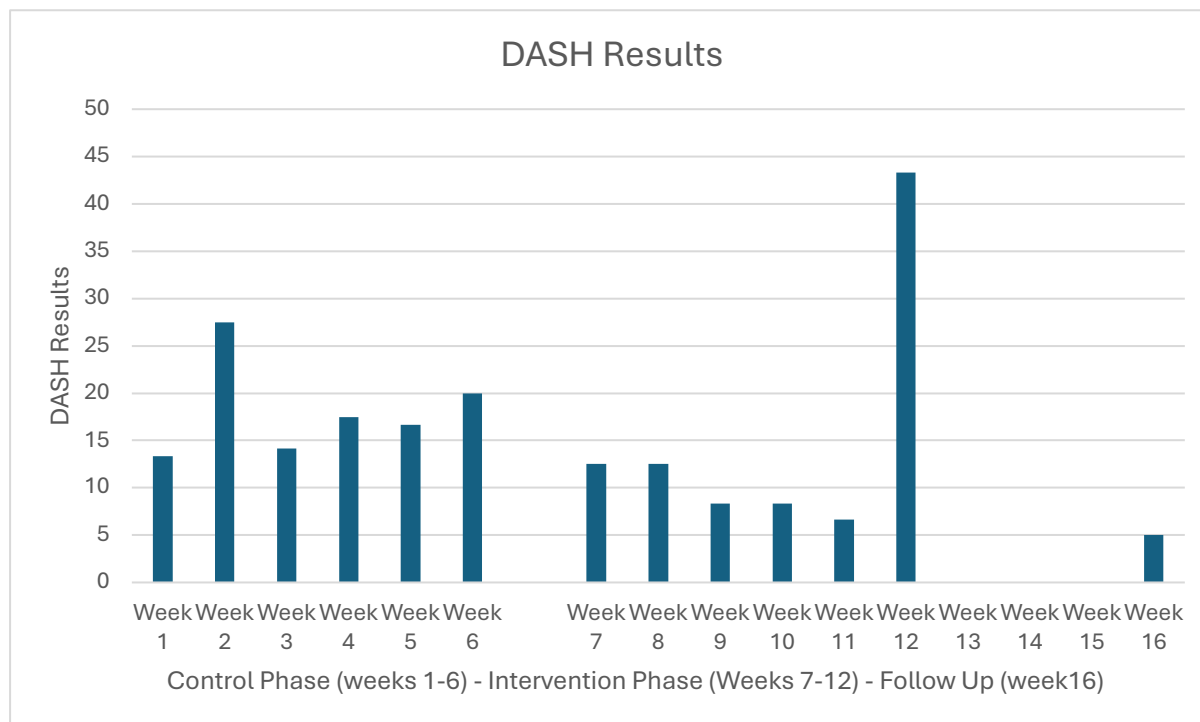


Figure 1 – Results of the Base DASH Questionnaire

As indicated by the table (figure 1) above, the case study subject experienced a decrease in pain throughout the treatment phase of the of the study that was not present during the initial 6 week control phase. The one outlier shown in week 12 was caused by an acute injury to the shoulder 1 day before the subject was to fill out the questionnaire.

It can be observed, however, that upon recovery from this acute injury the subject experienced their lowest DASH score, which may indicate a long lasting effect of the treatment's post recovery.

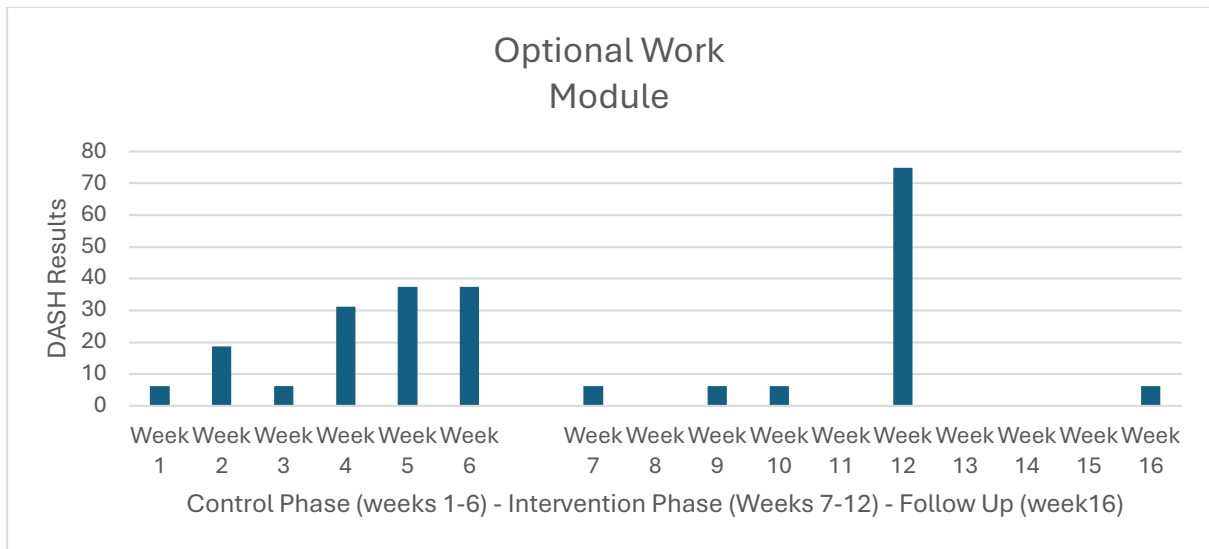


Figure 2 – Optional Work Module of the DASH Questionnaire

Figure 2 above, indicates similar findings to the base questionnaire of the DASH with the trend showing a reduction in pain and an increase in ability to perform tasks related to the subjects work.

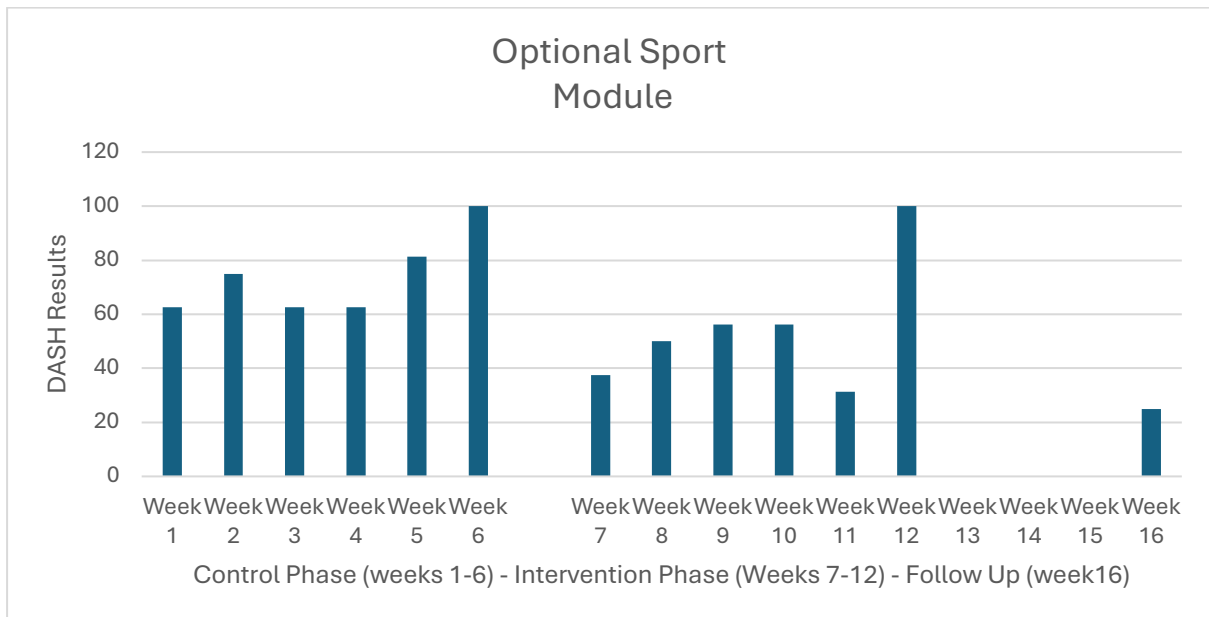


Figure 3 – Optional Sports Model of the DASH Questionnaire

The sport module of the DASH questionnaire may be considered the most key part, due to the nature and subject of this specific study.

As above in both the base questionnaire and the work module, it can be observed that the subject experienced less pain and restriction to their daily life throughout the treatment phase in comparison to the control phase.

The initial rise in score throughout the treatment phase, could possibly be attributed to the client “feeling less shoulder pain, and an increased recovery time, which resulted in them surfing more regularly throughout the week, with surf sessions being closer together”

Figure 3 also reflects the same indications relating to the clients acute injury at the end of the treatment phase, however, also indicates the same recovery and reduction in DASH score after the final follow up.

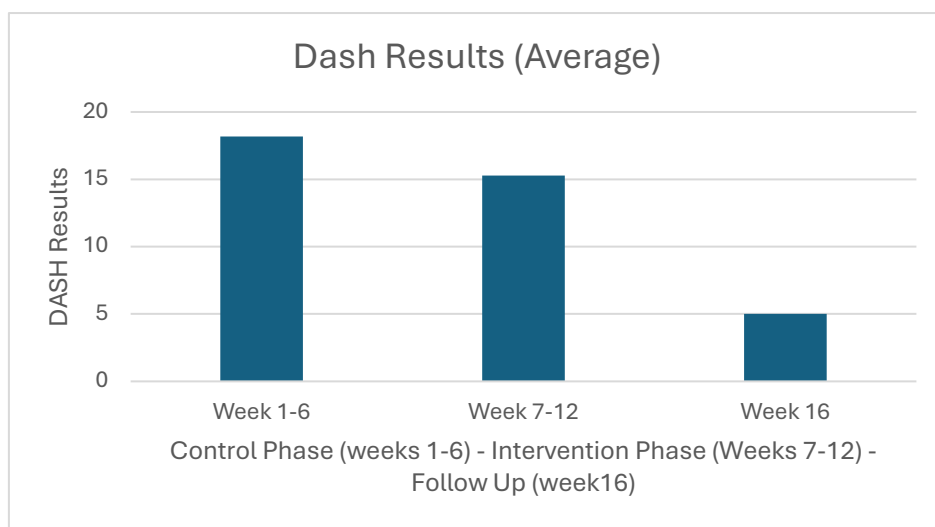


Figure 4 – DASH Questionnaire (Average)

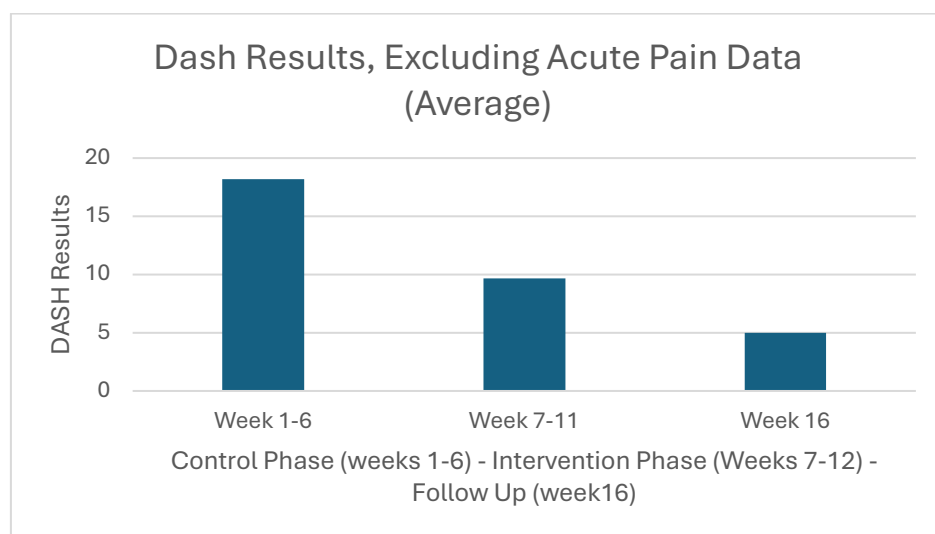
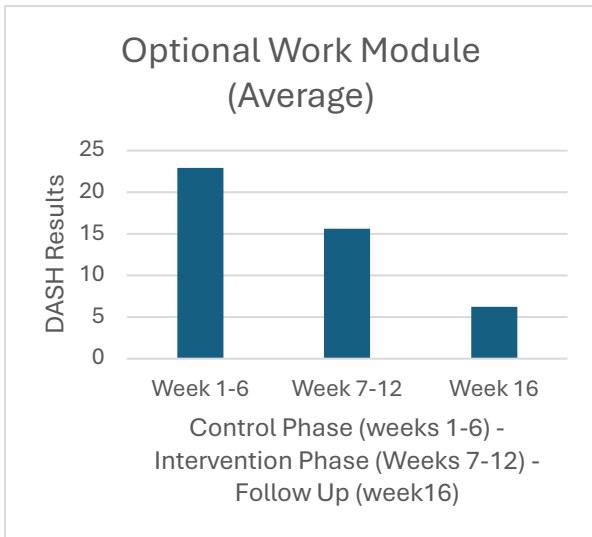
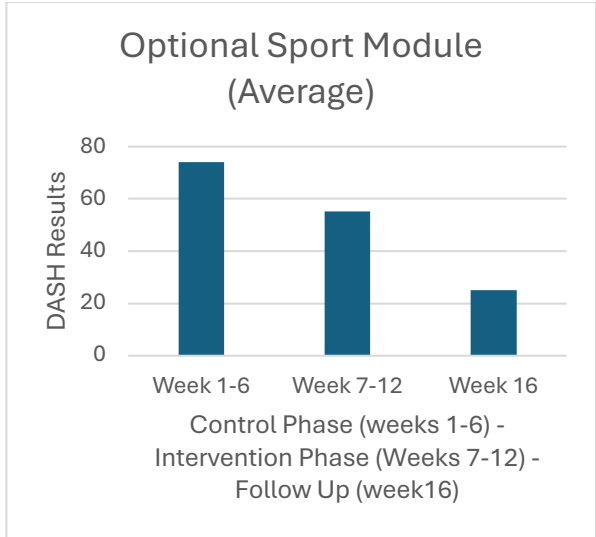


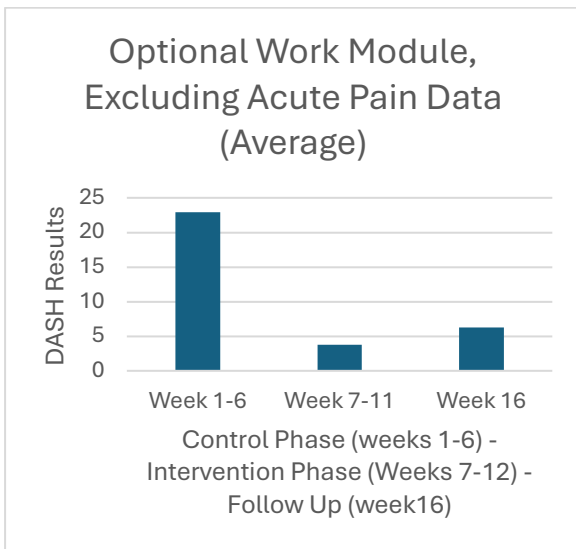
Figure 5 – DASH Questionnaire, Excluding Week 12 Outlier (Average)



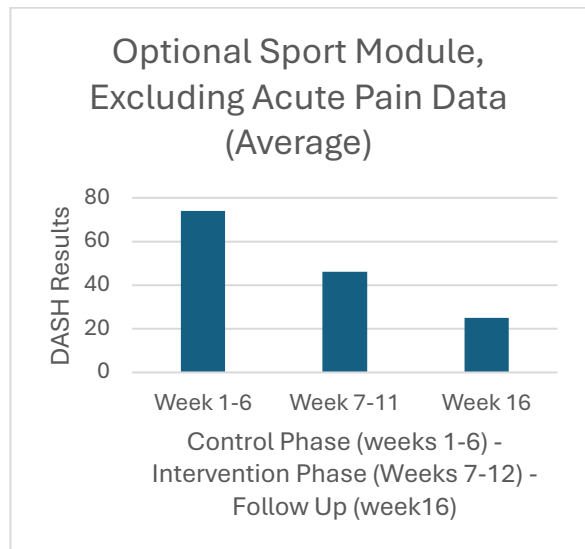
**Figure 6 – DASH Questionnaire
Optional Work Module (Average)**



**Figure 7 – DASH Questionnaire
Optional Sport Module (Average)**



**Figure 8 – DASH Questionnaire
Optional Work Module,
Excluding Week 12 Outlier**



**Figure 9 – DASH Questionnaire
Optional Sport Module,
Excluding Week 12 Outlier**

Discussion

This case study, despite having a very small sample size, shows promising results in evidence towards the use of the JING method of clinical massage for the treatment of non-specific chronic shoulder pain in surfer's.

The JING method can be observed to offer the necessary recovery systems required to not only prevent chronic pain occurring in surfer's through prolonged paddling, reported by Langenberg et al., (2021), but can also offer recovery from the already developed chronic pain through the use of HFMAST shown in Table 1 (Langenberg et al., 2021).

Despite an outlier, which was caused by acute injury 2 days before the final intervention, evident in week 12 of the study, it is clear to see from the above figures that over the course of a 16 week programme, there was a significant reduction in pain in this particular case study of an individual surfer.

This is supported through the results in each module within the utilized research tool, with the greatest average reduction in pain and disability being evident in the sport module (with an average score reduction of 19% between the control, and treatment phases, and 49% from the control period to the follow up on week 16). Excluding the aforementioned outlier a more linear trend appears across the study.

This study also indicates the importance of a self-care routine around treatments as this is believed to be a contributing factor on the fast recovery in the participants acute pain in week 12 to their further reduction in pain by week 16, resulting in the lowest score throughout the study.

The participant also reported not only on increase in their range of motion, and ability to perform whilst surfing, they also reported an increased recovery in between their surf sessions, allowing to participate in the sport of surfing on a more regular basis.

This suggests that both the JING method and massage as a whole, can offer great benefits to those participating in the sport of surfing for both performance and recovery, this can be considered to correlate with findings by O'Connell, E (2018) who conducted a similar study on performance in swimmers with a similar pain pathology(O'Connell, 2018).

This indicates that the JING method, multimodal approach to the treatment of chronic pain may offer benefits to surfer's with chronic shoulder pain conditions.

Additional Observations

Initial ROM testing indicated pain on internal and external rotation on the non-dominant (right hand) side throughout active, passive (end of range), and resisted range of motion testing, as well as special orthopedic tests including “the empty can test” which was positive on the right side on internal rotation, also during resisted testing on both sides, and “Neer’s test” which was positive only at the end of movement range. This aligns with findings by Langenberg et al., (2021) that shoulder pain is commonly found in surfer’s on their non-dominant side due to a possible muscular imbalance through paddling, that is less likely to be found, however may also still be present, on the surfer’s dominant side (Langenberg et al., 2021).

There were previously healed injuries present within this case study participant including a dislocated shoulder that led to an operation, resulting in a shortened clavicle and lead to the presence of Hill Sachs defect (dent in the head of the humerus) and a Bankart fracture (“injury of the anteroinferior aspect of the glenoid labral complex” (Physiopedia contributors, 2023)) the two of which are often found together post dislocation. The client also has a diagnosis through MRI of moderate Supraspinatus and Infraspinatus conjoint tendon tendinosis. However, it was not deemed that these existing conditions would have a significant impact on the study.

During initial consultations it was noted that the client had a limited range of motion on both internal rotation and external rotation during active testing, and guarding during passive range of motion testing. This was also evidenced by the participants ability to both remove and re-dress upper body clothing.

Throughout the intervention phase the clients range of motion improved greatly, evidenced by their ability to both dress and undress their upper body. This strongly correlates to their DASH score for all three completed sections.

As these movements improved and their pain decreased, evidenced in their base DASH scores, the participant reported an ease in movement whilst paddling and popping up, as well as a faster recovery in between sessions, however the resultant increase in the number of surfing sessions throughout the week lead to an increased DASH score for weeks 8 to 10.

By week 11 the participant reported being able to surf multiple times throughout the week with faster recovery between surf’s and less fatigue post surf.

Due to an acute pain developing between weeks 11 and 12 questionnaires an anomaly occurred within the results for all sections of the DASH, however the participants recovery time increase can be seen as the client reported their lowest DASH score in the week 16 follow up. This was believed to have been helped by the participant reverting back to the original self-care routine given at week 7's initial treatment.

Limitations

The limitations of this study primarily revolved around the limited participant sample, as an average across a number of subjects was not able to be established. This could have found the study to show different findings or indicate further outliers.

Although the DASH questionnaire is a good indicator of the subjects pain, and the affects that pain may have on the subjects daily life, it cannot give a full overview of the biopsychosocial model of pain.

Recommendations

The sample size could have been increased through collaboration with a local surf charity or board riders club, or by advertising the study for a longer period of time before the planned commencement of the study. This may allow for a greater catchment pool and working alongside an already established charity, foundation, or organisation may help to increase potential participants commitment to the research.

As stated above there were limiting factors relating to the DASH questionnaire. I would recommend that for any further, more in depth study, that the researcher(s) utilize not only the DASH questionnaire, but also a further questionnaire that could link the psychosocial factors and indicators to the physical representations laid out by the DASH research tool. Not only do I believe that this would give further validity to the DASH results, it could also indicate a link between a surfer's time in the water or ability to surf, and their mental health.

Conclusion

This study was conducted with the aim of assessing the effects of the JING method of advanced clinical massage therapy on non-specific shoulder pain in surfer's. Due to a number of factor's this study became a case study with the aim of creating a solid groundwork for future studies on this topic. The case study consisted of a 6 week control phase, 6 week hands

on intervention phase and a week 16 follow up to assess any lasting impact of the treatments and self-care offered to the case study participant. The DASH questionnaire was used to collect the necessary data.

Despite an anomaly at week 12 when the participant experienced acute pain due to unrelated factors, the participant showed improvement throughout the intervention phase, in comparison to the control phase across all three utilised sections of the DASH questionnaire.

Due to the participant having pre-existing injuries and pathologies relating to the shoulder that had an impact on his ability to surf. It can also be suggested that the JING method can be utilised in the recovery of injuries and pain conditions within the shoulder in general as indicated by Murdoch (2023) and further evidenced by the fact the participant had an injury prior to week 12 and, incorporating the self-care techniques learnt during the intervention period, made a good recovery to an acute injury. This is also important in our understanding of advanced clinical massage and treatment of chronic and acute injuries.

Although this study shows promise in the use of the JING method for treatment of chronic and acute shoulder pain in surfer's, the limited number of participants means no strong conclusions can be drawn and further research is required.

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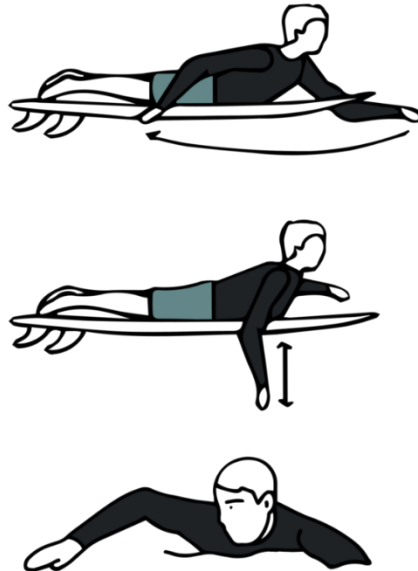
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Appendix

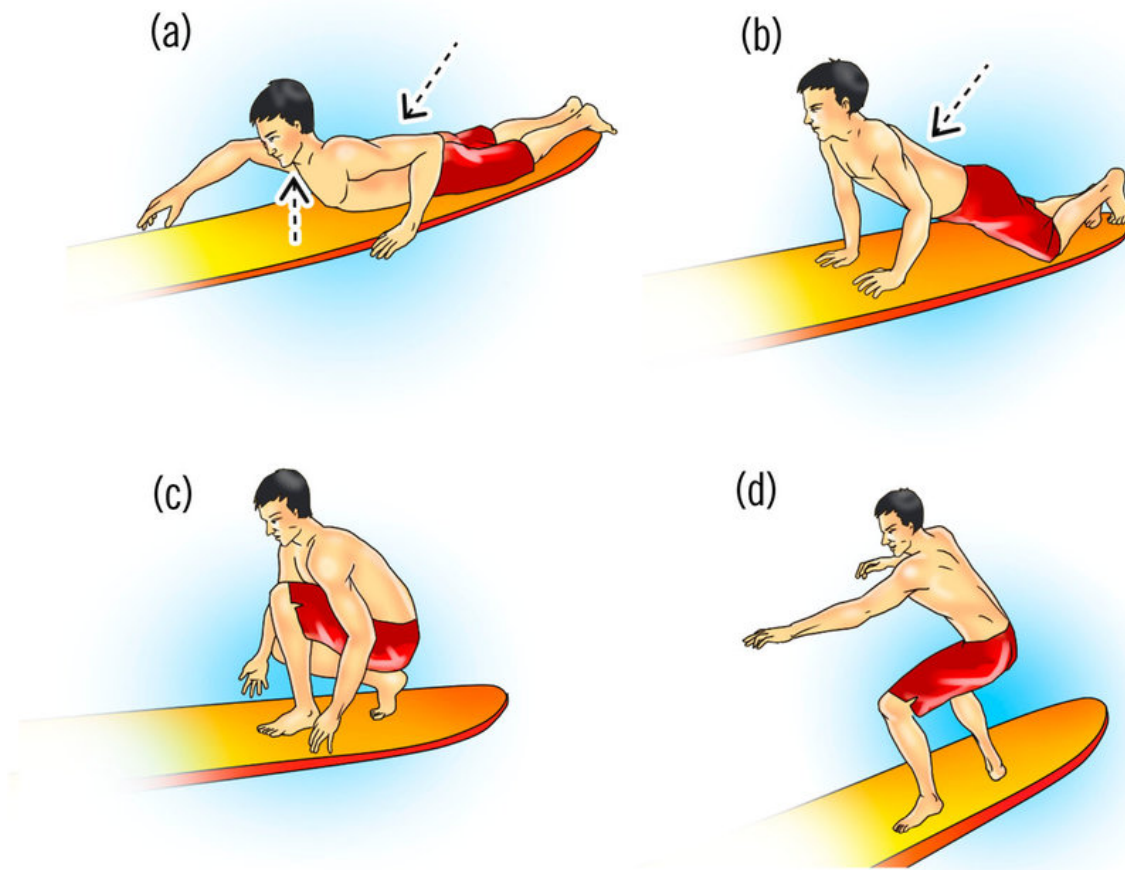
Appendix 1 – Surf term's and actions

Paddle – The motion required to propel oneself across the surface of the water for both getting out to the breaking waves, and for catching the waves



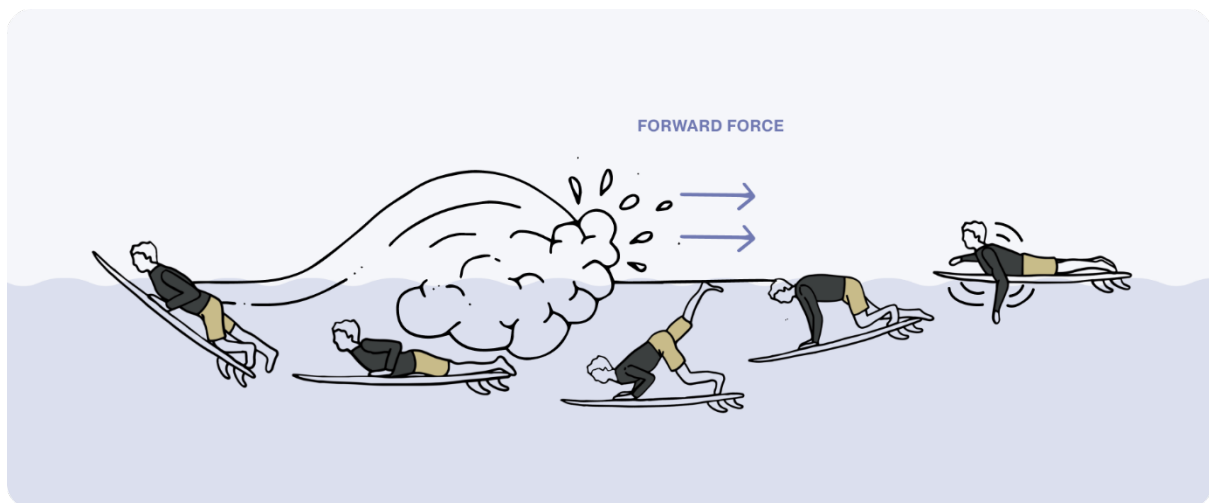
(barefootsurftravel.com, n.d.)

Pop up – The explosive action of going from prone position to standing upon the board



(Gandhi et al., 2021)

Duck dive – The act of submerging the board under a wave, in order to get out to the unbroken wave



(barefootsurfravel.com, n.d.)

Appendix 2 – JING Method Protocol for Treating Chronic Shoulder Pain

(Fairweather and Mari, 2015)

Prone

- Amma and paddy pawing down the back and across the shoulders
- Fascial finger work across the rhomboids and scapula
- Skin rolling over scapula
- Stripping rhomboids
- Stripping supraspinatus
- Stripping infraspinatus
- Scapula sawing
- Stripping the deltoid
- Broad work to the triceps
- Thumb and finger tip treatment of teres minor and major

Side-lying

- Thumb and finger work to the vertebral border of the scapula
- Fascial torquing latissimus dorsi and axillary border of the scapula
- Serratus anterior cross fibre friction
- Latissimus Dorsi stretch

Supine

- Stripping of pectoralis major and subclavius
- Soft fist work of the pectoralis major belly
- Soft tissue release of pectoralis major
- Static pressure to pectoralis minor and subscapularis
- Finish with

Appendix 3 – Self-care given

Week 7 – Static internal and external rotation stretches behind the back with the aid of a towel, 3 times a day for 1 minute each.

Week 8 – Active isolated internal and external rotation stretches behind the back with the aid of a towel, 10 reps of each stretch.

Week 9 – PNF internal and external rotation stretches, 5 reps of each.

Week 10 – Isometric external rotation exercises with a 1kg weight

Week 11 – Isometric external rotation exercises with a 2 kg weight

Week 12 - Static internal and external rotation stretches behind the back with the aid of a towel, 3 times a day for 1 minute each, with a recommendation to continue on to active isolated and PNF stretches in the following weeks as before, to the participants own comfort.

Appendix 4 – DASH Questionnaire Research Tool

DISABILITIES OF THE ARM, SHOULDER AND HAND

THE

DASH

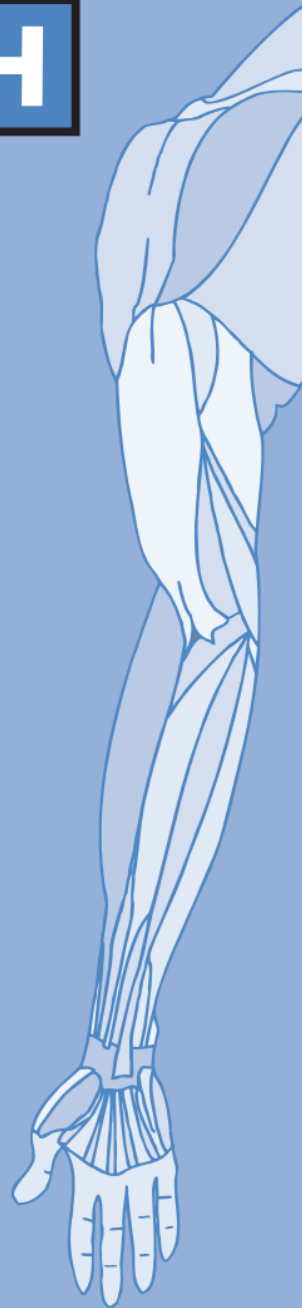
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.



DISABILITIES OF THE ARM, SHOULDER AND HAND

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Write.	1	2	3	4	5
3. Turn a key.	1	2	3	4	5
4. Prepare a meal.	1	2	3	4	5
5. Push open a heavy door.	1	2	3	4	5
6. Place an object on a shelf above your head.	1	2	3	4	5
7. Do heavy household chores (e.g., wash walls, wash floors).	1	2	3	4	5
8. Garden or do yard work.	1	2	3	4	5
9. Make a bed.	1	2	3	4	5
10. Carry a shopping bag or briefcase.	1	2	3	4	5
11. Carry a heavy object (over 10 lbs).	1	2	3	4	5
12. Change a lightbulb overhead.	1	2	3	4	5
13. Wash or blow dry your hair.	1	2	3	4	5
14. Wash your back.	1	2	3	4	5
15. Put on a pullover sweater.	1	2	3	4	5
16. Use a knife to cut food.	1	2	3	4	5
17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5
21. Sexual activities.	1	2	3	4	5

DISABILITIES OF THE ARM, SHOULDER AND HAND

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? <i>(circle number)</i>	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
23. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? <i>(circle number)</i>	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. *(circle number)*

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm, shoulder or hand pain.	1	2	3	4	5
25. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
26. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27. Weakness in your arm, shoulder or hand.	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? <i>(circle number)</i>	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. <i>(circle number)</i>	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE = $\frac{(\text{sum of } n \text{ responses}) - 1}{n} \times 25$, where n is equal to the number of completed responses.

A DASH score may not be calculated if there are greater than 3 missing items.

DISABILITIES OF THE ARM, SHOULDER AND HAND

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including home-making if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.

An optional module score may **not** be calculated if there are any missing items.

Appendix 5 – 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:	Oliver Hallt
Student number:	PE31585
BTEC Year-group:	2023-2025
Date of application:	18/04/2024

Student e-mail address:	calmingwavesmt@gmail.com
Title of research project:	The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers

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?	/	
If yes, does it involve children under 16?		/
If yes, does it involve children under 18?		/
Other vulnerable populations (i.e. mental illness, aged subjects)?		/
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		/

Are you planning to use deception?		/
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?		/
Does your study involve paying participants or an alternative incentive to participate		/
Could the study put you or someone else at risk of injury?		/
Does your project make use of a validated questionnaire?	/	
Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire, (Institute of Work and Health) Please see appendix for example questionnaire		

Section 3: Research premises

Where is your research being undertaken?	
Newquay Craniosacral, The Feel Good Building, Newquay	
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

I will be looking to recruit clients from two different areas within Cornwall, these being surrounding my rented clinic space at The Feel Good Building in Newquay, sublet through Newquay Craniosacral and a treatment room directly rented from Thrive Wellness Cornwall in Hayle. This is in order to reach a wider catchment of surfers to increase the likelihood of a larger participant pool and a wider social dynamic of surfers.

1. Social media posts on local surfing pages, groups and chats on Facebook.
2. Social media posts on my personal and business Facebook and Instagram accounts.
3. Physical posters and fliers at local – complementary healthcare clinics, surf shops, surf lifesaving groups, local boardriders groups, surf clubs/ groups and surf schools
4. Stalls at local fairs and markets.

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 will utilize The Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire in order to assess the effects of the Jing method of advanced clinical massage on non-specific (undiagnosed) shoulder pain within a population of surfers.
- Shoulder pain in surfers is common due to the active and resisted movements of the shoulder required for a surfers paddling, pop-up and maneuvers.
- The recruitment phase will start in May once all necessary approvals of ethics have been signed off. This will continue until Sunday 14th July with the control phase due to begin the week commencing Monday 15th July.
- There will be an initial zoom interview with each participant to outline and confirm inclusionary and exclusionary criteria, emphasize participant expectation, and their ability to leave the study at any point with no explanation needed and gain participant consent.
- There will be an initial 6 week long control phase, starting the week commencing Monday 15th July in which the participants will be required to fill out the DASH questionnaire, to be completed on a specified day that will line up with the day before their given treatment day. This will allow a baseline assessment of the clients pain.
- The intervention phase (Weeks 7-12) will then begin on Monday 26th August and be due to finish Sunday 13th October.
- Weeks 7 – 12 will involve 6 weeks hands on intervention using the Jing Method shoulder girdle protocol as laid out in the book *Massage Fusion*, with completion of the DASH questionnaire on the day prior to treatment.

- The first of the intervention research sessions will be 90 minutes long to include a full client consultation, to be signed by each client and stored securely in line with GDPR guidelines. This consultation will be used to gauge any biopsychosocial influences that may be occurring. This will include client history, range of motion testing and special orthopedic tests.
- Self-care to be completed at home 3 times every week in between each hands-on intervention.
- Further treatments will be for a clinical hour with 45 minutes being the hands-on treatment and the further 15 minutes being used for a check in and a re-addressing of self-care to gauge how to progress with each individual.
- Treatments 6 will also include a re-assessment of any previously positive ROM.
- 4 weeks post the last treatment the participants will be required to fill out the same questionnaire in order to gauge post intervention longevity of any recorded effects of the treatment.

Section 6: Describe what your participants need to do

Participants will attend an initial individual Zoom interview to outline and confirm inclusionary and exclusionary criteria, emphasize participant expectation, and their ability to leave the study at any given point with no explanation needed and gain participant consent

Participants will be required to fill out the validated DASH questionnaire each week on the designated dates as laid out by the timeline schedule of the study.

This will initially be for 6 weeks with no intervention in order to gain a measure of their current non-specific shoulder pain conditions and their perceptions around this pain.

The clients will also be required to attend their hands on intervention sessions on the given dates during weeks 7-12 of the study. Week 7, the intervention will include a full consultation and assessment and will take 90 minutes. For weeks 8-12 each session will last a total of 1 hour, with 45 minutes allocated to massage treatment and 15 minutes relating to self care.

Complete will complete allocated self care 3 times per week in between treatments and each week inform the researcher how many times this was done.

Participants will also be required to complete the questionnaire on week 16, 4 weeks after the final intervention.

Section 7: Respecting confidentiality and ethical issues for participants

General: I will not be working with anyone vulnerable or under the age of 18 and I will not be focusing this study on any specific socioeconomic group.

Information: Participants will be fully informed of both what they can expect from the study and what is expected of them in the study through way of a letter of invitation.

Withdrawal: Participants will be made aware that they are able to withdraw from the study at any time with no reason or explanation required.

Confidentiality: In case any participants know one another, they will be requested to maintain confidentiality at all times and to respect the confidentiality of other participants.

Trauma, mental and emotional health issues: Chronic pain conditions can often have an effect, both mild and strong, to participants daily life and mental/ emotional state. This will be taken into strong consideration throughout the study, including during consultation, control period and the hands-on period.

Injury/ Accident: Fully qualified and insured therapist with an up-to-date first aid qualification (this will expire part way through the study, I am already booked on to have this renewed before current certificate expires.

Personal risk: Treatments will be taking place at my current treatment spaces, which are located in both a public clinical space and a public co-working space both of which have necessary safety measures in place.

Confidentiality/ GDPR:

- All GDPR legislation will be followed throughout the study.
- Basic personal data will be recorded such as name, age, address, basic health and health history, lifestyle information.
- Privacy policy: copies will be given on request.
- All participants will be assigned a number with data stored separately under that given number. If this is electronic data it will be password protected and any physical data will be in a locked filing cabinet with the key securely hidden.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

The study will include:

- Must be a regular surfer (at least 4 times per month).
- Must have been surfing for at least 1 year.
- Must be aged 18 or over.
- Must be able to complete the questionnaire on days specified and attend all hands-on treatments.
- Has been experiencing chronic shoulder pain for at least 1 month.
- Is not currently having any formal medical treatment to address their pain condition.

The study will exclude:

- Casual/ part time surfer (surfs less than 4 times per month)
- Anyone under the age of 18
- Unable to commit to dates specified
- Anyone with a medically pre-diagnosed shoulder condition
- Anyone who is pregnant or in the post-natal phase (given birth within the last 6 weeks)
- Anyone who has had shoulder surgery within the last year
- Anyone who is currently receiving formal medical treatment to address their pain condition.

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
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Student's handwritten signature:

O. Hallt

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

Print Name: OLIVER HALLT

Date:

14/05/2024

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 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 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 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 I am confident the participants' confidentiality will be preserved.

YES I consider that any risks involved to the student, the participants, and any third party are minimal.

YES 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: Susan Harrison..... date: 30/4/24.....

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 6 – Participant Suitability and Consent

Calming Waves Massage Therapy
Oliver Hallt
calmingwavesmt@gmail.com
07776264127



JING Advanced Massage Training
28/29 Bond Street Brighton BN1 1RD
www.jingmassage.com
01273628942

|
Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about what it entails.

I have been a massage therapist for nearly 3 years now with a constant progression of training with Jing, from their 2 weeks bodywork beginnings course, followed by the Advanced Clinical Massage Therapy degree as a precursor to the current BTEC Level 6 of which this research project is a part of the curriculum. I specialise in the treatment of chronic pain. In my day to day clinic, I work with athletes, and other individuals suffering with a range of chronic pain.

In 2023, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, the highest level of education a manual therapist can achieve in the UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and carry out a study, I have chosen to investigate The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers. As a keen surfer myself who previously studied Surf Science and Technology as a foundation degree in Newquay and worked as a surf instructor for many years this is something I am very passionate about.

In order to participate in this study there are a few requirements regarding your self and your pain. I am specifically looking for full time surfers (which I have specified as surfing 4 times per month for at least the past year) aged 18 years old and over who have medically untreated shoulder pain.

If you decide to participate the study, it will begin during the week commencing Monday 15th July 2024.

The first 6 weeks is about understanding your pain. We will have an initial 20-30 minute 1to1 zoom meeting where we talk through the study. During this meeting I will gather your contact info, and introduce you to the Disabilities of Arm, Shoulder and Hand (DASH) questionnaire. This is the instrument I will be using to help assess your progress throughout the study.

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For these first 6 weeks, you will be required to fill in the questionnaire and return it to me via email. It should take you approximately 5-10 minutes. I will send you an email prompt each week as a reminder to get this completed. Once the initial 6 weeks of data is gathered and we know what we are dealing with, we will then start to endeavour to make a difference.

For the next 6 weeks you will be required to attend 6 x 60 minute sessions, one per week on a specified day and at a specific location to allow for continuity of the study. The sessions will involve Stretching, Fascial work, Deep Tissue massage, Trigger Point work and self-care. The self-care will need to be completed 3 times per week.

During these 6 weeks, you will continue to fill out the questionnaire, the day before the hands on treatment to assess any effects of the treatment on your pain and also let me know how many times throughout the week you have completed your self-care. I will continue to send you an email prompt each week.

4 weeks after the conclusion of the 12 week study I will require you to fill out the questionnaire one final time in order to collect data any long lasting effects of the hands on treatments. After this if you have been feeling benefits from this study and wish to continue with further treatments please let me know.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings from the various research projects being performed.

In any eventuality that you may know any of the other study participants, I have to ask that you don't have outside communication with the other participants about the content of the study. Also, I must ask, that you also agree to the confidentiality of all involved. It is also important that you don't engage in another other pain-relieving activity including the use of pain medication, without letting me know.

All of your information will be kept confidential. There will be a cost of £100 for the 6 sessions. This is a large reduction of my usual charge of £55 per hour treatment and is purely to cover my costs throughout the study.

Please call me with any questions. Please note that you may at any time withdraw from the project without notice or explanation.

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Thank you again for considering this project, your participation will make a difference to your pain and the pain of many.

Sincerely,

Oliver Hallt, ACMT Advanced Clinical Massage Therapist

Full inclusionary criteria:

- Must be a regular surfer (at least 4 times per month).
- Must have been surfing for at least 1 year.
- Must be aged 18 or over.
- Must be able to complete the questionnaire on days specified and attend all hands-on treatments.
- Has been experiencing chronic shoulder pain for at least 1 month.
- Is not currently receiving any formal medical treatment to address their pain condition.

Full exclusionary criteria:

- Casual/ part time surfer (surfs less than 4 times per month)
- Anyone under the age of 18
- Unable to commit to dates specified
- Anyone with a medically pre-diagnosed shoulder condition
- Anyone who is pregnant or in the post-natal phase (given birth within the last 6 weeks)
- Anyone who has had shoulder surgery within the last year
- Anyone who is currently receiving formal medical treatment to address their pain condition.

What do you currently do to relieve your pain? Are you thinking of starting anything new? (Yoga classes, meditation etc)

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FAO readers who fall under the exclusionary criteria

Please note that even if you are unable to participate in this study due to exclusionary factors I will likely be able to help treat and manage your chronic pain as a regular client so please feel free to message me directly if this is something you may be interested in.



STUDENT NAME: Oliver Hallt

STUDY LOCATION:

Tel: 07776264127

e-mail: calmingwavesmt@gmail.com

Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Dear Participant,

Re: The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about what it entails.

I have been a massage therapist for nearly 3 years now with a constant progression of training with Jing, from their 2 weeks bodywork beginnings course, followed by the Advanced Clinical Massage Therapy degree as a precursor to the current BTEC Level 6 of which this research project is a part of the curriculum. I specialise in the treatment of chronic pain. In my day to day clinic, I work with athletes, and other individuals suffering with a range of chronic pain.

In 2023, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, the highest level of education a manual therapist can achieve in the UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and carry out a study into the effects of clinical massage wellness programme. I have chosen to investigate The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers. As a keen surfer

myself who previously studied Surf Science and Technology as a foundation degree in Newquay and worked as a surf instructor for many years this is something I am very passionate about.

I am looking for people who are over 18 years of age who are regular surfers (at least four times per month) and experience some of the following symptoms

- Has been experiencing chronic shoulder pain for at least 1 month.
- Has not had any formal medical diagnosis of their shoulder pain.

If you decide to participate the study, it will begin on the week commencing 15th July 2024 with an initial 6 week control phase in which filling out a questionnaire weekly is all that is required of you. The following 6 weeks, starting the week commencing 26th August will be the intervention phase in which you will be required to attend weekly hands on treatments alongside continuing to fill in the same questionnaire each week.

Participation is completely voluntary and you can withdraw from the study at any time without giving a reason. All your information will be kept confidential and your data will be anonymised.

What does the study involve?

The study will involve an initial zoom meeting in order to introduce you, the participant, to the questionnaire that will be utilised throughout this study in order to gauge your pain on a week by week basis. During this zoom we will also cover the inclusionary and exclusionary criteria to ensure that you fully qualify for this study. I will then be asking for your full consent as laid out by the form below.

Following this initial meeting you will be expected to complete the questionnaire weekly for 6 weeks on the day assigned to you, this will correspond with the day before your hands-on intervention. It is important that you are able to commit to the weekly submission of a questionnaire and can attend the dates for the hands-on sessions.

The hands on intervention will consist of a further 6 weeks, the first of which will be 90 minutes long to include a consultation with all further intervention sessions being 60 minutes. Throughout this time you will be required to attend the treatment in person at the time and location specific to you. During each session you will be receiving 45 minutes of hands on treatment involving fascial work, deep tissue massage, acupuncture point and trigger point

work as well as stretching and be given self-care to be performed at home 3 times per week between treatments.

The out-standing 15 minutes of the [60 minute](#) treatment will be used for a check in and re-visiting [self care](#).

You will then be expected to again complete the questionnaire 4 weeks after your final hands on treatment in order to gauge any lasting effects of the study.

Are there any risks or benefits to taking part?

- There is minimal risk of injury through this study. However, it is important to note that there is a possibility of muscle ache that occurs from the massage. Incorrect performance of the given [self care](#) may also have an adverse effect, a check in around [self care](#) will be performed each week at the [hands on](#) treatment to mitigate this.
- Due to chronic pain being involved in this study psychological factors may be involved. If this becomes apparent at any point I will, with your consent, provide resources and help you find local specialists that will be better equipped to help in this area.
- Possible benefits of the study can be but are not limited to a decrease in your shoulder pain, increased range of motion and increased daily function of your shoulder. You may also experience an improvement in your wellbeing and daily life.

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.

It is very important that you don't engage in another other pain-relieving activity including the use of pain medication, trying a new therapy for your pain/wellbeing/stress without letting me know.

Please call me with any questions.

Thank you again for considering this project, your participation will make a difference to your pain/stress/wellbeing and that of others.

Sincerely,

Oliver Hallt



PARTICIPANT CONSENT FORM

Title of study: The Effects of the JING Method of Clinical Massage on Non-Specific Shoulder Pain in Surfers

Name of student: Oliver Hallt

	Yes	No
I have read the information letter about this study		
I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
I understand that I am / the participant is free to withdraw from this study: <ul style="list-style-type: none"> • At any time (until such date as this will no longer be possible, which is once all anonymised data has been merged) • Without giving a reason for withdrawing • That I am free to refuse to answer any question without saying why • That the services I am receiving will not be affected whether I participate or not. 		
I understand that if I know any of the other study participants I am not to communicate with them regarding the study/ content of the study.		
I agree to take part in this study		
Signature (participant) _____	Date: _____	
Name: (BLOCK LETTERS) _____		
Signature (parent/guardian/other, if under 18) _____	Date: _____	
Name: (BLOCK LETTERS) _____		
BTEC students contact details (including telephone number and e-mail address): _____		

Oliver Halt
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