

Evaluating the Effects of The Jing Method™ of Advanced Clinical Massage on Menopause Symptoms in Perimenopausal and Menopausal Women

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

March 2026



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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 Massage and Complementary Medicine. 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”.

Miss Jennie Cross:

Date: March 2026

A handwritten signature in black ink, appearing to read 'Jennie Cross', written over a horizontal line. The signature is highly stylized and cursive.

ACKNOWLEDGMENTS

I would like to express my sincere gratitude to the entire Jing team for their support, patience, and guidance throughout this process. Their knowledge, encouragement and ability to inspire us to be the best Jing Method™ therapists we can be has been invaluable during my training and the completion of this research.

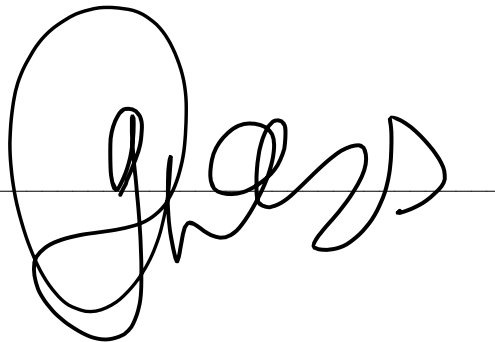
My sincere thanks also go to the participants who generously gave their time and commitment to take part in this study. I am grateful for their openness in sharing their experiences during what can be a challenging phase of life; their contribution made this research possible.

Finally, I would like to thank my wonderful friends and family for their continued encouragement, understanding, and support throughout my BTEC journey. Their belief in me has helped me reach this milestone and strengthened my confidence in my own abilities.

Completing this dissertation has been both a challenging and rewarding experience, and I am deeply grateful to everyone who supported and encouraged me along the way.

Miss Jennie Cross:

Date: March 2026

A handwritten signature in black ink, appearing to read 'Jennie Cross', written over a horizontal line. The signature is fluid and cursive, with a large initial 'J' and 'C'.

CREATIVITY PAGE

Beyond the clinical data, the true essence of The Jing Method™ is often best captured through the personal reflections of those experiencing it; this page serves as a visual representation of a participant's journey.

Walking Beside Her: A Participant's Reflection



Inspired by a participant's reflection on her experience, this AI-generated image captures the essence of The Jing Method™ as a collaborative partnership. It represents the shift from the 'shadows' of menopause symptoms towards a brighter horizon, an empowering journey of teamwork by having a Jing therapist 'walk along beside her' every step of the way.

ABSTRACT

BACKGROUND

Menopause is a complex biopsychosocial transition, which, with increasing life expectancy, many women can expect to live up to a third of their lives in a menopausal state. Despite the prevalence and impact of symptoms, menopause remains an under-researched area of healthcare with limited validated alternatives to conventional treatments. This study aimed to explore the effects of a six-week course of The Jing Method™ advanced clinical massage on menopause symptoms in perimenopausal and menopausal women.

METHOD

Eight women were recruited to participate in a 16-week within-subjects study. Eligibility required the presence of three or more menopausal symptoms on the Menopause Rating Scale (MRS) for a minimum duration of three months. Participants completed a six-week control phase involving weekly MRS completion with no treatment, followed by a six-week intervention phase comprising weekly Jing Method™ massage sessions and prescribed self-care, alongside weekly MRS completion. A follow-up MRS was completed at week 16 to assess potential maintenance of effects.

RESULTS

Reductions were observed across all eleven MRS symptom domains during the intervention phase, with the group's overall mean symptom score decreasing 48.5% by week 12. Although mild symptom rebound was noted for some symptom domains at follow-up, scores remained below control-phase levels, suggesting potential sustained effects beyond the treatment phase.

CONCLUSION

This study adds to the growing body of evidence that The Jing Method™ multimodal HFMAST framework (heat, fascia, muscles and massage, acupuncture and teaching self-care) may be a suitable treatment for managing menopausal symptoms. While results are promising, further rigorous research is warranted to confirm these findings and establish clinical effectiveness.

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ABBREVIATIONS

BPS – Biopsychosocial

BMS - British Menopause Society

CAM - Complementary and Alternative Medicine

DASS-42 - Depression Anxiety Stress Scale

HFMAST - Heat, Fascia, Muscles, Acupressure, Stretching, Teaching

HRT - Hormone Replacement Therapy

MRS - Menopause Rating Scale

MREF - Menopause Research and Education Fund

MS - Menopause Symptoms

MT - Menopausal Transition

NAMS - North American Menopause Society

NIHR - National Institute for Health and Care Research

SWAN - Study of Women's Health Across the Nation

TA - Therapeutic Alliance

TJM - The Jing Method™

VMS - Vasomotor Symptoms

LITERATURE REVIEW

INTRODUCTION

Menopause signifies a complex biopsychosocial transition (Kirchengast, 2024; Sharp et al., 2025). Globally, nearly one billion women were aged 50 in 2020, a figure expected to reach 1.65 billion by 2030. This demographic change highlights menopause as a critical global public health issue (UN/DESA/PA, 2022; World Health Organisation, 2024).

In the UK, women can expect to live up to a third of their lives in a menopausal state (Utian, 2005; Gatenby and Simpson, 2024). Despite this demographic change, clinical approaches have not evolved at a comparable pace and remain governed by homogenous Western biomedical models, thereby contributing to fragmented and inequitable care delivery (Kirchengast, 2024).

Consequently, limitations within primary healthcare have intensified calls from women and clinicians for patient-centred approaches that effectively integrate conventional and complementary therapies (Martin-Key et al., 2023; Onculer and Onculer Yayalar, 2025; Shams, Aurangzaib and Sherazi, 2025).

Paradoxically, this major life-course transition remains under-represented in high-quality clinical trials. Broader systemic factors, including gendered research priorities and funding imbalances, are widely considered to contribute to this disparity (Holdcroft, 2007; Del Carmen

and Rice, 2015; Mirin, 2021). Although beyond the scope of this review, these inequities influence the quality of available evidence. Accordingly, this dissertation critically examines existing evidence across four domains: definitions and impact, conventional treatments, complementary and alternative therapies, and the specific role of The Jing Method™ (TJM), identifying gaps, strengths, and implications for clinical massage practices.

DEFINITION AND IMPACT

Menopause marks the permanent end of ovarian function and reproductive capacity, characterised by shifting hormone levels. While the median age is 51, staging the menopausal transition (MT) (Figure 1) by age rather than symptomatology overlooks individual variation (Buckler, 2005; Rubinstein, 2014; Davis et al., 2023).

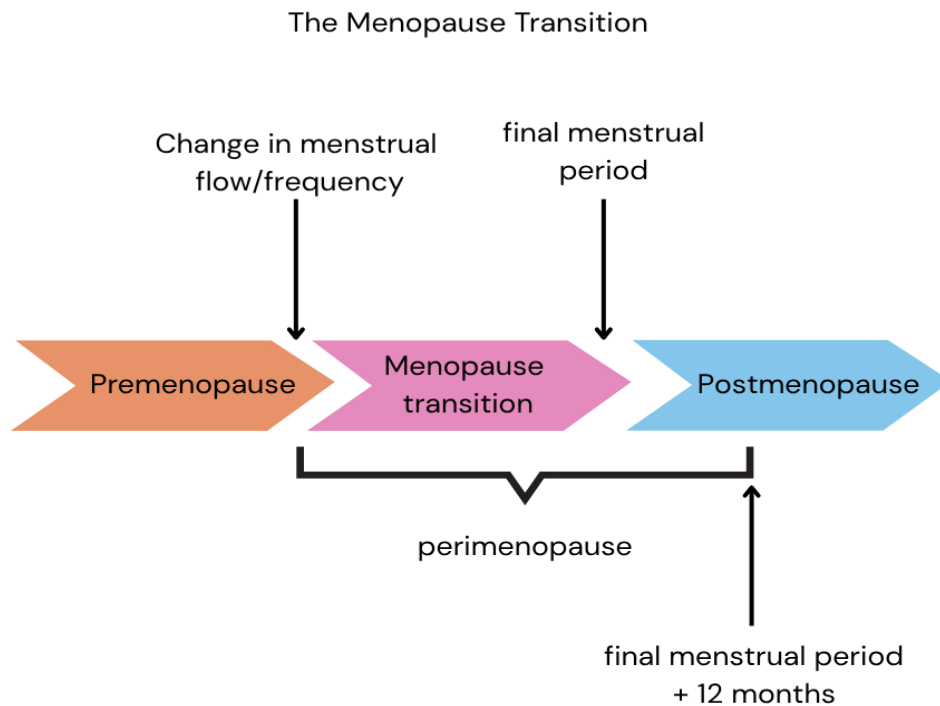


Figure 1. The Menopause Transition adapted from Davis et al. (2023).

Defining a “normal” MT is complicated; evidence indicates that hormonal thresholds vary widely and that the perimenopausal stage remains poorly defined, contributing to contradictory clinical guidance and methodological heterogeneity across studies (Buckler, 2005; Rubinstein, 2014). Furthermore, many investigations omit key moderators, such as genetics, lifestyle and socioeconomic position, which limits the generalisability of findings (Davis et al., 2023; Kirchengast, 2024). In addition, Cucinella et al. (2023) highlight emerging evidence that broader external factors, such as climate change, may also influence the MT; however, this body of research remains preliminary and requires further validation.

The US Study of Women's Health Across the Nation (SWAN) has advanced understanding of the MT through its multiethnic recruitment (Thurston and Joffe, 2011; Avis et al., 2015). Nevertheless, SWAN continues to exhibit regional and racial sampling constraints that limit the strength of conclusions and risk overshadowing broader structural determinants of health (El Khoudary et al., 2019; Harlow et al., 2022). Menopause symptoms (MS) are commonly categorised into physical, psychological and physiological domains (Table 1). Despite this breadth, the literature remains disproportionately focused on vasomotor symptoms (VMS) and Western-centric samples, while rural, low-income, non-Western populations remain underrepresented (Bhore, 2015; Davis et al., 2023; Delanerolle et al., 2025).

Table 1. Menopause symptoms adapted from NHS and Santoro et al. (2021).

Category	Symptoms	Examples/Manifestations
Physical	Menstrual changes	Irregular bleeding; altered frequency/duration; amenorrhoea
	Vasomotor symptoms	Hot flushes; night sweats; chills; dizziness
	Genitourinary syndrome of menopause (GSM)	Vaginal dryness; dyspareunia; pelvic discomfort; urinary symptoms.
	Sleep disturbance	Difficulty falling asleep; fragmented sleep; early waking
	Palpitations	Heart awareness; racing; skipped beats
	Headaches / migraines	Increased frequency or severity
	Musculoskeletal pain	Muscle and joint pain; stiffness
	Changes in body shape/weight	Predominately weight gain, loss of muscle tone
	Skin changes	Dryness; itchiness
	Oral symptoms	Sensitive teeth; burning mouth
	Persistent physical exhaustion	Fatigue; low energy
Psychological	Depressive mood	low mood; tearfulness; loss of drive; mood swings
	Irritability	inner tension, agitation.
	Anxiety	restlessness, panic-like episodes.
	Cognitive complaints	Reduced concentration; forgetfulness; mental fatigue
Physiological	Bone health changes	Bone loss; increased osteoporosis risk
	Cardiovascular risk	Increased cardiovascular disease risk due to hormone changes
	Cognitive decline.	Potential long-term cognitive deterioration
	Genitourinary Syndrome of Menopause (GSM):	Vaginal atrophy; narrowing, urinary incontinence, recurrent UTIs

Although most individuals do not experience severely disabling symptoms, a clinically significant minority report impairments affecting work, relationships and quality of life (Greenblum et al., 2013; Holloway, 2022; Davis et al., 2023). There is an association between menopause and mood disturbance, although causal pathways remain unresolved and are likely

multifactorial (Bosworth et al., 2001; Llaneza et al., 2012). Many women report feeling inadequately prepared for the MT and describe it as an embodied disruption, a nuanced perspective that age-based clinical approaches often overlook, underscoring the necessity of symptom-focused, patient-centred research and care (Rubinstein, 2014).

CONVENTIONAL TREATMENTS

Hormone replacement therapy (HRT) is regarded as the cornerstone of MS management. With strong consensus supporting its efficacy for VMS (Utian, 2005; Flores, Pal and Manson, 2021; Hamoda and Moger, 2022; Comparetto and Borruto, 2023; Khan et al., 2023; Madsen et al., 2023). In contrast, fewer studies have examined its effects on non-VMS domains, particularly musculoskeletal pain (Watt, 2018).

The discourse surrounding HRT was profoundly shaped by the 2002 Women’s Health Initiative trial, which reported increased breast-cancer risks and precipitated a sharp decline in global prescribing rates. Subsequent re-analysis has produced more nuanced interpretations through the “timing hypothesis” and risk–benefit appraisals (Flores, Pal and Manson, 2021; Stuenkel, 2021; Madsen et al., 2023; Stute et al., 2023), yet controversy still constrains uptake, highlighting a persistent gap between evidence and clinical application.

Evidence regarding HRT’s effect on psychological symptoms remains ambiguous. Bosworth et al. (2001) suggest that increased depressive symptoms during menopause are more associated with VMS severity than with hormonal change alone. Reflecting this complexity, NICE guidelines recommend HRT primarily for VMS, while acknowledging adjunctive

interventions such as cognitive behavioural therapy for mood disturbance (National Institute for Health and Care Excellence, 2024). However, the presence of guidelines does not necessarily translate into consistent care, as implementation remains variable in practice (Newson and Connolly, 2019).

Key limitations within the evidence base include restricted population diversity and methodological inconsistency. Contemporary critiques highlight the predominance of cisgender, white, high-income samples, limiting generalisability (Martin-Key et al., 2023; Delanerolle et al., 2025). Ongoing uncertainty regarding long-term risks versus untreated menopause reinforces the importance of patient-centred decision-making and supports further investigation of complementary modalities alongside standard care (Booyens et al., 2022).

COMPLEMENTARY THERAPIES

Complementary and alternative medicines (CAM) are used by approximately half of menopausal women; many report perceived benefit; however, the empirical evidence remains limited and heterogeneous (Posadzki et al., 2013). Hypnosis, endorsed by the North American Menopause Society (NAMS), showed reductions in hot flashes, although supporting evidence relies on subjective outcomes and small-scale trials. Biofeedback and relaxation interventions show modest improvements in VMS and mood, while mindfulness-based approaches improve sleep and quality of life, suggesting adjunctive value rather than definitive efficacy (Johnson et al., 2019).

Aromatherapy massage, black cohosh, and other herbal remedies demonstrate inconsistent outcomes, with variation in protocols, dosing, and outcome measures limiting comparability across studies (Lee et al., 2021; Karimi et al., 2025). Similarly, acupuncture, yoga, reflexology, homoeopathy, and traditional Chinese medicine yield mixed findings. Long-term safety data for botanical therapies remain scarce (Johnson et al., 2019; Agustina, 2025). Common methodological weaknesses across CAM research encompass small sample sizes, non-standardised endpoints, short follow-up periods, high attrition, and selective reporting bias, collectively constraining the reliability of conclusions and limiting the feasibility of robust meta-analysis (Rosenthal, 1979; Lee et al., 2021; Agustina, 2025; Karimi et al., 2025).

CAM use is frequently undisclosed to healthcare providers, reinforcing the need for proactive clinician enquiry and clearer guidance regarding safety and best practice (Posadzki et al., 2013; Lee et al., 2021). Research priorities should therefore include adequately powered randomised trials, standardised outcome measures, longer follow-up and rigorous bias assessment to determine which modalities, if any, may be recommended as adjuncts to standard care (Johnson et al., 2019; Lee et al., 2021).

THE JING METHOD™

In contrast to the dominant Western biomedical model (Mescouto et al., 2022), TJM adopts a biopsychosocial approach, originally proposed by Engel (1977) and later elaborated by Moseley and Butler (2015). However, critics argue that the model's conceptual fluidity and weak theoretical grounding often cause clinical practice to revert to biological reductionism (Stilwell and Harman, 2019; Cormack et al., 2023; Bianchi et al., 2025). Such critiques have prompted an expanded, enactive BPS framework that more explicitly integrates environmental

and contextual influences (Figure 2). This relational perspective aligns with TJM’s core principle of “Understanding the whole person” (Fairweather and Mari 2015: ix).

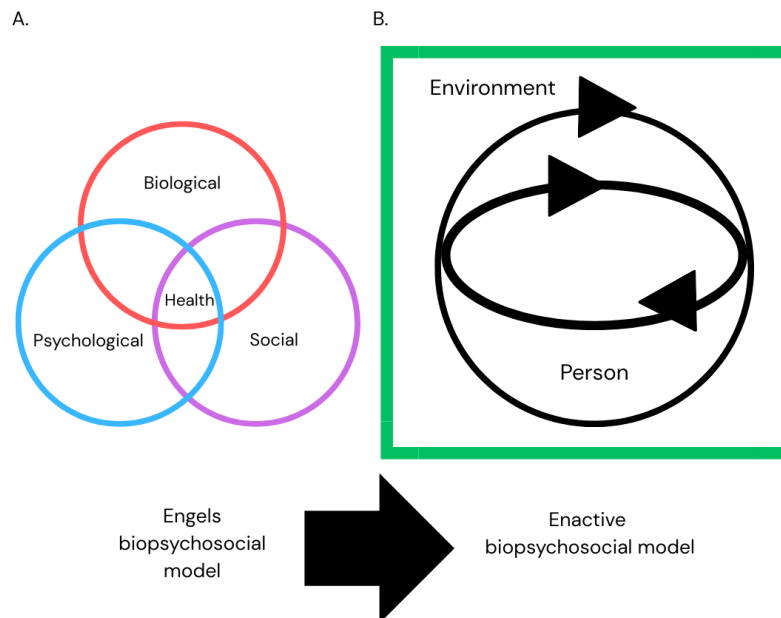


Figure 2: A. BPS model. B. BPS-E model adapted from Stilwell & Harman (2019).

TJM is a published, replicable, multimodal, and outcome-focused approach grounded in the development of a strong therapeutic alliance. It integrates Eastern and Western bodywork techniques with structured self-care education to address a range of complex biopsychosocial health presentations, including chronic pain. These components are summarised using the mnemonic HFMAST (Heat, Fascia, Muscles, Acupressure, Stretching, Teaching) (Table 2).

Table 2. Summary of HFMAST and Evidence

HFMAST component	Technique (Brief Description)	Proposed Mechanism of Action	General Evidence	Menopause-Specific Evidence
H – Heat/Cold Application	Thermotherapy using hot/cold stones or packs	Enhances circulation; reduces muscle tension; provides analgesic effects and promotes parasympathetic activation.	Klingler et al., (2012); Kim et al., (2016)	Akin et al. (2001)
F – Fascial Work	Indirect and direct myofascial techniques	Restores fascial glide; reduces adhesions and may reduce nociception	Findley (2011)	Ramos-González et al. (2012); Albayrak, Çağlıyan Türk & Özgül (2025); Takefuji (2025)
M - Massage & Trigger-Point Therapy	Soft-tissue massage and trigger-point deactivation	Reduces myofascial trigger points and musculoskeletal pain	Fryer & Hodgson (2005); Tsao (2007); Sundberg et al. (2017)	Oliveira et al. (2012); Hachul et al. (2014); Attarian et al. (2015); Rochera (2016); Johnson, Roberts & Elkins (2019); Espí-López et al. (2020); Gökbulut, Emine & Çiğdem (2022); Said, Shehata & Abd El Haleem (2022); Moita & Nunes (2024); Chaudhary, Rajpurohit & Zeeshan (2025)
A - Acupressure	Manual stimulation of traditional Chinese	May modulate pain pathways; supports autonomic regulation.	Hsieh et al. (2006); Weiss-Farnan (2010).	Mojay (2002); Hanfy, Awad & Gharieb (2011); Ebrahimi et al. (2020); Aksoy

	medicine acupoints			Ahu & Vefikuluçay Duygu (2024); Eskandari, Keramat & Rohani-Rasaf (2025)
S - Stretching	Static, proprioception neurofacilitation and active isolated stretching	Enhances range of motion and tissue health; may support physical function and quality of life	Witvrouw et al. (2007); Chow & Ng (2010)	Kai et al. (2016); Rochera (2016); Wong et al. (2017)
T – Self-Care and Education	Home exercises, breathing, self-trigger point techniques	Promotes self-management; enhances therapeutic alliance; supports long term symptom regulation	(Ferreira et al., 2013; Moseley and Butler, 2015; Traeger et al., 2015; Unsgaard-Tøndel and Søderstrøm, 2021)	Mishra, Mishra & Devanshi (2011); Shepherd-Banigan et al. (2017); Karakoç, Uçtu & Özerdoğan (2019); Schlechta Portella et al. (2021); Kafaei-Atrian et al. (2022); Karimi et al. (2022)

This integrated approach shows promising outcomes for complex conditions, particularly chronic musculoskeletal pain. Middleton-Smith (2025) and Wall (2025) reported improvements in non-specific shoulder pain and low back pain using TJM. Emerging evidence also suggests psychological benefits; Quayle (2023), Martinez-Perez (2023), and O’Flynn (2024) observed reduced stress, anxiety, and depression in men and desk-based workers. While encouraging, these small-scale findings warrant cautious interpretation.

Building on Hyde’s (2021) demonstration of positive outcomes in MS using the TJM framework delivered online, Mitchell (2023) and Hurworth (2023) successfully replicated the

study and produced similar improvements. Beyond general musculoskeletal pain, evidence suggests TJM may also benefit conditions prevalent among menopausal populations, including fibromyalgia, frozen shoulder, post-menopausal musculoskeletal pain, sleep quality, and mastalgia (Grinbergs, 2020; Cleeve, 2021; Meyer, 2021; Day, 2023; Dawe, 2024). However, interpretation of these findings is constrained by methodological limitations, including small sample sizes, potential risk of bias, and heterogeneity in intervention protocols and outcome measures, which collectively restrict generalisability.

The broader evidence base for manual therapy in menopausal populations, similarly, requires cautious interpretation. The Cochrane Library underscores a pervasive lack of high-certainty evidence across many manual therapy interventions. A recent systematic review investigating manual therapy for musculoskeletal pain in menopausal women reported that although most included studies demonstrated positive effects, most were characterised by small samples and high risk of bias (Espírito Santo et al., 2024). This reinforces a persistent evidence gap: while early findings and clinical practice indicate promise, there remains a clear need for larger, methodologically rigorous, randomised controlled trials with longer-term follow-up to establish robust and generalisable evidence for specific manual therapy approaches, including TJM.

Collectively, the evidence synthesised in this review supports the rationale for the present study, which seeks to generate exploratory data to inform the future development of a replicable HFMAST framework for MS management.

METHOD

Ethical Approval

Ethical approval was granted by the Jing Institute (Appendix 1). The study was conducted from mid-July to late October 2025.

Study Design

A within-subjects study design was chosen. This enabled each participant to act as their own control, reducing inter-individual variability in symptom presentation, which can be particularly pronounced during the menopause transition (MT). The study comprised a six-week control phase, with no treatment, followed by a six-week intervention phase using TJM.

Participants and Recruitment

Eight participants, assigned female at birth, aged 49-64, and experiencing MS, were recruited via social media, posters (Appendix 5), and the researcher's website. Inclusion criteria necessitated participants to experience at least three symptoms on the Menopause Rating Scale (MRS) (Appendix 4) for a minimum of three months. Participants using HRT were included if treatment had been stable for at least three months before the control began. Participants in medically induced menopause were eligible, provided the condition was permanent. Exclusion criteria included starting HRT within the previous three months; participants agreed not to start new menopause treatments during the study.

Twelve individuals expressed interest; however, four withdrew due to scheduling, relocation, or illness, resulting in a final sample of eight who completed the study. Following a formal invitation (Appendix 2), a 20-minute Zoom call confirmed eligibility and study procedures; all participants provided written informed consent (Appendix 3).

Measures

MS was assessed using the MRS, which comprises eleven items rated 0 (none) to 4 (extremely severe), developed in the early 1990s as a standardised self-assessment tool to measure MS severity over time. In a methodological review, Heinemann et al. (2004) confirmed its reliability and validity. This was administered weekly via Microsoft Forms. This measure was also chosen as it has been used in other Jing studies, allowing data accumulation and comparison.

Control Phase (Weeks 1–6)

Participants completed the MRS weekly (every Monday) without receiving treatment to establish a baseline. After the control phase, each participant had a 30-minute telephone consultation to discuss medical history, lifestyle, and their MS.

Intervention Phase (Weeks 7–12)

Participants attended weekly 50-minute hands-on Jing Method™ treatments delivered by the researcher, a qualified Jing Method™ practitioner, in a rented therapy space to reduce environmental variability. Treatments followed the HFMAST framework, adapted from

Massage Fusion (Fairweather & Mari, 2015). Each week focused on different areas of the body to provide comprehensive treatment (Appendix 6). MRS data were collected six days after each treatment to measure the sustained effect.

Each session concluded with 10 minutes of self-care instruction. Participants received a handout (Appendix 7) and a video demonstration provided via WhatsApp. Participants were asked to complete the routine three times a week. Compliance was recorded at each subsequent session.

Follow-Up (Week 16)

A final MRS and feedback form (Appendix 9) was distributed in week 16 to assess longer-term effects.

RESULTS

To assess the impact of the intervention, results were evaluated by comparing the mean control period score with the mean week-12 score. This method was selected because it captures the cumulative endpoint effect of the six weeks of treatment while controlling for natural week-to-week fluctuations during the control. For transparency, mean intervention scores are included (Table 3).

The intervention phase demonstrated reductions in MS compared with the control period. A total MRS score (Figure 3) was calculated to represent overall symptom burden, decreasing from 1.5 to 0.8 (48.5% improvement). Although a mild rebound was observed at week 16, follow-up scores remained below control scores, indicating potential sustained benefit beyond the treatment phase.

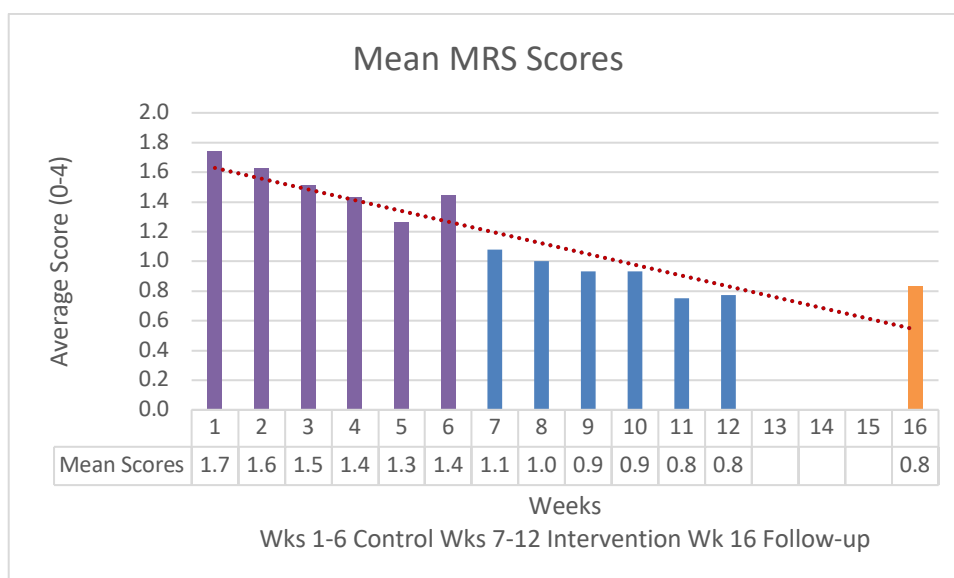


Figure 3. Total Menopause Rating Scale (MRS) Mean Scores Across Study Period

Table 3. Mean Symptom Domain Scores and Overall MRS Mean Scores

Symptom Domain	Mean Control (Weeks 1–6)	Mean Intervention (Weeks 7–12)	Mean Week 12 Score	Mean Week -16 Score	% Improvement (Mean Control → Mean Week 12)
Hot flushes / sweating (VMS)	1.9	1.1	0.9	1.1	54.3%
Heart discomfort	1.0	0.6	0.6	0.8	34.8%
Sleep problems	2.5	1.6	1.6	1.9	35.5%
Depressive mood	1.4	0.8	0.6	0.5	55.9%
Irritability	1.5	0.8	0.8	0.6	50.7%
Anxiety	1.5	0.9	0.8	0.6	51.2%
Physical & mental exhaustion	2.1	1.3	0.9	1.0	58.4%
Sexual problems	1.1	0.6	0.4	0.4	64.7%
Bladder problems	0.9	0.8	0.6	0.8	33.3%
Vaginal dryness	0.8	0.3	0.3	0.3	66.7%
Joint & muscular discomfort	1.8	1.4	1.1	1.3	35.7%
Overall MRS Mean Score	1.5	0.9	0.8	0.8	48.5%

Note: Percentage improvements were calculated using unrounded raw data. For display purposes, mean scores have been rounded to one decimal place.

Individual symptom domains were additionally evaluated. The following charts present the most clinically relevant and responsive symptom domains: sleep problems, physical and mental exhaustion, joint and muscular discomfort, and VMS. Additional outcomes are summarised (Appendix 10). Adherence to self-care was high, with an overall compliance rate of 87.5% (Appendix 8). Qualitative feedback (Appendix 9) indicated improved sleep and reduced muscle tension, with participants highlighting the therapeutic alliance (TA) and value of self-care education.

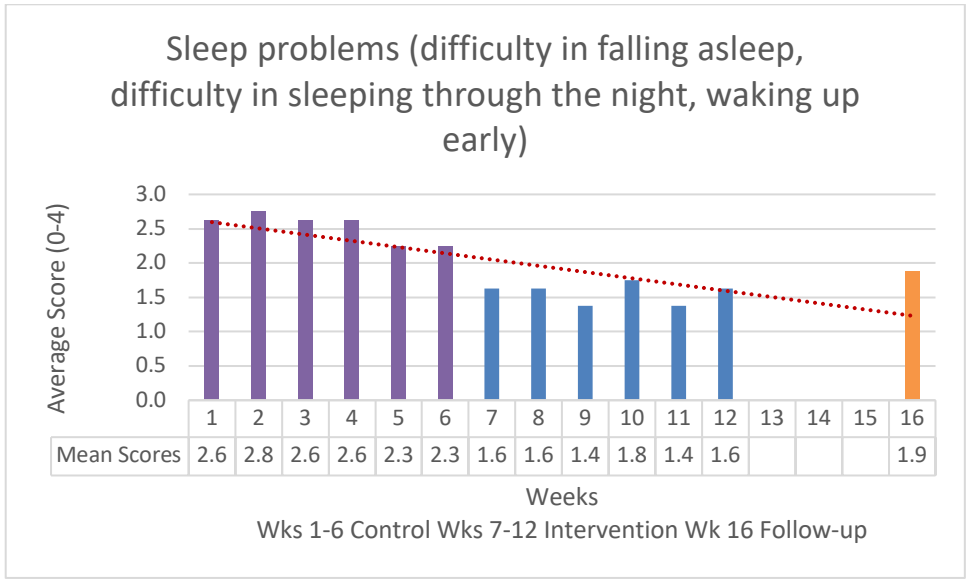


Figure 4. Mean Score of Sleep Problems Across Study Period.

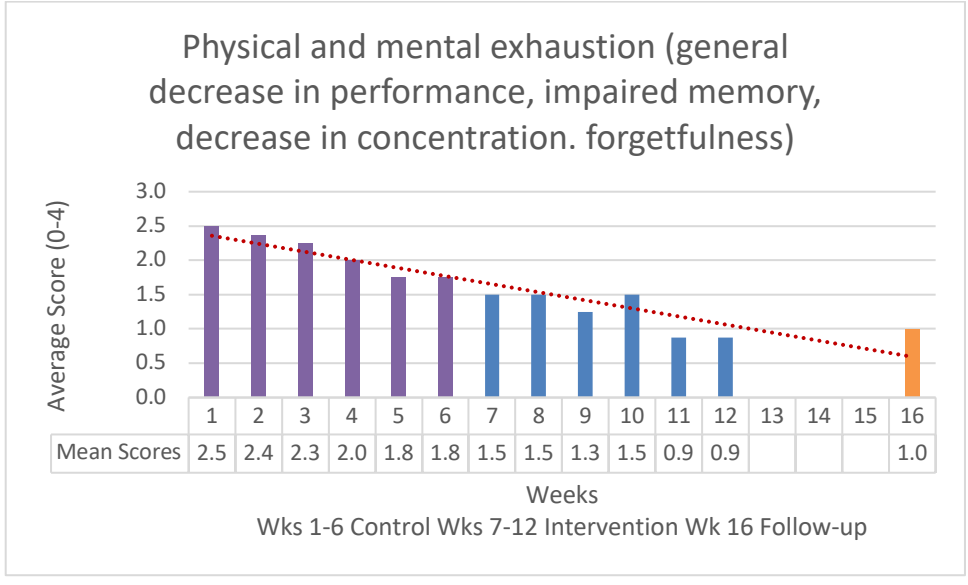


Figure 5. Mean Score of Physical and Mental Exhaustion Across Study Period.

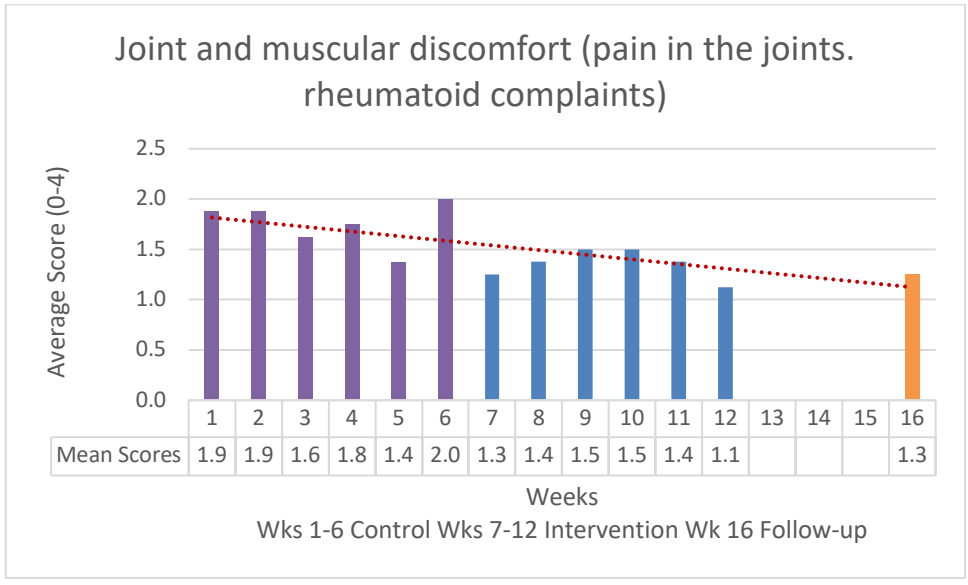


Figure 6. Mean Score of Musculoskeletal Discomfort Across Study Period.

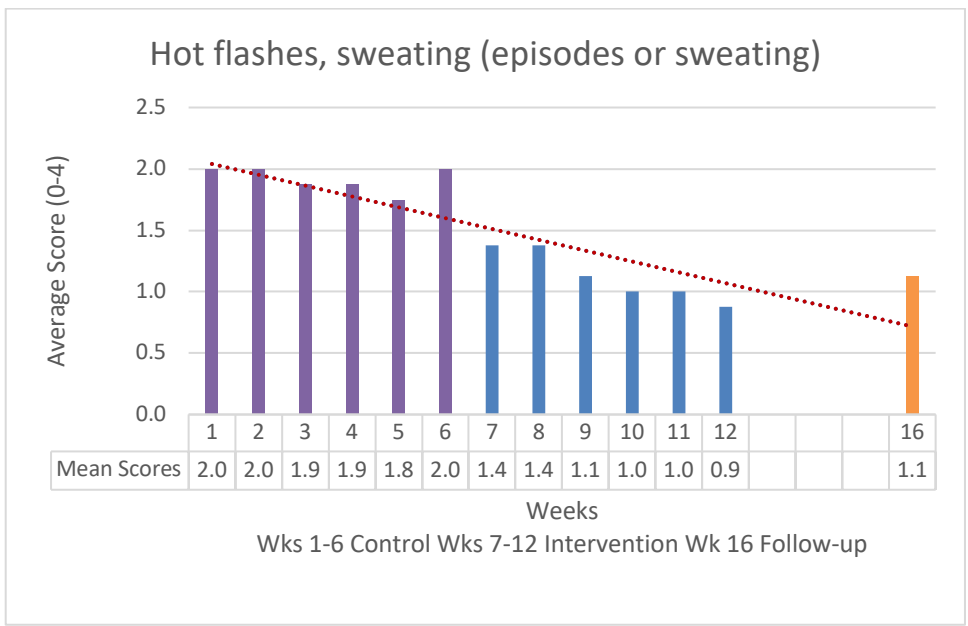


Figure 7. Mean Score of Vasomotor Symptoms (VMS) Across Study Period.

Alonso (2026) and James (2026) conducted similar studies using TJM and utilised the MRS, using different treatment protocols, and likewise reported reductions in MS. (Figure 8). The combined data resulted in 21 participants (Figure 9).

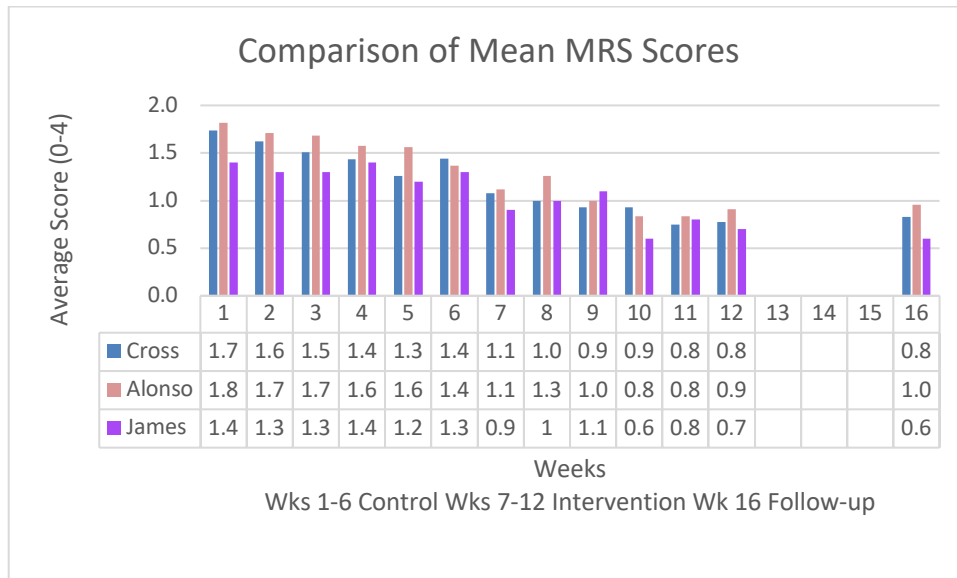


Figure 8. Comparison of mean MRS scores for Cross (2026), Alonso (2026) and James (2026).

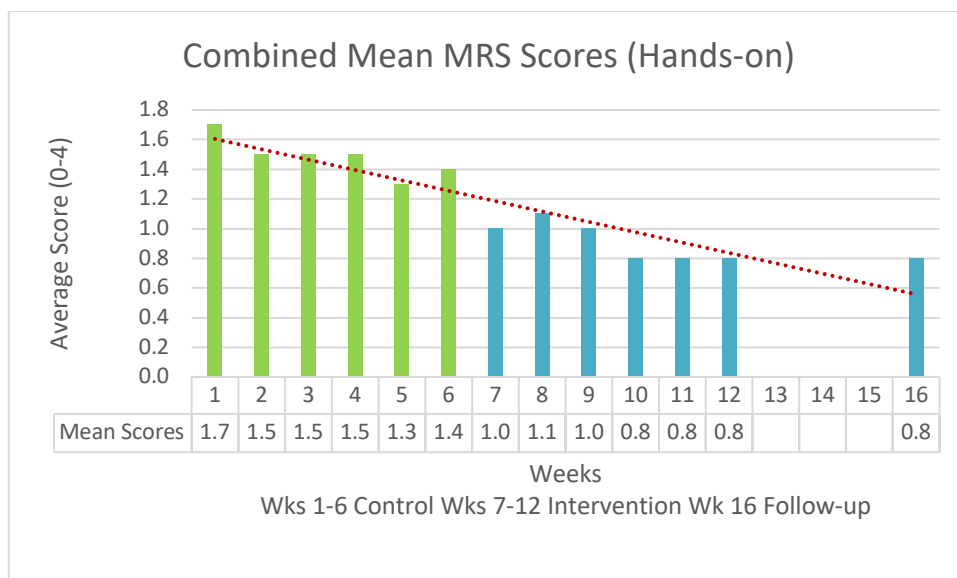


Figure 9. Combined MRS Mean Scores Hands-on Intervention (n=21), Cross (2026), Alonso (2026) and James (2026).

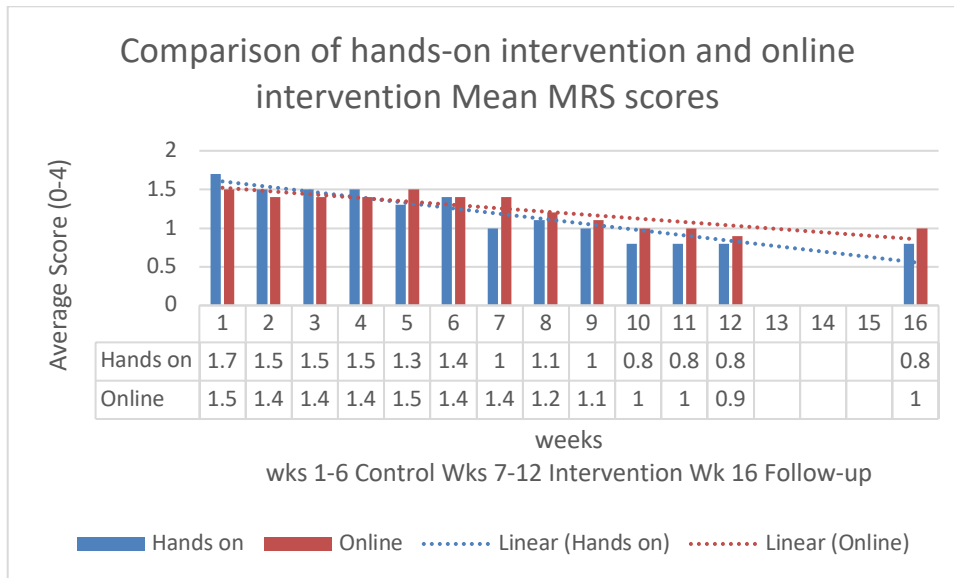


Figure 10. Comparison of Mean MRS Scores Hands-on (n=21); Online (n=43).

Both interventions follow a similar trend, highlighting the benefits of both methods, whilst the data suggest that hands-on treatment resulted in a greater rate of symptom reduction (Figure 10). The cumulative results (n=64) demonstrated a 40% improvement in MS (Figure 11).

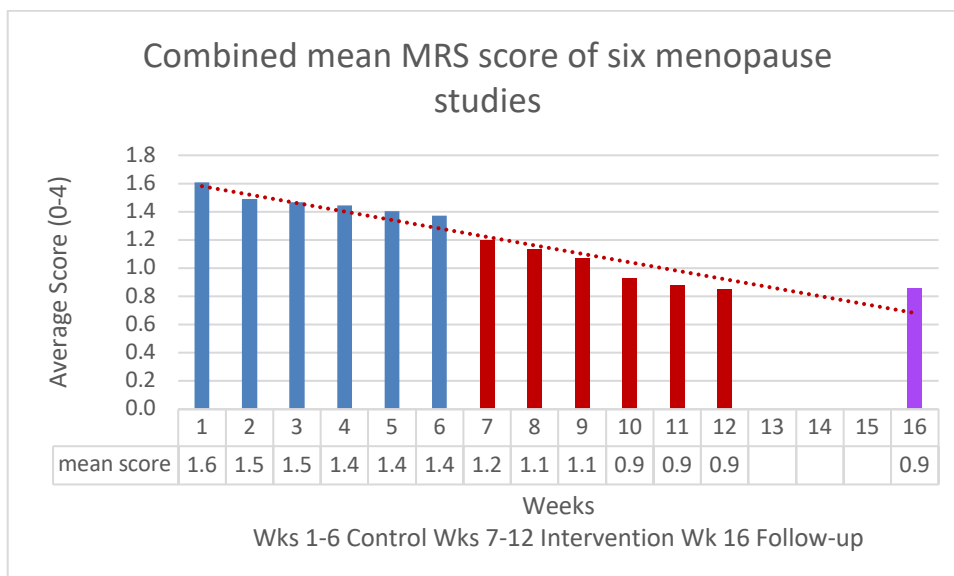


Figure 11. Combined Mean MRS Scores Across Six Menopause Studies (n=64) Hyde (2021), Hurworth (2023), Mitchell (2023), Alonso (2026), Cross (2026) and James (2026).

DISCUSSION

OVERVIEW OF FINDINGS

This study aimed to evaluate the effects of TJM of Advanced Clinical Massage on MS in perimenopausal and menopausal women. Reductions were observed across all eleven symptoms measured by the MRS during the intervention phase, with several domains remaining below control levels at the one-month follow-up. Although the within-subjects design does not permit causal inference, the consistent improvement across physical and psychological domains suggests that TJM may help regulate symptoms within this cohort.

These findings contribute to the incremental growth of an emerging body of practice-based evidence exploring the role of multimodal manual therapy interventions within integrative menopause care.

SYMPTOM-SPECIFIC INTERPRETATION IN RELATION TO THE LITERATURE

Sleep Disturbance

Sleep disturbance (Figure 4) showed the highest baseline severity in this study and the concurrent menopause studies, consistent with the literature, which reports poor sleep as highly prevalent during the MT (Attarian et al., 2015). Improvements observed in this cohort align with Oliveira et al. (2012), Takefuji (2025), and the meta-analysis by Eskandari et al. (2025), which reports positive effects of manual therapies on sleep quality.

Comparable improvements have been documented in Jing menopause studies (Hyde, 2021; Hurworth, 2023; Mitchell, 2023). Consistent with these findings, concurrent studies by Alonso

(2026) and James (2026) also reported improvements. Although not specifically investigating menopausal women, Meyer's (2021) study demonstrated that TJM improves sleep quality among women aged 35 to 64. Convergence across both hands-on and online delivery formats may indicate that sleep improvements reflect not only manual technique but also relaxation response, parasympathetic modulation, and self-regulation strategies embedded within TJM framework.

However, sleep outcomes across studies remain primarily self-reported, and objective physiological measures have not yet been incorporated. Consequently, whilst patterns are encouraging, the magnitude and mechanisms of change require further clarification.

Psychological Symptoms

Psychological symptom domains, including depressive mood, irritability, and anxiety, demonstrated improvements, again comparable with results found in previous Jing menopause studies (Hyde, 2021; Hurworth, 2023; Mitchell, 2023), and concurrent menopause studies (Alonso, 2026; James, 2026; Jones, 2026). Notably, Jones (2026) used a different instrument, the Depression Anxiety Stress Scale (DASS-42), to collect data. Despite not specifically addressing MS and utilising the DASS-42, Quayle (2023), Martinez-Perez (2023), Birch (2024), and O'Flynn (2024) also observed psychological improvements within their cohorts receiving the TJM intervention. These results are consistent with wider literature, demonstrating foot massage as effective at reducing anxiety in menopausal women (Gökbulut et al., 2022).

Collectively, these results reinforce the potential benefit of TJM for improving psychological well-being, and further rigorous research to clarify the reliability of these effects should be encouraged, as currently, reliance on self-reported outcomes limits causal interpretation.

Physical and Mental Exhaustion

A progressive decline in exhaustion scores was observed across the intervention weeks (Figure 5), suggesting a cumulative therapeutic effect of TJM on fatigue-related MS. Although existing literature examining manual therapy for menopausal fatigue remains limited, exhaustion is associated with stress, mood disturbance, and psychological burden (Greenblum et al., 2013), in which massage-based interventions, including TJM, have demonstrated promising effects in menopausal and non-menopausal populations (Hyde, 2021; Hurworth, 2023; Martinez-Perez, 2023; Mitchell, 2023; Quayle, 2023; Birch, 2024; O’Flynn, 2024; Alonso, 2026; James, 2026; Jones, 2026). The present findings contribute evidence towards addressing a notable gap, as exhaustion is widely reported during the MT (Davis et al., 2023), yet remains under-represented in manual therapy research.

Musculoskeletal Pain

Massage therapy is commonly sought for musculoskeletal discomfort (Tsao, 2007; Sundberg et al., 2017), which is another frequently reported MS (Espírito Santo et al., 2024). In this (Figure 6) and concurrent studies, participants demonstrated a decrease in musculoskeletal pain, consistent with trends reported in previous Jing menopause studies (Grinbergs, 2020; Cleeve, 2021; Hyde, 2021; Hurworth, 2023; Mitchell, 2023; Alonso, 2026; James, 2026).

TJM traditionally follows the “power of six” framework (Fairweather and Mari, 2015:6), in which muscles surrounding a targeted pain area are treated sequentially over six sessions to optimise clinical outcomes, whereas in this study, participants presented with heterogeneous pain locations. Therefore, a standardised whole-body treatment approach was adopted, in which different areas were addressed each week. This standardised approach was also adopted in the other Jing Method™ menopause studies mentioned; improvements in this domain were consistent. Further supporting evidence that the HFMAST framework is an effective method for reducing musculoskeletal pain in menopausal women.

It is worth noting that research examining the relationship between HRT and musculoskeletal pain remains limited (Watt, 2018), highlighting an evidence gap in menopause-related pain management and conventional care. Given the scarcity of rigorously evaluated alternatives, the combined data, including previous and concurrent studies, suggest that TJM may represent a promising non-pharmacological option; however, further research is required to establish effectiveness, particularly for women seeking HRT alternatives.

Vasomotor Symptoms

Scores for VMS, a hallmark of the MT (Davis et al., 2023), were among the most pronounced improvements observed (Figure 7). Similar improvements were reported by Hyde (2021) and Hurworth (2023). However, Mitchell (2023) observed less significant changes. It's worth noting that baseline VMS was milder in Mitchell's (2023) study; therefore, floor effects may have constrained detectable changes.

Although it is widely accepted that HRT is the most effective treatment for VMS, some women are ineligible or choose not to utilise HRT (Stuenkel, 2021). The combined data from previous

and concurrent menopause studies, while promising, require empirical validation through further rigorous trials.

INTEGRATIVE INTERPRETATION AND ADVANCEMENT OF PRACTICE

Across domains, improvements were observed in sleep disturbance, psychological symptoms, exhaustion, musculoskeletal pain, and VMS. These symptom categories are interrelated; sleep disruption, fatigue, and mood disturbance frequently coexist, and a change in one domain may influence others (Bosworth et al., 2001).

TJM fits into an integrative care model by addressing the biopsychosocial complexities of menopause (Sharp et al., 2025), helping to fill gaps in menopause care by moving beyond symptomatic management to a multimodal intervention that treats the whole person, from a targeted consultation and self-care education to building a TA (Fairweather and Mari, 2015). These findings support an advancement of practice within the manual therapy profession and may help inform other Jing therapists by establishing a biopsychosocial evidence-based framework for menopause related presentations. The integration of education, lifestyle guidance and TA alongside manual techniques moves beyond general relaxation towards a targeted advanced clinical intervention. TJM practitioners should consider collaborative working within multidisciplinary menopause care pathways.

POSITIONING WITHIN AN EMERGING EVIDENCE-BASE

Whilst convergence across independent Jing Method™ projects is notable, the collective evidence base remains exploratory. Common characteristics include small sample sizes, subjective self-reporting, heterogeneous MS presentation, menopause stage and risk of bias.

Taken together, repeated symptom reduction across multiple small-scale cohorts suggests a building trajectory of practice-based evidence and a progression towards more robust research designs. This study contributes incremental data to this field rather than establishing definitive efficacy.

STRENGTHS

A key strength of this study is that it provides cumulative evidence demonstrating that TJM is effective at reducing MS. Individual therapist variation still allows for symptom improvement within a broad approach, rather than requiring tailored treatments for each person. This study and the concurrent menopause studies have now supplied practical data to complement the previous online delivery of TJM menopause programmes.

The within-subjects design enabled each participant to act as their own control. This approach reduced inter-individual variability and enhanced sensitivity to change over time. Including a control phase, an intervention phase, and a follow-up period further strengthened the capacity to examine symptom trajectories and the sustainability of therapeutic effects.

A further strength lies in the ecological validity of the intervention. TJM was delivered in a manner consistent with real-world clinical practice, incorporating the HFMAST framework

alongside comprehensive consultation and self-care guidance. This holistic delivery enhances the clinical relevance and transferability of the findings to therapeutic settings.

The use of repeated measures across multiple symptom domains enabled a more nuanced examination of both physical and psychological aspects of the menopause experience. In addition, the inclusion of a follow-up assessment provided insight into the long-term durability of observed changes beyond the active treatment phase.

LIMITATIONS

Study limitations include a small sample size (n=8), restricting statistical power and generalisability. Furthermore, heterogeneity in participants' menopausal stages introduced variability (Buckler, 2005; Santoro, 2021), complicating the attribution of effects to specific phases. Future research should utilise larger, more homogeneous subgroups to explore stage-specific responses.

The reliance on self-reported measures introduces potential reporting bias and placebo effects. While the MRS is a validated tool, its narrow 0-4 scoring range and lack of symptom-specific tracking (frequency/duration) may overlook nuances. For instance, the MRS did not capture hair loss, a symptom identified by one participant, suggesting potential gaps in coverage.

Contextually, the study's timing coincided with a seasonal transition, potentially influencing VMS independently of the intervention. Emerging evidence indicates that broader environmental factors, including temperature and climate-related influences, may affect MS (Cucinella et al. 2023). Given that organisations like NAMS recommend minimising heat exposure to manage VMS, seasonal cooling may have confounded or synergised with treatment

effects. highlighting the importance of controlling for environmental variables in future research.

The use of standardised treatment protocols limited session tailoring, potentially reducing efficacy for some individuals.

Without minimum severity thresholds, some participants entered with mild symptoms, risking floor effects that could mask change magnitude. Future research should incorporate baseline severity requirements.

Significant stressors, including bereavement and caregiving responsibilities, may have influenced symptom trajectories unrelated to the intervention. Future studies should measure life stress or major life events to account for this.

Control phase symptom decline might reflect natural fluctuations, regression to the mean, or increased self-awareness from repeated questionnaire completion. Study and treatment anticipation may also have generated expectancy effects. Longer baseline periods or randomised controlled designs could mitigate these influences.

Finally, TJM incorporates TA as a core component, encompassing consultation, education and self-care (Fairweather and Mari, 2015). While reflecting real-world practice and enhancing effectiveness (Ferreira et al., 2013; Unsgaard-Tøndel and Søderstrøm, 2021), these elements complicate isolating manual technique effects from relational and contextual influences. As the researcher was also the treating practitioner, expectancy and allegiance effects may have been heightened. Consequently, outcomes reflect TJM as a holistic intervention rather than isolated components.

RECOMMENDATIONS FOR FUTURE RESEARCH AND COLLABORATIONS

To further validate this research and increase its credibility for policymakers, potential funding could be sought through the National Institute for Health and Care Research (NIHR) or the Menopause Research and Education Fund (MREF). Furthermore, collaboration with the British Menopause Society (BMS), who have explicitly called for research into non-hormonal treatments, would help position future research as a serious clinical evaluation rather than an alternative therapy and align with their vision for menopause care in the UK. (British Menopause Society, 2024).

Future research would benefit from the inclusion of a secondary validated instrument, such as the Menopause-Specific Quality of Life Questionnaire or the Measure Yourself Medical Outcome Profile, to capture broader health-related quality of life, as anecdotal feedback suggests the MRS did not cover the full scope of MS. This would capture individualised symptom relief. Also, refining the eligibility criteria to include subgroups based on symptom severity or establishing a minimum threshold score to allow for a more targeted evaluation of efficacy for those most affected by menopause.

CONCLUSION

This study examined the effects of TJM on MS in women during perimenopause and menopause. The evidence indicates improvements in various physical and psychological MS domains, such as sleep disturbance, exhaustion, musculoskeletal pain, and VMS. While promising, the small sample size suggests that caution is needed in interpreting the results. Future studies should include larger samples, stratified by menopause stage and baseline symptom severity, to better understand individual responses.

These findings support the broader view of menopause as a biopsychosocial transition requiring holistic, patient-centred care (Kirchengast, 2024; Sharp et al., 2025). Considering concerns about inadequate primary care support for menopause (Newson and Connolly, 2019) and increasing demand for multi-modal care systems combining conventional and complementary therapies (Martin-Key et al., 2023; Onculer and Onculer Yayalar, 2025), these results provide additional evidence that TJM could help bridge the gap, offering a non-pharmacological option to empower women through menopause.

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APPENDICES

Appendix 1: Signed and completed 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:	Jennie Cross
Student number:	RC84155
BTEC Year-group:	2024
Date of application:	18/04/2025
Student e-mail address:	Jennie_cross@hotmail.com
Title of research project:	Evaluating the effects of The Jing Method™ of Advanced Clinical massage on menopause symptoms in perimenopausal and menopausal women.

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)? Menopausal women	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.? <i>As required by MRS</i>	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. Menopause Rating Scale		

Section 3: Research premises

<p>Where is your research being undertaken?</p> <p>I'm renting a treatment space with permission from the owner of the property Solange Carneiro.</p> <p>Land of Reiki and Aroma 3 Mill Lane Huthwaite Sutton-in-Ashfield Nottinghamshire</p>

NG17 2SJ

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?

- Using social media platforms, Facebook and Instagram with a mixture of posts, videos, reels, and stories
- My own website
- Current emailing list
- Word of mouth asking current client's, friends and family to pass my details and details of the study to women they know.
- Hard copy leaflets in the local menopause clinic, and local businesses with permission.

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 investigate the effects of the Jing Method™ of advanced clinical massage on menopausal symptoms in perimenopausal and menopausal women.

Participants will be recruited for this within group study design using:

- Using social media platforms, Facebook and Instagram with a mixture of posts, videos, reels, and stories
- My own website
- Current emailing list
- Word of mouth asking current client's, friends and family to pass my details and details of the study to women they know.
- Hard copy leaflets in the local menopause clinic, and local businesses with permission.

There will be a face-to-face / Zoom consultation with participants to ensure they meet the inclusion criteria, understand the research study, have the chance to ask any questions before consenting to the study, and provide consent to take part if they wish to do so.

Weeks 1-6 of the study will form the control period and give a baseline of the client's menopausal symptoms.

- During this time participants will complete the MRS Questionnaire once a week but there will be no intervention. A link to the MRS Questionnaire will be emailed to each participant.

Weeks 7-12 will be the intervention period.

- During this time participants will receive a 50-minute clinical massage once a week. Participants will need to come to The Land of reiki and aroma therapy space I am renting in Huthwaite to receive their treatment.
- The session will follow the HFMAST protocol as described throughout Massage fusion pp 199-368 (kindle version)
- Each week it will include Amma, hot stones, indirect and direct myofascial release, effleurage, trigger point work, acupuncture, stretching and teaching self-care. Details on each weekly treatment and self-care will be added as an appendix.
- There will be some background music played throughout the treatment.
- After each session, the participants will be given a 5-10 minute self-routine to follow. This self-care will be performed three times per week. This will be given in the form of a pre-recorded video and an accompanying paper hand out where they can tick off the number of times they complete the self-care. A link to the video will be emailed to the participant after each hands-on session or the same day of their hands on session. The paper copy will be handed to them directly after the hands-on session. Details of each handout will also be included as an appendix.
- Self-care will consist of breathing exercises, meditation, mobilisations, stretches, strengthening exercises, self-massage and acupuncture points.
- Details of each weekly treatment plus self-care routine will be added as an appendix to the study.
- Six days after treatment a link to the MRS questionnaire will be emailed to participants to complete and return prior to their next treatment or within 24 hours.
- At the same time, participants will be asked to inform the researcher how many times they performed the self-care that week.

At week 16, a follow up of MRS Questionnaire will be sent to participants via an email containing the link to the MRS to assess if there were any longer-term changes because of the intervention period.

Section 6: Describe what your participants need to do

Participants are required to initially attend a face-to-face / online meeting to:

- Check they meet the inclusion criteria, which is experiencing 3 or more of the following symptoms on the Menopause Rating Scale Questionnaire.

Hot flashes, sweating (episodes of sweating)

Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness).

Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early).

Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).

Irritability (feeling nervous, inner tension, feeling aggressive)

Anxiety (inner restlessness, feeling panicky)

Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration. forgetfulness)

Sexual problems (change in sexual desire, in sexual activity and satisfaction).

Bladder problems (difficulty in urinating, increased need to urinate. bladder incontinence)

Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)

Joint and muscular discomfort (pain in the joints. Rheumatoid complaints)

- Have the study explained to them so they can ask questions and give consent to take part in the study
- Collect information required for the consultation process.
- Participants are required to inform the researcher of any manual therapy, medication or any other relevant treatment, they are receiving for menopausal symptoms throughout the duration of the study.
- Weeks 1-6, Participants are required to fill in MRS Questionnaire once a week for 6 weeks with no intervention, A link to the questionnaire will be emailed to each participant.
- Weeks 7-12, participants will receive a 50-minute hands-on Jing clinical massage treatment once per week for the duration of 6 weeks.
- Participants will need to come to The Land of reiki and aroma therapy space I am renting in Huthwaite to receive their treatment.
- The treatment will include, Amma, Hot stones, indirect and direct myofascial release, effleurage, trigger point work, acupressure, stretching and teaching. Details on each weekly treatment will be added as an appendix.

- Participants will have to perform a 5–10-minute self-care routine 3 times per week. A link to a pre-recorded video of the self-care will be emailed to each participant after every hands-on treatment, or the same day of their treatment. An accompanying paper hand out where they can tick off the number of times they complete the self-care, will also be given after each hands-on treatment. Details of each handout will also be included as an appendix.
- Self-care will consist of breathing exercises, meditation, mobilisations, stretches, strengthening exercises and acupressure points.
- Six days after each treatment and prior to the next treatment or within 24 hours each participant is required to fill in the MRS questionnaire and return it to the researcher.
- The participant will also inform the researcher how many times they performed the self-care routine.
- Participants will be made aware that that can withdraw from the study at any time, without giving notice or a reason

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.
- The MRS Questionnaire deals with sensitive and personal information the participants will be informed that their data is kept confidential and anonymous, their names will be replaced by numbers.
- 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 bruising, especially if participant presses too hard during self-care, or transient muscle aches that can occur after a massage, they may also experience physical and or emotional discomfort, during or after the treatment including completing the MRS questionnaire.
- I will ensure the comfort and safety of participants with providing appropriate bolstering and working with client communication and always using my listening touch. Green cross coding during and after treatments which will be explained to the participants before their treatment.
- Fully qualified and insured therapist
- Observing participants emotional wellbeing throughout and sign posting to the relevant services e.g. talking therapies where necessary. This will be explained to participants before consenting to the study

- This study will be evaluating menopausal symptoms which includes psychological symptoms. Should the researcher be concerned about a participant, resources will be available of local specialist help where participants can be signposted to. (This is particularly important for vulnerable groups.)

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

The study will include:

- Women who have at least 3 self-reported menopause symptoms of the 11 symptoms on the MRS including the following:

Hot flashes, sweating (episodes of sweating)

Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness).

Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early).

Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).

Irritability (feeling nervous, inner tension, feeling aggressive)

Anxiety (inner restlessness, feeling panicky)

Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration. forgetfulness)

Sexual problems (change in sexual desire, in sexual activity and satisfaction).

Bladder problems (difficulty in urinating, increased need to urinate. bladder incontinence)

Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)

Joint and muscular discomfort (pain in the joints. Rheumatoid complaints)

- They must be experiencing their symptoms for a minimum of 3 months, and who are able to commit to the 16-week study and able to travel to the treatment space in Huthwaite on a Wednesday or Friday for 6 consecutive weeks of hands-on treatment.
- Women on HRT if they have been taking it for a minimum of 3 months to ensure stabilisation but still experience 3 or more symptoms on the MRS for a minimum of 3 months.
- Any on-going medical issues/medication may affect suitability for the study and will need to be discussed.
- Women in a permanent medically/surgically induced menopause following Bilateral Oophorectomy (surgical removal of both ovaries)

The study will exclude:

- Women who are post-menopausal and no longer experiencing 3 or more of the symptoms identified on the MRS.
- Women including those taking HRT who are not experiencing at least 3 symptoms identified on the MRS within the last 3 months.
- Women who have started HRT less than 3 month prior to the start date of the study.
- Women who are in a medically induced temporary menopause

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 x	NO
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Student's handwritten signature:



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

Print Name: Jennie Cross

Date: 20/04/25

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: Participant letter



STUDENT NAME: Jennie Cross.
STUDY LOCATION:
3 Mill lane, Huthwaite Sutton-in-Ashfield,
NG17 2SJ
Tel: 07515719338
E-Mail: massagebyjennie@outlook.com

Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD
www.jingmassage.com
01273 628942

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 over 20 years. I specialise in the treatment of chronic pain and regularly work with individuals suffering with a range of chronic pain conditions such as neck and shoulder pain, knee pain, low back, hip pain, frozen shoulder, headaches, fibromyalgia, stress and anxiety.

In 2022, 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 the clinical massage wellness programme. I

have chosen to investigate the effects of The Jing Method™ on menopause symptoms in perimenopausal and menopausal women.

I am looking for perimenopausal/menopausal women who have been experiencing a minimum of 3 of the following symptoms for at least the last 3 months.

- *Hot flashes, sweating*
- *Heart discomfort*
- *Sleep problems*
- *Depressive mood*
- *Irritability*
- *Anxiety*
- *Physical and mental exhaustion*
- *Sexual problems*
- *Bladder problems*
- *Dryness of vagina*
- *Joint and muscular discomfort*

If you decide to participate in the study, it will begin W/C 14th July. 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 first 6 weeks is about understanding your menopausal symptoms. We will have an initial 20 minute one to one zoom meeting where we talk through the study whilst I gather your contact info, health history and I introduce you to the Menopause Rating Scale Questionnaire. You will have the opportunity to ask any questions and if you would like to continue to take part then you provide written consent

Then every Monday for six weeks you will fill in the questionnaire without any treatment and send it to me via the link provided. The questionnaire typically takes about 4 minutes to complete. I will send you an email prompt to remind you. Once all that data is gathered and we know what we are dealing with, we will then start to endeavour to make a difference.

For the next six weeks, weeks 7-12 of the study, you will attend six, one hour Jing Method™ massage sessions. One per week at the following location:

3 Mill Lane, Huthwaite

Sutton-in-Ashfield

NG17 2SJ

This is a beautiful and private garden treatment cabin. These will take place on a Wednesday or a Friday. All sessions will be booked in advance, and you will be given a timetable of your appointments. The session will include a 50-minute hands-on massage treatment using a combination of hot stones, myofascial release techniques, trigger point therapy, soft tissue massage, acupuncture and stretching. You will then be taught a short homecare routine comprising of a simple breathing exercise or short meditation, acupuncture points and/or simple stretches.

During these 6 weeks, you will continue to fill out the Menopause Rating Scale Questionnaire the day before your next massage session and inform me of how many times you completed the self-care. I will continue to send you an email prompt.

At the end of the study, week 16, you will once again complete the MRS and I will ask for your feedback; What worked for you and what didn't. If the sessions are working for you there will be an opportunity to continue, however I am only renting this space temporarily as my current practice is mobile, so future sessions will take place in your home if this is suitable.

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.

I must ask that if you know any of the other participants that you don't have outside communication with them about the study between our meetings. Also, I must ask, that you also agree to the confidentiality of all involved. It is also important that you don't engage in any new activity specifically for your menopausal symptoms including starting HRT or starting a course of alternate therapy e.g. acupuncture without letting me know. This only applies to new activities/treatments, you may of course continue any treatments you are currently on.

All your information will be kept confidential. As a participant, you will receive six hands-on massage sessions tailored to the needs of this research. These sessions are being offered to you at a significantly discounted rate of £120 for all six sessions, reduced from the standard cost of £450. This discounted fee reflects your invaluable contribution to the study and acknowledges the time and feedback you provide to support the research.

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

Thank you again for considering this project, your participation will greatly contribute to advancing our understanding of the potential benefits for the treatment of your menopausal symptoms and improving quality of life to many more women during this challenging phase of life.

Sincerely,



Appendix 3: Participant consent form

PARTICIPANT CONSENT FORM

Title of study: Evaluating the effects of the Jing method™ of Advanced clinical massage on menopause symptoms in perimenopausal and menopausal women.

Name of student: Jennie Cross

	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 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 I have been told)• 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 my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking 'No' here.		
I understand I will respect the confidentiality of the group and not share information with others		
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):		
Jennie Cross, ACMT		
Tel no: 07515 719338		
Email: Massagebyjennie@outlook.com		

Appendix 4: Menopause Rating Scale questionnaire

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time?

(X ONE Box For EACH Symptom) For Symptoms That Do Not Apply, Please Mark "None").

Symptoms:

	none	mild	moderate	severe	extremely severe
	-----	-----	-----	-----	-----
Score =	0	1	2	3	4
1. Hot flashes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 5: Recruitment poster



ARE YOU IN PERIMENOPAUSE OR MENOPAUSE?

I'm Jennie, and I'm investigating the effects of The Jing Method™ on **menopause symptoms** in perimenopausal and menopausal women

This is for my BTEC Level 6 in Advanced Clinical and Sports Massage, the highest level of education a manual therapist can achieve in the UK.

Have you experienced at least 3 of the following?

- Hot flashes, sweating
- Heart discomfort
- Sleep problems
- Depressive mood
 - Irritability
 - Anxiety
- Physical and mental exhaustion
- Joint and muscular discomfort
 - Sexual problems
 - Bladder problems
 - Dryness of vagina

Who I'm looking for?

- You've experienced self reported symptoms for a minimum of 3 months.
 - You are not on HRT
- You are on HRT but have been taking it for at least 3 months but still experience symptoms.
- You are in a permanent medically induced menopause

Who can not apply?

- You've been using HRT for less than 3 months
- You are in a temporary medically induced menopause

What's Involved?

- 14th Jul to 22nd Aug - Complete a weekly questionnaire
- 27th Aug - 3rd Oct - A weekly clinical massage treatment on either Wednesday or Friday
 - 6th Oct - 20th Oct - No commitments
- 27th Oct - Final questionnaire and feedback

IMPORTANT

An up front payment of £120 for the six sessions is required, This would normally cost £450.

TAKING PLACE MID JULY TO LATE OCTOBER 2025

Treatment Location
3 Mill Lane, Huthwaite, Sutton-in-Ashfield, NG17 2SJ

Interested? Email me
massagebyjennie@outlook.com

THE JING METHOD
THERAPIST

Appendix 6: Weekly treatment protocols

Treatment Plan Week 1 - Neck and Shoulder Focus

Prone section - 29mins

Still work and deep breathing

AMMA with hot stones down whole body

Paddy pawing with hot stones to shoulders from head of table

Acupressure point

GB21-highest point of shoulder (bilateral)

(5 mins)

Fascia

Direct fists down ES x1

Cross hand stretch

Direct fingers and skin rolling to upper back and neck

(10 mins)

Apply wax/heat

Broad creative back massage with **hot stones**

(5 mins)

Trapezius TP work

Compression, money sign and uncoiling to traps

Costal surface of scapula

Repeat other side

Broad fists to traps from head of table

(6 mins)

Stretch

Flying nun

Acupressure point

Sp 21-ribcage (bilateral)

(2 mins)

Finish prone

Effleurage x1

Re-drape still-work

(1 min)

Side-lying section - 10 mins

Stretch

Lean back into trap stretch

Effleurage

Fist and forearm effleurage

STR to scalenes

Jing Triangle

Vertebral boarder

Circumduction of shoulder

Repeat on other side

(5 mins each side)

Supine Section - 11 mins

Reconnect and stillness

Acupressure point

CV 4, 4 fingers below umbilicus

Abdominal massage

Circles over the drape

Neck work

Pull up lamina groove

Love heart Effleurage to chest and neck

(6 mins)

Passive Stretches

Manual traction

Flexion

Lateral flexion

Figure of 8

Paddy paws to shoulders

Pull up back of neck

Head hold still work

Finish

(5 mins)

Treatment Plan week 2-Low Back and Hip Focus

PRONE 30 mins

Hot stone on sacrum with grounding and still work. Invite client to take 3 breaths. Pull arms out with a stretch

Up on table Hot stone double palming - leave stones on low back

Paddy paw the glutes and AMMA down legs

Place arms back on the table

(4 mins)

Fascia

Direct fists down ES

Finger spread to scrum

(2mins)

Apply wax

Power effleurage with palms

Forearms down each side of back x1

Hot stone effleurage x3

Single stone flatten figure 8

Place stones in client's hands

(4mins)

TP work to QL

QL 4 ways

Palms push to stretch QL

Repeat both side

Re-drape

(8 mins total)

Glutes

Broad forearm leaning body weight into glutes

Top 1/3 for glute medius

Obturator internus

Spread tissue around trochanteric notch

Piriformis static stretch

Undrape leg

Broad work to hamstrings

Soft fist Compressions and effleurage

Repeat other side

(12 mins total)

SIDE LYING 10mins

Drape with top leg bent on pillow bottom leg straight

Glute medius rays of sun with elbow from notch to crest

Iliacus sink in and lean back with Hip flexion

Wipers to iliac crest x2

Stripping internal/external obliques with soft fist towards feet

(3min)

I.T band - Hip to knee forearm x2

Spreading the tissue of adductors

(1min)

Repeat other side

SUPINE-10min

MFR Tummy sandwich

Glute stretch

Spinal twist

Myofascial leg pulls

Bilateral Acupressure

K3-medial malleolus and Achilles tendon

SP6 3 tsun above tip of medial malleolus

BL 60-lateral malleolus and Achilles tendon

K1-solar plexus

Foot hold still work.

Treatment Plan week 3 - Leg knee foot & Diaphragm Focus

PRONE 15mins

Still work and deep breathing

AMMA on the table

(3mins)

Apply wax

Power effleurage hamstrings with forearms

Ankle on shoulder forearm to gastrocs

Stretch

Quad-heel to glutes with sacral distraction

Forearm to plantar foot

Hot stone

Full leg effleurage x3

Compression to hamstrings

STR to hamstrings

Strip gastrocs hand over hand

Wipers to gastrocs

STR achilles and gastrocs

Work plantar surface of foot with forearm and thumbs

Draw back knuckles on heel

Fist to foot

Decompress the ankle - hold down thigh

REPEAT OTHER LEG

(5mins each leg)

SIDE LYING 16mins

Fascia

Top leg off the table cross hand stretch hands on ribcage and hip

(5mins)

Compression of TFL hand over flat thumb

Soft fist to peroneals

Soft fist to anterior tibialis

Groove 1 above shin bone cross fibre friction

Groove 2 up over anterior tibialis

(3mins)

REPEAT OTHER SIDE

SUPINE-19 min

Cross fibre friction patella tendon and ligament and under patella

Power effleurage to quads with **hot stones**

Strip and stretch to tibialis anterior

Fascia release to retinaculum

Strip dorsal foot

STR Toes

Decompression of toe joints

Twist foot

Flex and extend all toes together

Mobilise ankle

Hip ROM

Stretch

Bent knee hamstring passive stretch

(5mins)

REPEAT OTHER LEG

Fascia

Transverse fascial plane release of diaphragm

Strip intercostals

Structural integration Obliques with knee up repeat other side

Conception vessel

Acupressure CV17-solar plexus

Still work-hand on heart hand on belly

(9mins)

Treatment Plan week 4-Forearm, Wrist, Hand and Abdomen Focus

SUPINE 50 mins - check bolstering

Still work, hold head and deep breathing

Fascia

Cross hand stretch to pecs

Myofascial arm pull

REPEAT OTHER SIDE

(15mins)

Apply wax

Heart effleurage x1

Hot stones

Warming heart effleurage x3 tuck stones under traps

Soft fist to extensors then palms slow and deep Repeat with stone leaving stone in palm

REPEAT OTHER SIDE

(3 mins)

TP to Scalenes

Soft fist then strip scalenes with head rotated

TP to Pec minor/Cross fibre friction

REPEAT OTHER SIDE

(3 mins)

Forearm work

Brachioradialis pinch down and slide back up

Soft fist to extensors followed by stripping and lateral epicondyle Soft fist to flexors followed by stripping and medial epicondyle Supinator

Soft fist to extensors followed by stripping

Extensor Strip and stretch retinaculum

Z-stroke

Dorsal hand

In between metacarpals and thumb webbing

Brachioradialis and supinator repeat

Flexors - Soft fist, stripping and medial epicondyle

Palmaris longus strip

Flexor strip and stretch retinaculum

Z-stroke

Palmer hand - sit on table

Work 3 areas of the palm

Decompress the finger joints - wiggle pull

Acupressure

Lung 5-radial side of biceps tendon

LI 11-pronate forearm - lateral end of elbow fold midway between LU5/lateral epicondyle.

ROM of wrist

Stretching

Passive extensor stretch

Passive flexor stretch

Traction - pull up as slide down

Massage and pull fingers

Breaking bar of chocolate both sides

(10 mins)

REPEAT OTHER SIDE

Fascia

Thoracic Transverse plane release

Thumb compression along Diaphragm

Abdominal massage

Finish with **Kidney 1** and still work on the feet

(9 mins)

Treatment Plan week 5 - shoulder girdle Focus

PRONE 22mins

Still work and breathing

AMMA

Paddy paw upper traps with **Hot stones**

(3mins)

Fascia

Direct fist down ES

Direct fist to traps, rhomboids and supraspinatus BOTH SIDES

Fingers to upper back

Skin rolling over scapula BOTH SIDES

(4mins)

Apply wax

Power effleurage and forearm broad work

Hot stones broad work

Effleurage back including triceps x3 tuck stones under

Acupressure

Bilateral S112-midpoint of supraspinatus

(3 mins)

TP to SITS

Strip supraspinatus

Rhomboids

Strip infraspinatus

Scapula mobilisation then bring arm off table

Hot stone to deltoid and triceps

Teres major and minor

Acupressure

Co15-dip at end of acromion

Stretch Latissimus Dorsi

REPEAT OTHER SIDE

(12 mins total)

SIDE LYING-5mins each side

Trap stretch

Vertebral boarder

Latissimus dorsi

Subscapularis

Serratus anterior

REPEAT OTHER SIDE

(10 mins)

SUPINE 18mins

Sternal attachments

Subclavius

Soft fist strip pecs

REPEAT OTHER SIDE

Gasps belly of pec major

Palmar effleurage arm at different positions then STR

Pec minor - REPEAT OTHER SIDE

Integration of pecs

(10 mins total)

Cross fibre friction SITS attachments

Soft fist to Anterior deltoid

ROM of ST

Biceps

Passive Stretch internal/external rotation

3-way arm stretch

(3 mins)

REPEAT OTHER SIDE

Acupressure

CV17

GV18

Still work hand on heart and belly to Finish

Treatment Plan week 6-full body relaxation Focus

PRONE 20mins

Still work and breathing AMMA down whole body

(3mins)

Fascia to both sides

Direct fist down ES

Spread sacrum

Skin rolling to back of neck

Cross hand stretch to lower back

(6mins)

Apply wax

Power effleurage and forearm broad work

Hot stones broad work

Effleurage back including triceps x3

Flatten figure 8

(3mins)

Posterior neck

Pick up petrissage

Static pressure to suboccipitals

Strip Levator scapula

Shoulder ROM

Dying swan stretch

REPEAT OTHER SIDE

(7mins)

Lean into glutes

Stretch-3 way quad stretch

(1 min)

SUPINE 30mins

Hot Stone placement – sternum, solar plexus and abdomen

Conception vessel

Diaphragm – thumb compressions

Strip intercostals

Fascia

Positional release to psoas both sides

MRF Arm pull

(10 mins)

Hot stone Board work to legs

Stretches up on table

Glute

Piriformis

Spinal twist

(10 mins total)

Hand on sternum and hand behind neck **fascia release**

Acupressure CV 17

Deep neck work

Hot stone warming heart

Cervical mobilisation figure 8

Face massage

Head hold to finish

(10 mins)

Appendix 7 – Weekly self-care guidance.

Week 1 Self-care

EXERCISE	HOW	TIPS	COMPLETE
Neck mobilisations followed by passive stretch	Flexion and extension Slowly nod your head yes x10 then finish with a static stretch of the back of your neck hold for 30 secs	Go to your full end of range, chin to chest and then chin to ceiling. On the stretch breathe deeply sink into the stretch, use hands on top of your head to guide the movement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Rotation Slowly turn your head from side to side like you are saying no x10 Then finish with a static stretch on each side.	Go to your full end of range. Keep your shoulders relaxed and facing forward, so the movement is coming from your neck. On the stretch breathe deeply and use your hand to gently press against your cheek, to guide the movement and reach your end of range.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Lateral flexion Tick tock your head from side-to-side x10 Left ear to left shoulder/ right ear to right shoulder then finish with a passive stretch	Keep your shoulders relaxed and down. You want to take your ear down to your shoulder, not lift your shoulder to your ear. Try keeping facing forwards so you don't bring in any rotation or twisting movements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Acupressure Point	Co/LI 4 In the webbing between thumb and index finger. In the middle on the bone Hold the point and take 5 nice full breaths.	This can be combined with the breathing meditation or done separately. If you like you can imagine the chi (energy) moving downwards taking away blockages and pain. Down through the body to your feet and into the ground.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Breathing Meditation	Seated or lying down Place your hands on your belly. Take a full breath in and a long exhale out count 1. Repeat the process Breathe in and breathe out count 2. Continue to 10 and then repeat the process counting down from 10 to 1.	You can do this with or without music. If your mind is wandering don't worry just coming back to noticing your breath whenever that happens. How ever you feel, there is no right or wrong, you might feel annoyed or totally zen both are correct, you don't need to try and change this. The magic is coming from	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		the breath and letting your diaphragm fully move. Ideally you want to feel your belly rise and fall.	
--	--	--	--

Week 2 self-care

EXERCISE	HOW	TIPS	COMPLETE
Spinal mobilisation	Thoracic twists Anchor down your hips by sitting or kneeling, cross your arms and twist x 3 to the left and 3x to the right.	Exhale on the twist, inhale to come back to centre.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	CAT COW On all fours round your spine and move your head to look down and back. The come back through to centre and arch your back move your head to lookup x3	Inhale into cow and exhale into cat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Stay on all fours or standing Hip circles x3 each direction. Repeat other leg	Try keep your weight between both hands equal and push up. Alternatively do this standing, hold onto something if you need to not a balance exercise.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Childs pose forward and Childs pose side With knees together or apart, lean your body forward, ideally forehead on floor. Hands out stretch in front. Stay here and rest for 3-5 breaths. Now walk your hands to the left, take a couple of breaths and repeat to other side		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Acupressure Point	Kidney 3 On your inside ankle, halfway from the ankle bone and Achilles tendon	Find a position that's comfortable. Treat these points together or separately.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Spleen 6 3 tsun (1 tsun = the width of your thumb at the knuckle) above the tip of the inside ankle bone.	These points are great for any back issues but also tonifying, helping with fatigue, improving sleep and balancing hormones	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Bladder 60 On your outer ankle halfway between the ankle bone and Achilles tendon		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Box breathing	Breath in for the count of 4 Hold breath for the count of 4 Breath out for the count of 4 Hold breath for the count of 4 X5 cycles or longer if you wish	A fantastic tried and technique to promote calm and relaxation, improve sleep, its also technique to use in the moment for anxiety and stress.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3 self-care

EXERCISE	HOW	TIPS	COMPLETE
Knee Mobilisation/ strengthen	Sit on a surface high enough to allow you to swing your legs/knees forwards and backwards x20 Then hold your knee out straight for 3secs x10 reps.	Try sitting on a table or place cushions on a chair to raise the height, so your lower leg can move freely Do both ankles together or separately.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ankle Mobilisation	Move your ankle into all 4 ranges of movements x10 Toes to ceiling (dorsi flexion) then toes to floor X10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proprioception/ Ankle strengthen	(plantar flexion) Sole of foot inwards (inversion) sole of foot outwards (eversion) x10	This is a balance technique so try not to hold onto anything but be safe	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Stand on tip toes and lower back down x10		
Stretches	Quad stretch. Stand on left leg and bring the right leg behind you, using your right hand to hold your foot towards your bum. Hold for 30 seconds	Hold on to a wall or a chair for stability if you need to. Or use your other arm for balance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Hamstring stretch, lie on the floor, take leg up towards ceiling keep knee straight	Use a strap (dressing gown tie works well)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Breathing Meditation	Loving-Kindness meditation (Metta Bhavana) Find a comfortable position and focus on your breath. Silently repeat the phrase "may I be happy, may I be healthy, may I be safe and live with ease" Now extend this out to all beings and silently repeat "may you be happy, may you healthy, be you be safe and live with ease" Do this practice for as long as you feel you need, practice your diaphragm breathing to double its benefits.	This practice cultivates love and wellbeing to ourselves, reminding you to be kind with yourself, this leads to heightened compassion for all. There are a couple of various of this so choose words that resonate with you. E.g., may I have happiness, health, safety and deepest wellbeing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 4 self-care

EXERCISE	HOW	TIPS	COMPLETE
Wrist Passive flexion and extension stretch	With your arm and elbow straight. Take your wrist into extension (like you're doing a stop sign with your palm) and bend your fingers back towards your wrist until you feel a nice stretch on the underside of your forearm and hold for 30 secs.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Now repeat by flexing your wrist and pulling the back of your hand towards you until you feel a nice stretch on the top or		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<p>hairy side of your forearm and hold for 30 secs</p>	<p>If you make a fist, then flex the wrist it will increase the stretch</p>	
<p>Abdominal Massage for sluggish digestion</p>	<p>You can do this either over your clothing or over the skin with a little massage oil or wax.</p> <p>The direction and positioning are important so follow these steps. Always moving clockwise</p> <p>Start laying down on back, knees bent or cushion under your knees for support. Take 3-4 deep breathes to relax the belly prior to massage.</p> <p>Step 1. Place your hand, just above your RIGHT hip bone, then glide up to your RIGHT ribcage. Then glide across to the LEFT ribcage and then down to the LEFT hip bone</p> <p>Repeat step1 a couple of time you can start to apply a little more pressure each time if you wish, as the soften the area you should be able to sink deeper</p> <p>Step 2 Start just under the LEFT ribcage this time with your fingers in small circular movements, slowly move down to the LEFT hip bone. Take your hands off and come to the RIGHT hip bone and again slowly circle up to the RIGHT ribcage. Take palm or heel of the hand and slide over to the LEFT ribcage and again circle down to the LEFT hip bone. Take your hands off and come back to RIGHT hip bone and circle up to the RIGHT ribcage slide your hand across to the LEFT ribcage</p> <p>Repeat step 2 a couple of times or as many as you feel you need.</p> <p>Step 3-using a deeper pressure sink in with either heel of hand or hand over hand.</p>	<p>Keep breathing throughout and relax the belly, you can apply a little more pressure by using the heel of your hand or by placing your other hand on top.</p> <p>This technique should not be painful, but any tender or hard spots you may want to spend a little more time on to allow them to soften and relax.</p> <p>To aid digestion after the massage have a warm drink, and add a little movement, exercise or go for a short walk.</p> <p>Evidence supports this technique 30-60mins after a meal is when its most effective for constipation</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

	<p>Start at RIGHT hip bone and glide up to the RIGHT ribcage, across to the LEFT ribcage and down to the LEFT hip bone. Then slide your hand inwards towards your public bone.</p> <p>Now take 3 full deep breaths.</p>		
Breathing/ meditation/ mindfulness	<p>Body scan - It's time to check in with your body. Life can be hectic, and you may not even realise how you physically feel. The aim is to gently scan down through the body, noticing what feels comfortable and what feels uncomfortable, notice without judgement, you're not trying to change anything, you're just noticing how the body feels as you scan down evenly and notice each and every part of the body, all the way down to the toes.</p> <p>Sitting comfortably, close your eyes and take a deep breath in through the nose, and out through the mouth. As you breathe out.</p> <p>Notice how the body feels right now. Start at the top of your head and mentally "scan" down your body. Bring your awareness to your head and neck, and notice if you feel any feelings, sensations, or discomfort. Does that area feel relaxed or tense? Comfortable or uncomfortable? Energetic or tired? Repeat this practice for your shoulders, arms, hands, chest, back, hips, legs, feet, and so on - taking about 20-30 seconds to focus on each body part. You can reverse the process and start at the feet and work your way up the body if you prefer.</p>	<p>When you encounter areas of tension during the scan, don't struggle. Instead, focus your attention on them and breathe. Try to visualize the tension leaving your body. Take note of your observations and when thoughts or feelings arise, return to the area of the body where you last left off. Don't try to change anything — you are simply building a picture of how the body feels right now, in the moment</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 5 self-care

EXERCISE	HOW	TIPS	COMPLETE
Active isolated stretch of	<p>Start with your arm by your side (neutral)</p> <p>Breathe in and then on the out breath put your arm into external rotation by</p>	<p>You can take your time getting into position, it's just the over stretch that is only quick 1.5-</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>the internal rotators</p> <p>Active isolated stretch of the external rotators</p>	<p>taking your arm up and overhead and down between your shoulder blades. At the end of your range assist the stretch using your other hand just below your elbow and push back. Hold for 1.5-2secs Bring both arms back to neutral and repeat x10 times do 2-3 sets</p> <p>Start with your arm by your side (neutral) Breathe in and on the out breath take your arm into internal rotation by putting your arm behind your back and reaching up between your shoulder blades AT the end of your range assist the stretch using your other hand to push up your elbow. Hold for 1.5-2secs Bring both arms back to neutral and repeat x10 do 2-3sets</p>	<p>2sec long, again you can take your time getting back into neutral.</p> <p>Try not to rush, really make sure you have actively taken your arm as far as you can comfortably go before applying the quick over stretch.</p> <p>Remember movement is medicine and you're really going to feel this one, because it's getting your muscles working, stay away from scary pain but little discomfort at first is normal.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Breathing Meditation</p>	<p>Sitali Pranayama - Cooling breath</p> <p>Stick the tongue out, if you can curl your tongue, or press your tongue against the lower teeth. This open mouth action allows you to draw in cool air into the body.</p> <p>Choose either Tongue out, tongue out and curled or tongue behind teeth and inhale through open mouth. Seal the lips Exhale through the nose aiming to make the exhale twice as long as the inhale to activate the relaxation response from the body (parasympathetic nervous system)</p> <p>Let the breath return to normal and take a moment to notice how you fee.</p>	<p>This technique can be useful whenever a hot flush happens to help cool the body</p> <p>After exercise to help cool down.</p> <p>Or anytime you want to either calm or cool yourself down</p> <p>Try to sit up straight and keep the shoulders relaxed and away from the ears as you breath</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Week 6 self-care

EXERCISE	HOW	TIPS	COMPLETE
<p>Restorative stretches</p> <p>Figure 4 stretch</p> <p>Cobblers pose</p>	<p>Lay down on your back with your knees bend and your feet flat. Place your hands on your belly and start to notice the rise and fall of your belly as you find a calm smooth breath.</p> <p>Place your right ankle on your left knee with your right foot flexed, thread your right hand through your legs and interlace your hands underneath your left knee, pulling your knee towards you so your left foot is also off the floor. Now hold this position for 90sec/2mins longer if you want.</p> <p>lower your right foot back down and switch to the other side.</p> <p>Place your left ankle on your right knee and flex your foot, thread your left hand through and interlace underneath your right knee and pull your knee towards your body and relax into the stretch and hold for 90sec/2mins</p> <p>Bring the soles of your feet together and let your knees fall open. Place one hand on your belly one hand on your chest/heart. Notice the rise and fall of your breath and relax here 90sec/2mins.</p> <p>A nice way to come out of these poses is to slowly roll to your side (either) into a foetal position for a few breaths and then come up into seated. Where you could now massage your hands and feet.</p>	<p>Enjoy these stretches whenever you have time.</p> <p>Maybe in the evening as part of a wind down routine before bed, or first thing in the morning to give yourself some loving kindness so you're ready to face whatever the day may bring.</p> <p>Make sure you check in your body see if you are holding any tension, and if you are let it go.</p> <p>Alternative position - Place your left ankle over your right knee and press your left knee away from you. Your right foot stays on the floor. Then repeat the other side</p> <p>Alternative position - Bend your knees with your feet apart and left your knees fall together.</p> <p>Emotions can be held in the body, these longer stretches will be getting into the fascia, which is the body's connective tissue. As the fascia releases so can emotions. Let them out if they do rather than holding them in. remembering you're in a safe space.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Hand and foot massage</p>	<p>Simple massage your own hands and feet. Pay attention to any sore or painful areas, gently hold any sore areas until you feel the pain start to release. See video for a routine.</p>	<p>Add this to end of your restorative stretch routine or do separately</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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Appendix 8: Self-care adherence over the 6-week intervention phase

Participants were prescribed three self-care sessions per week for six weeks (18 sessions total) Compliance was calculated as the percentage of completed sessions relative to prescribed sessions.

Participant	Total Required Sessions	Sessions Completed	Compliance (%)
1	18	15	83.3
2	18	18	100.0
3	18	18	100.0
4	18	12	66.7
5	18	16	88.9
6	18	16	88.9
7	18	18	100.0
8	18	13	72.2
Overall	144	126	87.5

Appendix 9 – Participant feedback responses (Qualitative data).

Question 1

Participant number	Did you feel the MRS questionnaire captured the full range of your menopause symptoms and experience?	If no please give more detail and/or one or more examples
1	Yes	
2	Yes	
3	Yes	
4	Yes	
5	Yes	
6	Yes	
7	Yes	
8	No	I have more menopause symptoms than the questionnaire covered, such as brain fog and hair loss.

Question 2

Participant number	How did completing the MRS questionnaire regularly impact your awareness or understanding of your menopause symptoms?
1	It made me “tune in” and focus much more specifically
2	It made me think about it and its severity each week which was interesting
3	It made me more mindful of symptoms & impact
4	I paid extra time to notice the symptoms, more than I normally do
5	It reinforced the reality and commonness of these menopause symptoms.
6	Raised a couple of things that I was not aware could be symptoms of menopause.
7	Completing the questionnaires regularly made me consider the symptoms individually.
8	It made me think about the menopause symptoms I was experiencing. Helped me to think it was menopause and I’m not going mad!

	When some of my menopause symptoms didn't improve week upon week on the questionnaire it did make me feel a little disheartened as I was willing them to improve.
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Question 3

Participant number	What were your expectations or hopes for receiving the Jing method™ of massage therapy for your menopause symptoms?
1	I was intrigued to find out if it would actually make any difference at all. I had quite high hopes as I had read some very positive information about the Jing method beforehand. I am a big believer in non-conventional practices and alternative approaches to general health and well-being.
2	I had no expectations but was very interested to be part of the research
3	To ease symptoms & find improvement naturally
4	Minimize the symptoms, relaxation, put my muscles back in plane, overall wellbeing.
5	Relaxation and help with insomnia - massively helped with both!
6	Relief from fatigue and aches and pains
7	Was hoping that the Jing method massage would relieve the symptoms.
8	I didn't know what to think really when I first started. I wanted to reduce some aches and pains in my joints. I really struggle with achy ankles and the foot/ ankle massage was great.

Question 4

Participant number	How did the massage therapy impact your overall well-being or quality of life?
1	Where do I begin? The course of massages ran parallel to me requiring several blood tests and heart tests from my GP as a lot of my readings were above average and put me at greater risk of a heart attack or stroke. Receiving a weekly massage, targeted on specific areas, really made a positive difference to all of the above! My various blood readings were all lowered and my body was less achey. My mental well-being was also significantly impacted for the better!

	Even my weight management improved for the better. It was as though my body centralised itself and reset!
2	In a positive way- I looked forward to my weekly massage
3	10/10 loved it! Having that time to myself & unwinding physically & mentally really helped
4	I loved them all, it was the best thing that I received in the last few months
5	It was the most beautiful type of treatment/therapy I have ever had. Really different and so very very deeply relaxing, but also I felt every ounce of me was being stretched - in a beautiful way. It definitely helped with my sleep and overall wellbeing.
6	Very positive effect on wellbeing, very relaxing and really enjoyed the sessions. Was nice to actually do something for myself in that way.
7	The massage therapy did reduce some of the symptoms therefore improving quality of life.
8	The weekly massage symptoms made me think about my overall wellbeing and taking time to care for myself.

Question 5

Participant number	Do you feel that the Jing Method™ of massage has been or could be a valuable tool for managing menopause symptoms?	Please give one or more example	Any additional comments
1	Yes	The aftercare/follow up techniques were really useful and specifically the one to help cool down the body. I am still using this even now.	The massage that covered areas specifically relating to the stomach area really impacted me. The massage was so so gentle yet so so powerful.
2	Yes	I think regular movement is paramount and the weekly exercises should be continued	Deep breathing definitely helps me manage stress
3	Yes	Reduced anxiety Reduced racing mind Improved sleep	Educational

		Improved range of movement Decrease in aches & stiffness	
4	Yes	Sleeping better, less sweating, relaxation so I managed my week better.	As body was less muscle tension.
5	Yes	For me personally, it helped with my sleep MASSIVELY and I have tried EVERYTHING over the years! Better than sleeping tablets, better than any herbal remedy. Now that I am no longer having the Jing Method my sleep isn't as good and my anxiety is a little worse again.	It really helped with relaxation and getting rid of every anxiety induced knot!
6	Yes	The stretching and moving of limbs etc was very beneficial.	Far more enjoyable than traditional massage and enjoyed the after activities to do at home.
7	Yes	Use of pressure points to relieve some symptoms.	General relaxation from the treatment helps some symptoms with the added concentration on problem areas.
8	Yes	Loved the massage for aches and pains in joints.	The massage was incredibly relaxing. It helped to calm my mind.

Question 6

Participant number	How helpful or challenging was it for you to follow the home care instructions provided during the study? Did you have any difficulties or concerns with implementing the instructions, and if so what were they?
1	I loved the home care instructions and followed them each time. They really did make a difference in the areas where I'd previously had pain issues, such as the neck and foot areas. I am continuing to use them still!
2	No difficulties doing the exercises, just the discipline to do them regularly

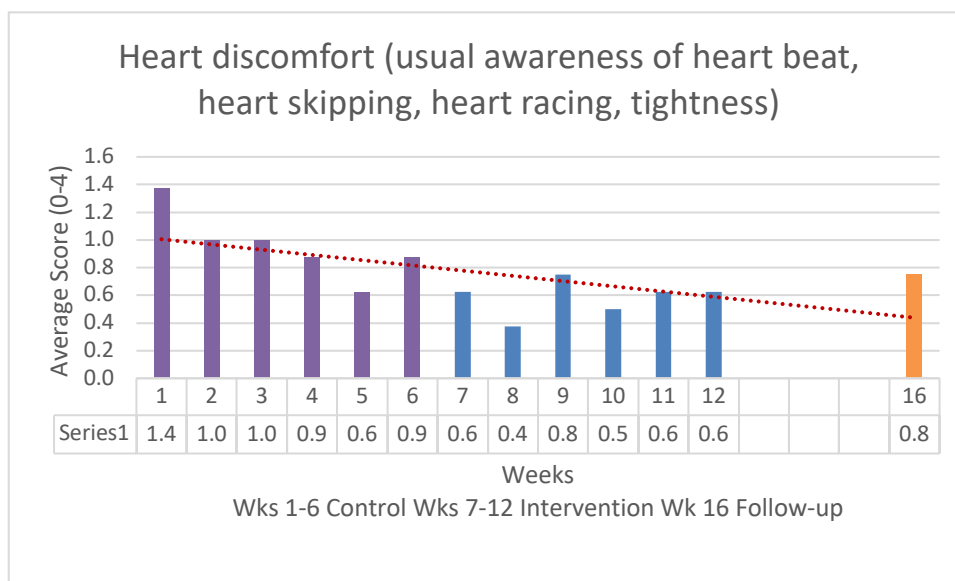
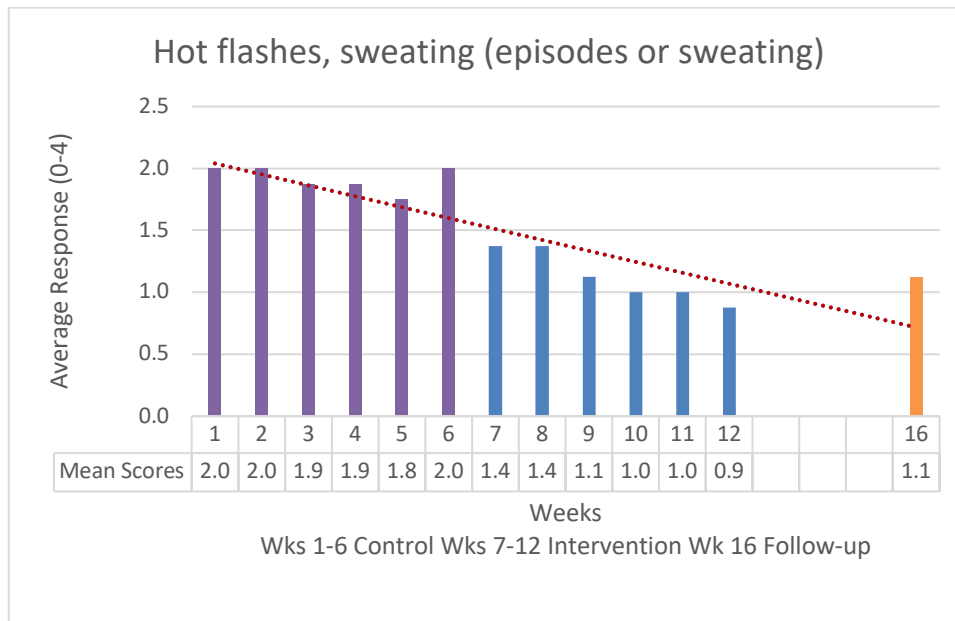
3	Just time constraints
4	Not at all
5	Extremely helpful, the instructions were very clear and helpful. It was good to do some self care back at home.
6	Loved the activities, made the effort to do them for maximum effect.
7	Instructions were helpful together with the video demonstration. No difficulties .
8	The instructions and videos sent were really helpful, however it was tricky to remember to carry them out.

Question 7

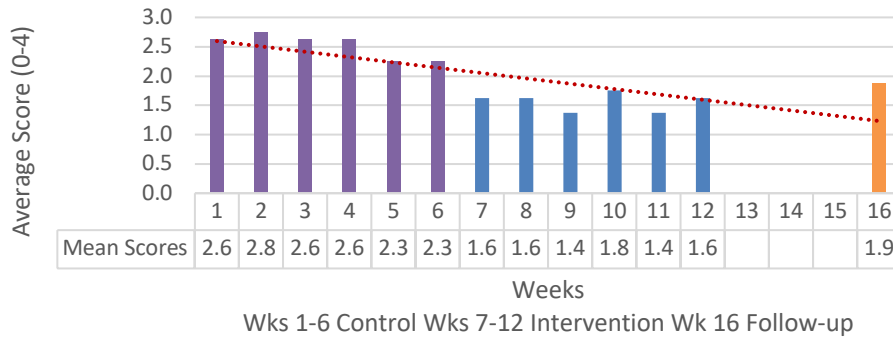
Participant number	Any additional comments you would like to leave regarding your experience around the treatment or the study
1	<p>The whole experience was so so positive! Literally, my mind, body and spirit felt uplifted and problem areas and conditions were helped tremendously. My overall well-being and mood was lifted and it was though my entire system had had a “reboot”!</p> <p>Thank you so so much for allowing me to participate in such an interesting study. I KNOW the Jing Method works. My menopause symptoms got a thrashing!!! Hoorah!!</p>
2	Very thorough and extremely well planned and considered
3	<p>Truly grateful for you doing this. Menopause can feel a lonely place sometimes with the struggles, the weekly treatments were a real help & something to look forward to</p>
4	Very grateful for the opportunity.
5	I wish I could have this therapy every week forever!!! Simply amazing!!!!!!
6	<p>Thoroughly enjoyable experience, deeply relaxing and I felt it was of great benefit. Felt very comfortable with Jennie and her knowledge and understanding was more than apparent throughout the course of treatments. Many thanks for allowing me to take part.</p>
7	Overall this has been a very positive experience and has helped reduce some of my menopausal symptoms, thank you for including me in the study.

8	For the purpose of the study the massage was completed at a base in South Normanton. This meant I needed to travel further in rush hour traffic after work. I found this stressful. It took me a little longer at the start of the massage to therefore relax.
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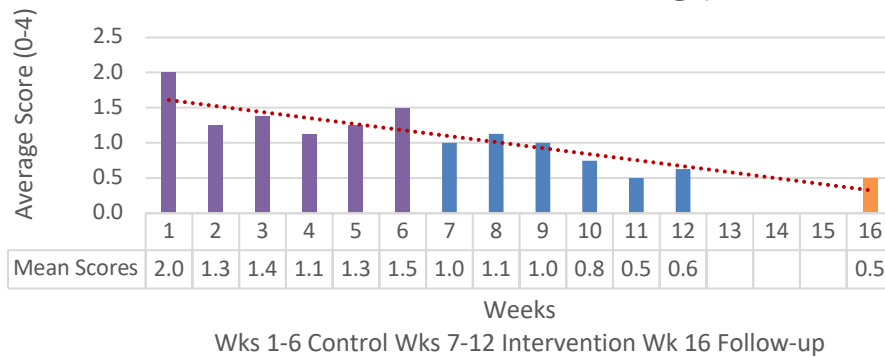
Appendix 10 – Results of individual symptom domains from MRS



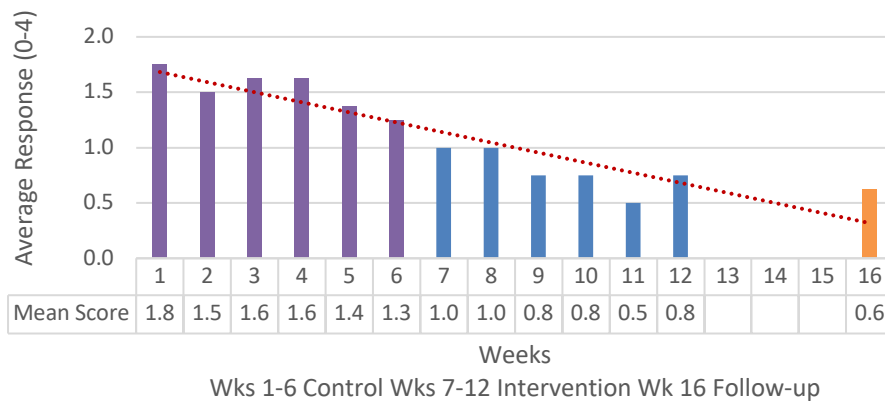
Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)

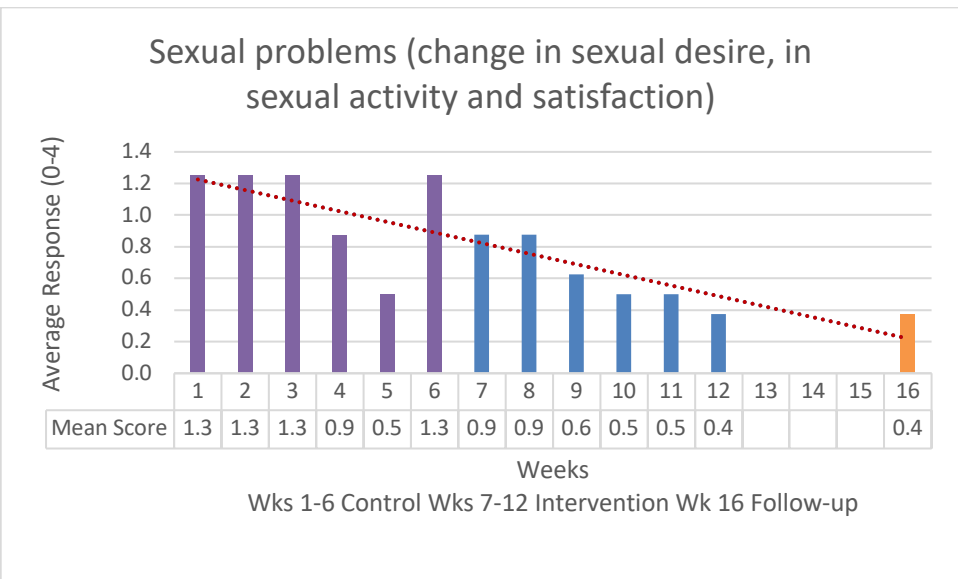
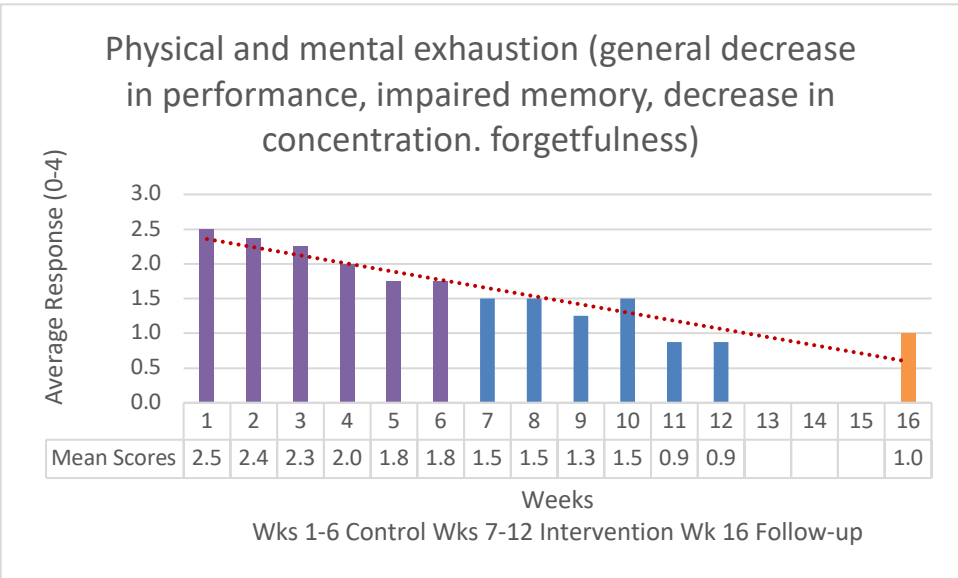
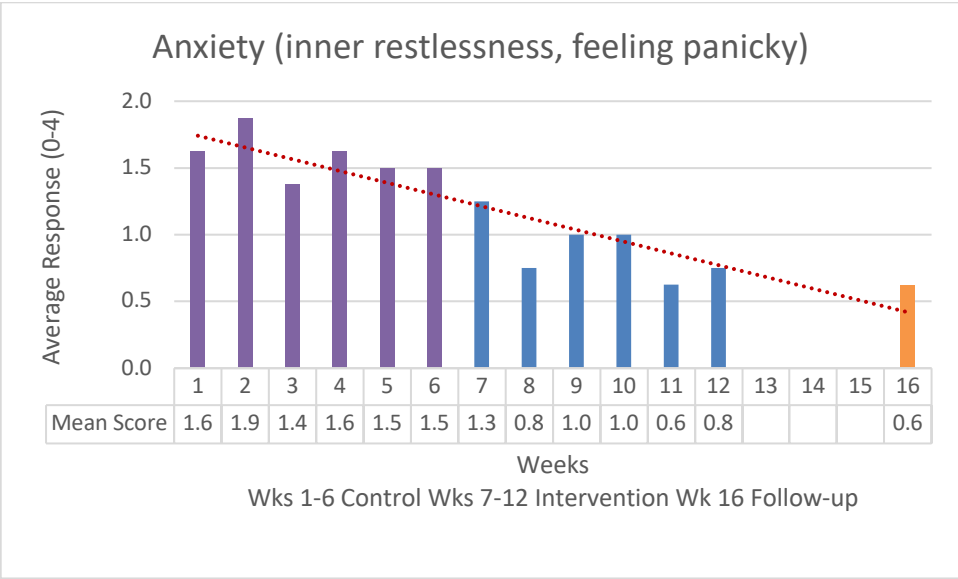


Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)

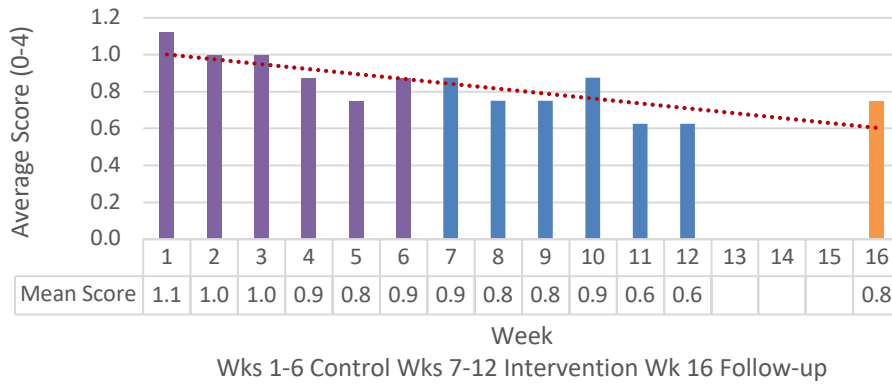


Irritability (feeling nervous, inner tension, feeling aggressive)





Bladder problems (difficulty in urinating, increased need to urinate. bladder incontinence)



Joint and muscular discomfort (pain in the joints. rheumatoid complaints)

