The effectiveness of Jing Method™ Advanced Clinical Massage for treating massage therapists with forearm/wrist/hand pain

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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".

Monika Konca: MKonca

Date: 13/03/2026

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Together.

Photo: author’s own.

Abstract

Objectives:

The objective of this study was to investigate and analyse the effectiveness of the Jing Method™ Advanced Clinical Massage on massage therapists with forearm/wrist/hand pain.

Method:

This study utilised the DASH questionnaire as a research tool to measure pain and disability within the participating massage therapists group. Study took place across a 16-week programme, which consisted of a 6-week control phase, a 6-week intervention phase and a follow-up 4 weeks post the final intervention.

The initial 6-week control phase had 11 participants answering the DASH questionnaire with no intervention to draw a comparative baseline, the DASH questionnaire was then continued throughout the intervention phase to record and analyse what effects the treatments were having on the participants pain and functionality levels. 4-week post the final treatment the DASH questionnaire was completed for a final time to assess any long-term effects of the treatment.

Results:

The main DASH module score reduced by 15.91 points from 22.42 to 6.51 at the end of the study. This represents a 71% increase in functionality and capacity to perform activities of daily living.

The optional work module DASH score reduced by 23.30 points from 37.50 to 14.20 at the end of the study. This represents a 62% improvement in functionality and capacity to perform work activities.

Conclusion:

This small design study supports the effectiveness of the Jing Method™ Advanced Clinical Massage approach to reduce pain and improve function in massage therapists with forearm/wrist/hand pain. The study findings suggest that the intervention was effective in reducing symptoms of both, general and work- specific upper limb disorders.

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ABBREVIATIONS

CTS- Carpal Tunnel Syndrome

DASH- The Disabilities of Arm, Shoulder and Hand Questionnaire

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

LE- Lateral Epicondylitis

ME- Medial Epicondylitis

MSDs- Musculoskeletal Disorders

MTs- Massage Therapists

ULDs- Upper Limb Disorders

RSI- Repetitive Strain Injuries

TA- Therapeutic Alliance

WRULDs- Work Related Upper Limb Disorders

WR- MSDs- Work Related Musculoskeletal Disorders

WRP- Work Related Pain

Literature review

Introduction

Musculoskeletal disorders (MSDs) affect muscles, tendons and joints throughout the body, usually developing over time. Although rarely life-threatening, they can progress from mild discomfort to severe impairment, significantly reducing quality of life and limiting work ability for many adults. Work-related musculoskeletal disorders (WR-MSDs) arise when job demands contribute to these conditions and are linked to fixed or awkward postures, repetitive movements, forceful exertions on small body areas such as the hands or wrists, or work load that limit adequate recovery (Health and Safety Executive, 2024).

The Health and Safety Executive's (HSE) 2023/2024 report states that a total of 1.7 million workers were affected by work related illness with 32% of the cases (543,000) due to MSDs.

Of these, 203,000 cases involved the upper limbs or neck (37%). MSDs caused 7.8 million lost working days**,** with 49% due to upper limb and neck conditions (18.8 days lost per case) (Health and Safety Executive, 2024).

Classification and characteristics of work-related upper limb disorders (WRULDs)

WRULDs is a collective term for a range of disorders of the hand, wrist, arm, shoulder and neck sustained due to the work activities (Unison, 2026).

Other terminology often used in existing literature on the subject is Upper Limb Disorders (ULDs) (AbilityNet, 2025).

Physical symptoms of WRULDs can vary but often include pain or tenderness, stiffness or joint restriction, crepitus, tingling or numbness, weakness in the arms and hands, deep aching muscle pain, cramping, swelling in the hands or forearms and referred pain. (AbilityNet, 2025). Corresponding emotional factors often include feeling of being overwhelmed, anxiety and loss of control (Fairweather and Mari, 2017), sleep pattern is often disturbed, depression, headaches, chronic fatigue and frustration are commonly experienced (Hutson, 2014).

There are more than 150 different musculoskeletal conditions of the upper limbs and there is little consensus as to the names and classification used to describe those conditions, especially when clear diagnosis is not possible. (NHS Plus, 2009; O'Neil, Forsythe and Stanish, 2001).

Classification of WRULDs used in this research study divides those conditions into Type 1 WRULDS and Type 2 WRULDs (AbilityNet, 2025).

Type 1 WRULDs are diagnosed MSDs with demonstrable pathomorphology where link between occupational activities and presented symptoms can be established during consultation and medical examination and Type 2 WRULDS are presenting more general symptoms where diagnosis cannot be easily made. (Table 1).

Table 1. Classification of WRULDs

TYPE 1	TYPE 2
Conditions with specific medical diagnoses	No specific diagnosis can be made
Tendon related disorders such as: • Tendonitis and tenosynovitis • De Quervain's stenosing tenosynovitis • Lateral epicondylitis (LE) • Medial epicondylitis (ME) • Rotator cuff tendonitis • Supraspinatus tendinopathy • Sub- Acromial bursitis • Olecranon Bursitis • Bicipital tendonitis Peripheral nerve entrapment disorders such as: • Carpal tunnel syndrome (CTS) • Cubital tunnel syndrome • Guyon tunnel syndrome • Pectoralis Minor syndrome Muscles and fascia related disorders such as: • Myofascial Pain Syndrome (MPS)	Non- specific upper limb pain without obvious objective symptoms like inflammation or swelling. Symptoms are general rather than localized to a specific, recognised medical condition. Clear diagnosis cannot be made due to lack of diagnostic tests or overlapping symptoms. Diagnosed by exclusion of other WRULDs where diagnosis is possible. Often characterised by presence of central sensitisation component (Fairweather and Mari, 2015). Pain amplification develops, resulting in allodynia (reduced threshold to painful stimuli), hyperalgesia (increased response to stimuli), wind-up (increased response to repeated stimulation) and hyperpathia (prolonged response to stimuli) (Hutson, 2014). Often called repetitive strain injuries (RSI) (unison.org.uk), cumulative trauma disorders or overuse injuries (Armstrong et al., 1993).

Worth noting that there is no clear consensus on the use of the RSI terminology within medical world and the use of it is discouraged as it is too vague. Lack of clear diagnostic tests for RSI makes accurate diagnosis difficult (Van Tulder, Malmivaara and Koes, 2007) but also there is a lack of evidence that repetitive work is the sole cause, versus the role of psychosocial and individual factors (Rothmore, 2014; Stewart et al., 2014).

WRULDS, if not treated can develop into chronic conditions, lead to permanent damage of affected tissues and long-term disability (Unison, 2026).

WRULDs and massage therapists

Massage therapists (MTs) are at increased risk for development of WRULDs due to the nature of their profession (Buck et al., 2007). Physically intensive, constant hands-on nature of the profession, repetitive movements, body mechanics and daily client's workload are risk factors that must be taken into consideration when describing the nature of MSDs amongst MTs (Resnick, 2024).

A recent study by Barraclough et al. (2022) on work related pain (WRP) in MTs found that 85% had experienced or were experiencing WRP with hand/ wrist being the most common site (65.5%), followed by the fingers/ thumb (60.3%). WRP was attributed to the gradual onset of MSDs by 60.3% of respondents. There was clear indication of WRP impacting the lives of MTs, with 48% reporting an impact on activities of daily living, 31% reporting a loss of income, 54.6% working in pain, and 30.5% considering changing (or having changed) their profession (Barraclough et al., 2022).

Multiple studies have shown increased incidence of upper limb pain with MTs reporting pain in wrist/hand at 33%, elbow 21.43% (Sirbu et al., 2022) and finger or thumb at 50.3% (Jang et al., 2006, Albert, Currie-Jackson and Duncan, 2008).

Direct studies on MTs WRP are limited, there is more research available on manual therapy and physical therapists WRP, often overlapping with massage techniques, offering important context.

A study conducted by Waller et al. (2022) on physical therapists, indicates thumb disorders having the highest prevalence (7.6-52.5%), followed by wrist and hand disorders (5-66.2%), shoulder disorders (3.2-45.2%) and elbow disorders at 4-16% (Waller, Bowens and Washmuth, 2022).

Several other relevant studies also indicate high prevalence of WRULDs with reported risk factors as performing manual therapy techniques (Gyer, Michael and Inklebarger, 2018), repetitive workload, treating many patients per day (Cornwell et al., 2020) or continuing to work while injured or hurt. (Škrečková et al., 2023).

Conventional treatments

The NHS (2023) advocates a stepped approach to treating WRULDs encouraging self-management of symptoms and staying active, ergonomic adjustments, using regular, over-the-counter pain relief and/or anti-inflammatory medication, heat or cold, massage, stretches and exercise to reduce pain. Modification of any aggravating activities is prioritized rather than advocating rest. (Faculty of Occupational Medicine, 2023).

Physiotherapy is often recommended with targeted exercises like strengthening, stretching, posture correction and progressive loading. Medical interventions include corticosteroid injections and surgical options are considered when conservative management fails (NHS, 2022).

The NHS approach to work- related forearm, wrist and hand pain, however symptom focused, recognises the importance of utilising biopsychosocial model of health. Many of WRULDs are not just biomechanical injury but often linked with workplace stress, job design, psychosocial load (Bezzina et al., 2023), catastrophising, fear avoidance beliefs, low mood and anxiety prolonging symptoms (Faculty of Occupational Medicine, 2023).

Alternative approaches to conventional treatment

There has been a rise in the use of complementary therapies due to the high prevalence of pain, unsatisfactory results from conventional pain treatment, long waiting time for the appointment within NHS and the need to address the whole patient. One of the most prevalent and popular treatments is massage therapy.

A systematic review of 17 clinical studies (770 participants) by Nemati et al., (2024) found that self-administered massage can reduce pain, stress and fatigue while improving sleep and quality of life across several MSDs. Although the review did not specifically examine WRULDs, many included conditions with chronic upper limb and neck pain related to repetitive use and muscle overload. Additional benefits were observed when it was combined with therapist-delivered treatment. Findings of this review supports biopsychosocial model of health such as increased sense of control over the symptoms and emphasis on patient engagement and self- efficacy in managing pain (Nemati et al., 2024).

Furthermore, Crawford et al. (2016) systematic review and meta-analysis of sixty high quality and seven low quality studies demonstrates that massage therapy effectively treats pain compared to no treatment and is strongly recommended as a pain management option (Crawford et al., 2016).

Additionally, a randomized controlled trial conducted by Field et al. (2011) on hand pain compromising weekly massage treatments and self-care over the four-week period found that massage therapy group versus the control group had less pain and greater grip strength after the first and last sessions than the control group (Field et al., 2011). However useful as preliminary evidence in favour of massage therapy it does not provide high certainty proof because of its methodological limitations such as lack of blinding and allocation concealment

to reduce bias and a sample size (46 participants) being relatively small which limits statistical power and the ability to generalize findings.

A single case study conducted by Anderson and Hensley (2021) demonstrates the successful use of education, manual therapy, and exercise in the management of wrist pain, however this is severely limited due to the number of participants (Anderson and Hensley, 2021).

Cabak et al. (2016) concluded that chair massage treatments in the workplace proved to be effective in relieving musculoskeletal overload and discomfort of the spine and upper limbs (Cabak et al., 2016). However, sample size of this study (60 participants) is sufficient for explanatory analysis but below the threshold for definitive clinical conclusions. Objective outcome measures used in this study (algometry- pressure pain threshold) reduces subjective reporting bias and is more objective than self- reported pain scales and workplace relevant interventions demonstrate applicability, which is valuable for occupational health interventions are strengths of this study.

A systematic review and meta- analysis by Jimenez-del-Barrio et al. (2022) found that manual therapy (nerve gliding, mobilizations, soft-tissue techniques) improved pain, function and nerve conduction in mild-moderate CTS compared with controls, with short- term benefits most reliable, however methodological limitations such as small sample sizes, heterogeneity of techniques and short-term outcomes mean that the findings should be interpreted with caution (Jiménez-del-Barrio et al., 2022).

A systemic review by Piper et al. (2016), limited only to high quality trials (only seven studies met inclusion criteria) concluded that localized relaxation massage, combined with multimodal care may provide short term benefit for treating CTS and that myofascial release was effective in treating LE (Piper et al., 2016), which supports findings by Ajimsha et al. (2012) on alternative treatment for LE (Ajimsha, Chithra and Thulasyammal, 2012).

Other studies reported the effectiveness of deep friction massage in treating LE improving function and hand grip (Abd Elrahim et al., 2022) or in patients who have failed other nonoperative treatments, including cortisone injection (Yi, Bratchenko and Tan, 2018).

Yang et al. (2024) reported that both instrument-assisted soft tissue mobilization and massage therapy significantly reduce pain, improve elbow flexibility and increase joint range of motion in patients with LE. However, instrument-assisted soft tissue mobilization is better than massage therapy to improve the maximum grip strength (Yang and Lianqing, 2024).

Dry needling and deep friction massage are effective in the improvement of strength and in reducing pain in patients with LE but comparing mean difference of pre and post outcome measure score dry needling proved a better intervention in reducing pain in patients with LE (Nisa et al., 2022).

Acupuncture as an alternative treatment shows mixed results depending on the condition.

For CTS, Dong et al. (2023) found that it might reduce symptom severity and improve electrophysiology, but certainty of evidence was low to very low (Dong et al., 2023).

Li Y. et al. (2022) reviewed electroacupuncture specifically reporting improvements but emphasised the need for larger, blinded randomized control trials (Li et al., 2022) while Kieu et al. (2024) advocates the application of laser acupuncture rather than electroacupuncture in treating non severe CTS (Kieu, Trinh and Jing, 2024).

Study by Andayani et al. (2020) concluded that the combination of ultrasound and neural mobilization is more effective in reducing hand disability than a combination of ultrasound and passive stretching in patients with CTS (Andayani, Wibawa and Nugraha, 2020).

In the case of De Quervain's tenosynovitis evidence points away from the alternative approaches as a primary therapy. Challoumas et al. (2023) conducted a network meta-

analysis and supported corticosteroid injection plus thumb-spica immobilization as first-line approach. Alternative modalities such as acupuncture or massage lacked robust comparative evidence (Challoumas et al., 2023).

The Jing Method™

In 2015, Fairweather and Mari published a massage protocol designed specifically to treat ULDs. The Jing Forearm and Wrist pain protocol combines scientific and clinical evidence to provide a systemic and detailed approach to treating ULDs.

The Jing Method™, based on a multi-model approach to massage therapy is formed around the HFMAST (Heat, Fascia, Muscles, Acupressure, Stretching, Teaching self-care) framework, targeted consultation, biopsychosocial model of health, therapeutic alliance and is outcome based (Fairweather and Mari, 2015). Detailed and targeted consultation taken at the beginning and range of motion testing is followed then by six weekly treatments of a 'clinical hour' each (50 minutes).

The Jing Method™ HFMAST formula combines different massage modalities such Heat- the use of hot or cold; Fascia- the use of fascial release techniques; Muscles- treating muscular tissues including trigger point therapy; Acupressure points stimulation and Stretching and Teaching client self-care as an empowering component of client's healing journey.

There is evidence in existing literature on treating MSDs that all the HFMAST components are effective in treating those disorders when applied as a standalone treatment (see Table 2) however most of the studies points out short term benefits and there is no clear consensus on which modality is most effective.

Two small design studies conducted by Jing students in previous years using The Jing Method™ on manual therapists presenting with forearm/wrist/hand pain found that applied method increased flexibility and range of motion (Cope, 2012) and increased function and ability to work (Smith, 2023).

Cope (2012), focused on massage therapists (10 participants) presenting with wrist pain but did not include hands-on treatments instead participants were asked to perform self-massage and stretching routine. Researcher did not use a validated questionnaire such as DASH but range of motion was tested with goniometer at the beginning and at the end of the study and participants were asked to keep short journal for 14 days which was the length of the study. Small size of the study, short length and methodology used places it within low quality studies but pioneering research into WRULDs amongst massage therapists and Jing Method™ deserve recognition.

Study by Smith (2023), focused on reflexologists with forearm, wrist and hand pain had an even smaller sample size (3 participants) and no hands-on intervention included within the design; data collected during the length of the study (16 weeks) via DASH questionnaire shows promising results towards effectiveness of the Jing Method™ however due to small sample size results should be interpreted with caution.

Another small-scale study, conducted on diagnosed CTS patients, found that a standardised Jing Method™ massage protocol improved grip strength, decreased pain intensity and in self-reported symptoms and function impairment severity (Carlton, 2017).

Table 2. The Jing HFMAST approach

The Jing Method™ elements	**Supporting evidence for Jing multi-modal approach**	
	Summary of the literature findings	**References**
H- use of Heat or cold	The application of heat to soft tissues increases blood flow and tissues flexibility. It also decreases pain sensitivity and anxiety.	(Malanga, Yan and Stark, 2015)
F- use of Fascial techniques	Myofascial release helps to break any fascial restrictions causing pain, helps increase range of movements in muscles and associated joints.	(Castro-Sánchez et al., 2011)
M- treating Muscles with trigger point therapy	Trigger points contribute to pain within the muscle or in referral patterns to other areas of the body.	(Finando and Finando, 1999)
A- Treating Acupressure points	In Eastern medicine used as a way to clear the energy pathways and unblock 'Qi' energy.	(Lade, 1995) (Sangani et al., 2023) (Yang et al., 2021)
S- using Stretching techniques	Stretching increases the range of movements.	(Behm et al., 2023) (Walker, 2018)
T- Teaching the client self-help techniques	Helps clients to feel in more control of managing their pain, it is empowering, builds confidence and helps move from passive role in their symptoms management.	(Santello et al., 2020)

Biopsychosocial model of health

The biopsychosocial model of health which The Jing Method™ is based on is a comprehensive approach to understanding health and illness that acknowledges the interplay of biological, psychological, and social factors in a person's well-being (Engel, 1977).

It contrasts with the simpler biomedical model by viewing health as influenced by a complex network of factors, including genes, physiology, emotions, thoughts, behaviours, family, culture, and socioeconomic conditions. This integrated framework is used across various medical fields, including psychiatry and physiotherapy to provide holistic care and develop more effective treatment plans that address the whole person.

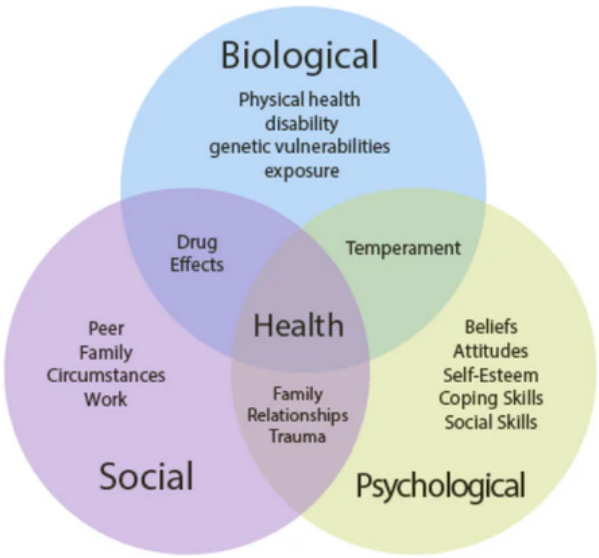

Fig 1. Biopsychosocial model- Image courtesy of nielasher.com

Therapeutic Alliance

Therapeutic alliance (TA), an element strongly integrated into The Jing Method™ helps the therapist to see more holistically and not just the symptoms. Tactfully obtained information during therapist-client professional relationship, based on mutual trust enables to create the best course of treatment. Studies by Myers (2022) and Gillingham, (2017) shows that there is a link between TA and reduction in pain intensity.

WRULDs can impact the ability of MT to work. Most of MT are self-employed and having to stop working or reducing workload due to WRULDs can lead to financial strain and job dissatisfaction.

The research identified in this literature would support the Jing Method™ as an appropriate treatment protocol.

The objective of this study was to assess the effectiveness of the Jing Method™ Advanced Clinical Massage by using The Jing Forearm and Wrist pain protocol to treat massage therapists presenting with forearm/ wrist/ hand pain.

Method

Ethical approval was given by the Jing Institute (Appendix 1) before recruitment of the study began.

Mendeley, PubMed, Google Scholar and Academia were utilized to research existing studies and academic papers on the subject.

This study utilized a 'within subjects' design which considers any, and all variables acted upon by the subject and allows an assessment of changes to those variables over time. It is also effective for monitoring small-scale studies.

Recruitment for the study participants was advertised (Appendix 3) in two WhatsApp groups for massage therapists working in London and through social media post (Facebook).

Although 18 massage therapists applied to take part in the study; after a screening questionnaire 12 were selected as fulfilling all the inclusion and exclusion criteria and participation consent (Appendix 2) was obtained via email. One participant withdrew from the study in Week 4 as no longer able to commit to the time constraints of the study so 11 participants completed the study (2 male participants and 9 female participants).

The Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire was used to assess the effectiveness of the Jing Method™ of advanced clinical massage on forearm/wrist/hand pain within a population of massage therapists. (Appendix 4). This research tool was utilised for its relevance and included an optional work module bringing a total of 34 questions to assess how participants pain affects their abilities to perform daily tasks and its impact on their work abilities.

In the initial 6-week control phase all participants were asked to fill out DASH questionnaire once weekly which was completed every Monday. This allowed a baseline assessment of participants pain and abilities to perform daily and work tasks.

Weeks 7- 12 involved 6 weeks hands on intervention phase using Jing Method™ forearm and wrist, shoulder girdle and neck pain protocols (Fairweather and Mari, 2015b) to devise most appropriate treatment (Appendix 5) and include possible trigger points pattern that might be present (Appendix 8). Massage protocol for this research study was based on the HFMAST formula and consisted of myofascial release, application of hot stones, trigger points work, acupressure points, static and PNF stretching and self-care exercises. Participants were asked to fill out weekly DASH questionnaire on 5th day after receiving the treatment.

Self-care advice and exercises were given at sessions 7, 9 and 11 (Appendix 6) to perform twice or once daily depending on the exercise during weeks 7-12. Participants were reporting back on the self-care compliance to the researcher weekly and their answers were kept on record (Appendix 7).

The first of the intervention phase sessions was 90 minutes long and included a full client consultation- client medical history, range of motion testing and special orthopaedic tests and recorded any psychological and social influences that might be occurring.

Further treatments were 50 minutes long hands on with extra time (10 minutes) allocated at sessions 7, 9 and 11 to demonstrate self- care exercises.

A final DASH questionnaire was sent to participants at week 16 to assess the longevity of any recorded effects of the treatment.

Results

Out of the 12 participants starting this research project one person could not continue after week 4 and withdrew from the study. The collected data for this participant was discarded and not included in the results.

Eleven participants completed the study and the mean results from their DASH questionnaire for the 16-week study is shown in Figure 2.

At the beginning of the study (week 1), the individual DASH scores varied from 6.67 to 48.33 bringing it to 22.42 average on the main DASH module and 6.25 to 100 on DASH work specific module with an average score of 37.50.

The data collected during research project shows a reduction in the main DASH scores at the end of the intervention stage-week 12, which is a sign of improved functionality. The average DASH score reduced from 22.42 to 6.51.

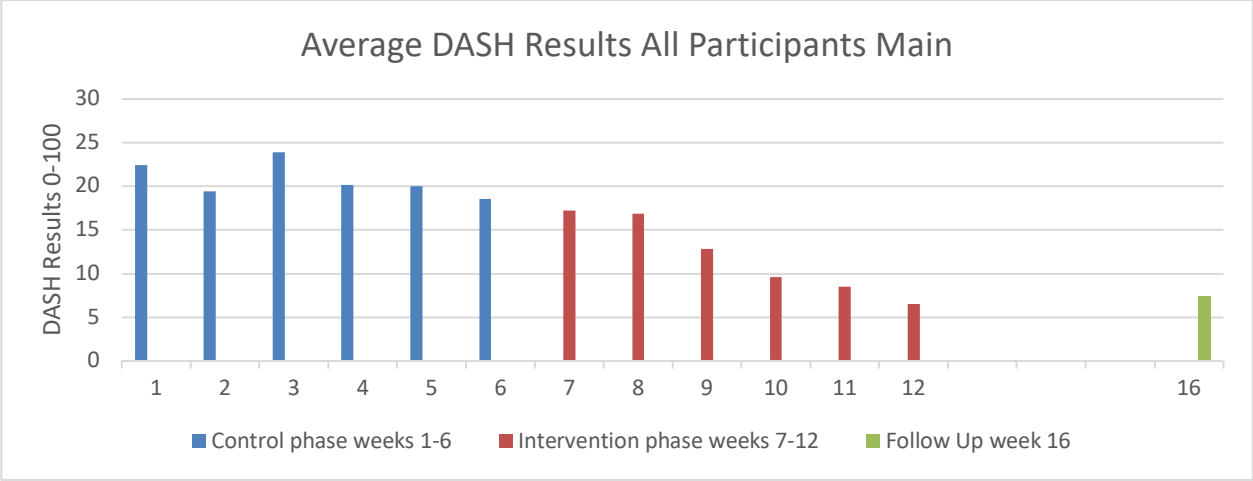

Fig.2 Average DASH results main module

Data obtained during the study also shows a reduction in the work specific DASH module scores at the end of the intervention phase at week 12 (see Figure 3). The average DASH score reduced from 37.50 to 14.20 indicating an increase in work ability.

In week 16, four weeks post-intervention phase the work module DASH score decreased further from 14.20 to 13.06.

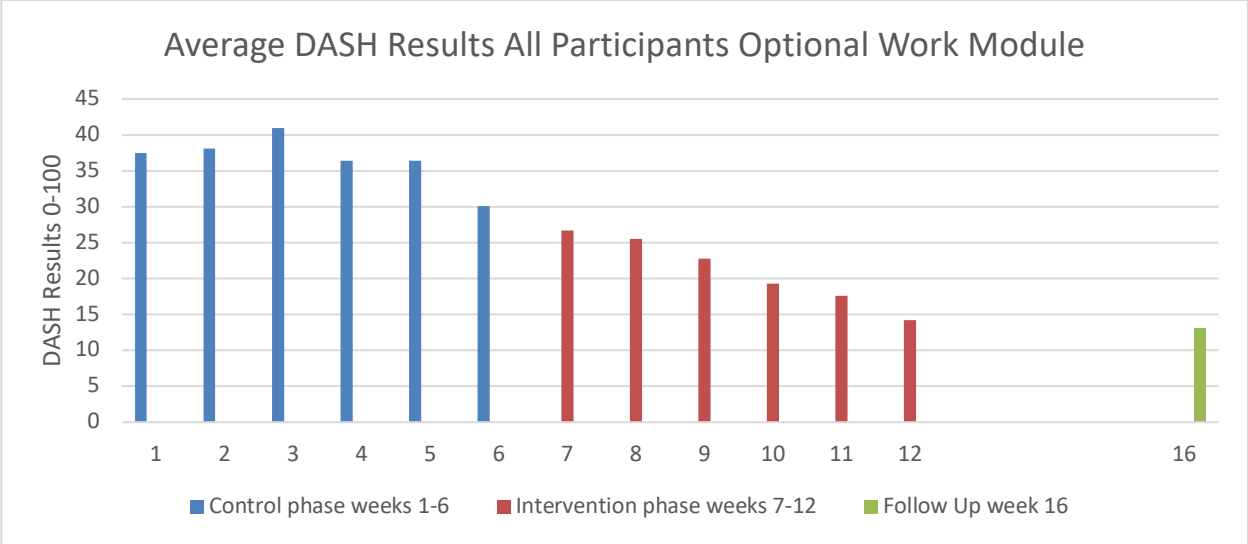

Fig.3 Average DASH results optional work module

During the intervention phase, compliance of the self-care element was measured, and participants averaged 4 days of self-care over the period in weeks 7 to 12 (Appendix 7).

Discussion

The aim of this study was to evaluate the effectiveness of the Jing Method ™ Advanced Clinical Massage in treating massage therapists with forearm/wrist/hand pain and the results showed it was effective.

The main DASH module score reduced from 22.42 to 6.51 at week 12 of intervention phase which suggests minimal residual disability and improved capacity to perform activities of daily living (Hudak, Amadio and Bombardier, 1996).

A reduction of 15.91 points from baseline average score exceeds the established minimal clinically important difference (the minimum clinically important difference for the DASH is typically 10-15 points) and indicating a substantial and clinically meaningful improvement in upper limb function, with participants reporting minimal residual disability at the end of the study (Beaton et al., 2001; Franchignoni et al., 2014).

The optional work module average DASH score reduced from 37.50 to 14.20 at week 12 of intervention phase.

The reduction from moderate work- related disability (37.50) to low residual difficulty (14.20) suggests participants were able to perform occupational tasks with markedly less pain effort or limitation. Given that this module specifically evaluates the impact of upper limb symptoms on occupational tasks, including repetitive and sustained activities, the magnitude of improvement indicates a substantial reduction in work- related disability.

At week 16 (four weeks post-treatment), the work module DASH score fell from 14.20 to 13.06, suggesting possible longer-term effects of Jing Method™ Advanced Clinical Massage. This may reflect continued self-care between weeks 12–16, though compliance was not recorded.

From a biopsychosocial perspective, improvements in DASH scores may reflect not only physical recovery but also enhanced confidence, reduced symptom- related fear and improved ability to engage in work tasks.

Findings of this study supports conclusions in existing literature (Burton et al., 2009; NHS Plus, 2009;Fairweather and Mari, 2015;Faculty of Occupational Medicine, 2023) that effective pain management for WRULDs requires applying a holistic approach using a biopsychosocial model of health and establishing therapeutic alliance between a client and a therapist for the best possible outcome (Ferreira et al., 2013; Gillingham, 2017).

It also aligns with Crawford et al. (2016) and Field et al. (2011) demonstrating that massage therapy effectively treats pain, specifically hand pain.

Furthermore, results of this study support earlier findings by Cope (2012), Carlton (2017) and Smith (2023) that the Jing Method™ Advanced Clinical Massage could be an effective treatment approach for forearm/wrist/hand pain.

Participants of this study presented with symptoms of few WRULDs that indicated possible undiagnosed pathologies. Symptoms of CTS, LE, ME, trigger finger were recorded during initial consultation which means that even massage treatment applied throughout the intervention phase was generic, it was highly effective in treating those conditions as well as non-specific upper limb/wrist/hand pain.

Furthermore, it also supports previous evidence by Carlton (2017) and Jiménez-del-Barrio et al., (2022) that a standardized massage protocol is a successful tool in treating wrist pain and that a combination of education, manual therapy and exercise in a treatment of wrist pain is hugely beneficial (Anderson and Hensley, 2021).

This study results supports the effectiveness of application of heat/cold(Malanga, Yan and Stark, 2015), myofascial release (Ajimsha, Chithra and Thulasyammal, 2012; Castro-Sánchez et al., 2011), trigger point work (Finando and Finando, 1999), acupressure points (Lade, 1995), stretching (Walker, 2018) and teaching self- care techniques (Santello et al., 2020)in treating forearm/wrist/hand pain as all of those modalities, the HFMAST formula, pillar of the Jing Method™ were applied during this study.

Limitations

The limitations of this research project are a small-scale design, self- reported outcomes and short follow-up time.

Although, the DASH questionnaire used in this research is a good indicator of the subject's pain and the effects of experienced pain on the subject's ability to perform daily living and work tasks it does not give a full overview of the subject's weekly workload.

It was noted by the researcher of this study during the intervention phase that three participants provided similar and consistent anecdotal data regarding their workload and type of massage they performed in some weeks of the study that had an impact on their symptoms. There was a strong link between performing a corporate chair massage and decrease of subject's daily and work-related functionality in the following days.

Recommendations

The sample size could have been increased by few more participants giving more relatable results. Future research on this subject would also benefit from having longer follow- up time and recording self-care compliance post intervention to monitor the effectiveness of Jing Method™ Advanced Clinical Massage in long-term post intervention.

DASH questionnaire used in the future research would benefit from an additional question of weekly workload and a type of massage treatment performed, monitoring decrease/increase of symptoms accordingly to hours worked/ treatments provided. The researcher would recommend that for any further, more in depth study, to utilize not only the DASH questionnaire but also a further questionnaire that could link the impact of the workload on subject's symptoms, perhaps even a simple record of number of hours worked or clients treated.

Future research and professional collaboration might help further evaluate and disseminate the findings of this study. Partnership with professional organisations such as Sports Massage Association or Federation of Holistic Therapies and research institutes could support the development of larger and more robust studies examining advanced clinical massage interventions for WRULDs. Occupational health organisations such as HSE may have an interest in research focusing on the prevention and management of WR-MSDs, including those affecting massage therapists. Future studies may also benefit from partnerships with academic institutions or healthcare research funding bodies such as the National Institute for Health and Care Research which supports applied health research aimed at improving clinical practice and patient outcomes. Expanding this research through multi-centre trials or longitudinal studies could provide stronger evidence regarding the clinical effectiveness of advanced clinical massage approaches for occupational upper limb pain. Such collaborations

may also contribute to the development of evidence-based guidelines and educational programmes aimed at improving therapist wellbeing and prolonging career sustainability within the manual therapy profession.

Conclusion

This small design research project supports the effectiveness of the Jing Method™ Advanced Clinical Massage approach to reduce pain and improve function in massage therapists with forearm/wrist/hand pain.

The findings suggest that the intervention was effective in reducing both general ULDs and WRULDs. This contributes to the limited but growing evidence supporting the use of advanced clinical massage and structured treatment planning in managing WRULDs.

These findings may also be relevant for professional massage therapy organisations in educational and practical contexts, as well as for workplaces where WRULDs contribute to sickness absence and reduced productivity. The Jing Method™ Advanced Clinical Massage may therefore represent a useful tool for employers aiming to support recovery and reduce work-related musculoskeletal problems.

Further research with larger sample sizes, longer follow-up periods and recording of changes in the workload is recommended.

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APPENDICES

Appendix 1: Jing Ethics Form- Completed & Signed

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:	Monika Konca
Student number:	PE31582
BTEC Year-group:	2024-2026
Date of application:	22 April 2025
Student e-mail address:	mkonca@hotmail.co.uk
Title of research project:	**The Effectiveness of the Jing Method™ Advanced Clinical Massage for treating massage therapists with forearm/wrist/hand pain.**

Section 2: Does your project involve any primary research using human subjects?
Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	**X**	
If yes, does it involve children under 16?		**X**
If yes, does it involve children under 18?		**X**
Other vulnerable populations (i.e. mental illness, aged subjects)?		**X**
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		**X**
Are you planning to use deception?		**X**
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?		**X**
Does your study involve paying participants or an alternative incentive to participate		X
Could the study put you or someone else at risk of injury?		X
Does your project make use of a validated questionnaire?	**X**	

If yes, please specify the name of the validated questionnaire you are using and attach a copy here. **The Disability of the Arm, Shoulder and Hand (DASH) questionnaire**- an upper extremity specific outcome measure including optional work module.

Section 3: Research premises

Where is your research being undertaken? Advanced Clinical Massage therapy home clinic at 208B High Street Harlesden London NW10 4SY	
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 / No / Not applicable X

Section 4: Recruitment

How will you recruit subjects for this research study? • Via massage therapists WhatsApp groups. • Facebook, Instagram. • Advertising in spa and bigger London-based clinics. • Possibly asking Urban Massage to send an email on my behalf and help me to advertise.

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 is to evaluate the Effectiveness of the Jing Method™ Advanced Clinical Massage for treating massage therapists with forearm/wrist/hand pain.

Recruitment via social media and relevant massage contacts and initial 1:1 online consultation to inform participants about the study, answer any questions they might have and obtain consent.
Hands on study, treatments will be held at my home clinic based in North West London.
Weeks 1-6: 6 weeks control phase using DASH questionnaire. This will be sent to all participants weekly on the same day by email and to be returned completed within 24 hours.
Weeks 7-12: 6 weeks 50 minutes once a week intervention phase using Jing Method™ forearm, wrist and hand pain massage protocol with completion of DASH questionnaire 5 days after each treatment and returned within 24 hours. Self-care exercises will be given as a homework at weeks 7,9 and 11. Week 7- stretching- active isolated stretches for scalene, flexors and extensors of the wrist and fingers to perform twice daily, 10 repetitions on each side. Week 9- self acupressure point treatment- LU5, LI11 and LI4 to perform once daily. Week 11- self massage using spikey massage ball to perform once daily for 2-3 minutes. Participants will be given short video instructions as well as printed, with separate feedback form for them to mark when they do their exercise/ homework to keep a record of their activities. I will also supply them with spikey massage balls which they can keep.
Week 16: 4 weeks post-treatment DASH questionnaire to assess longer-term effects post-treatment. Study Feedback form for evaluation of the study and the experience of participants which may help improve further research studies.
Treatments will be for an hour, with 50 minutes of hands-on treatment. Extra time will be for a welcome and to demonstrate self-care exercises at weeks 7,9 and 11.

Section 6: Describe what your participants need to do

Attend 1:1 initial consultation online where they can find out more about the study, ask any questions and give consent to participate.
Weeks 1-6: complete DASH questionnaire once weekly. This will be sent to them every week on the same day by email and to be returned completed within 24 hours. There will be no intervention at this stage, it is to obtain a baseline of their pain.
Weeks 7-12: attend weekly hands-on treatments and complete DASH questionnaire on the 5th day after their treatment. They will be asked to return completed questionnaire within 24 hours.
On weeks 7,9 and 11 participants will be given self- care to complete with instructions on activity and frequency to perform. A checklist will be provided so participants can tick off list and report back compliance to researcher.
Week 16: complete final DASH questionnaire and feedback form and to be returned within 24 hours.

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?

Each participant will be assigned a number.

All data stored will be in separate files under numbers only rendering them anonymous.
Information will be held in compliance with GDPR legislation.
I will only record basic data such as name, age, employment, address, basic health, and lifestyle information.

Soft Copies: files will be protected (open and modified) with passwords (Microsoft Word and Excel)

Hard Copies: stored in a locked filing cabinet.

All data stored will be deleted or destroyed as soon as the study is complete.
There is a slight risk that participants might experience transient muscle aches or minor bruising especially if self-care, eg with spikey ball, is performed too firmly. Guidance will be given to participants about using them appropriately.
Researcher is first aid trained and a fully qualified massage therapist.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

The study will include:

- Massage therapists over the age of 18 who have been practicing for a minimum of 1 year.
- Have symptoms of pain in the forearm, wrist or hand.
- Have had no prior surgery on the forearm, wrist or hand.
- Have had no recent accident or injury to their forearm, wrist or hand.

The study will exclude:

- Non massage therapists.
- Massage therapists with less than a year of practice or under 18 years old.
- Massage therapists diagnosed with systemic health conditions that might contribute to musculoskeletal pain in the forearm, wrist or hand e.g. fibromyalgia, pregnancy, Long Covid, rheumatoid arthritis.

- Massage therapists who had a recent accident or injury to their forearm, wrist or hand.
- Massage therapists who had prior surgery on the forearm, wrist or hand.
- Massage therapists with bilateral radiating pain into arms.

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

Student's handwritten signature:

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

Print Name: Monika Konca Date: 22/04/2025

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.

Appendix 2: Participants Letter & Consent Form

Monika Konca
208B High Street Harlesden
London NW10 4SY

Tel: 07821284337
e-mail: mkonca@hotmail.co.uk

Jing Institute of Massage and Complementary Medicine
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Dear X

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 since 2012, and I specialise in the treatment of chronic pain. In my clinic, I work mostly with individuals suffering from a range of chronic pain such as headaches, lower back pain, fibromyalgia, chronic fatigue syndrome and many more.

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 clinical massage wellness programs. I have chosen to investigate The Effectiveness of the Jing Method™ Advanced Clinical Massage for treating massage therapists with forearm/wrist/hand pain.

I am looking for people who are over 18 years old and experience some of the following symptoms

- Massage therapists who have been practicing for a minimum of 1 year.
- Have symptoms of pain in the forearm, wrist or hand.
- Have no other diagnosed health conditions that might contribute to musculoskeletal pain in the forearm, wrist or hand.
- Have had no prior surgery on the forearm, wrist or hand.

If you decide to participate in the study, it will begin in July 2025. Participation is completely voluntary, and you can withdraw from study at any time without giving a reason. All your information will be kept confidential, and your data will be anonymized.

For the first 6 weeks of the study, you will be asked to complete The Disability of the Arm, Shoulder and Hand (DASH) questionnaire- an upper extremity specific outcome measure weekly. This will be sent to you by email on the same day of the week for this control period of the study.

During the next 6 weeks of the intervention stage of the study you will have to attend weekly massage treatments at the clinic address mentioned above in this letter. The treatment will last for an hour, with 50 minutes of hands-on treatment. I will be using The Jing Method™ forearm, wrist and hand protocol which includes myofascial release, trigger point therapy, hot stones work, stretching and self-care exercises and advice. You will be sent The Disability of the Arm, Shoulder and Hand (DASH) questionnaire- an upper extremity specific outcome measure for you to complete after 5 days of each treatment.

These sessions are offered to you at a discounted rate of £25 per session (total £150 for six sessions) and this is a significant reduction from my usual rate of £70 per session. This discounted fee reflects your invaluable contribution to the study and acknowledges the time and feedback you provide to support the research.

4 weeks after your last hands-on treatment I will send you your final questionnaire and a study feedback form to complete. That should happen in mid-October 2025.

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

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

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

Please call me with any questions.

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

Sincerely,

Monika Konca, ACMT

PARTICIPANT CONSENT FORM

Title of study:

The Effectiveness of the Jing Method™ Advanced Clinical Massage for treating massage therapists with forearm/wrist/hand pain.

Name of student: Monika Konca

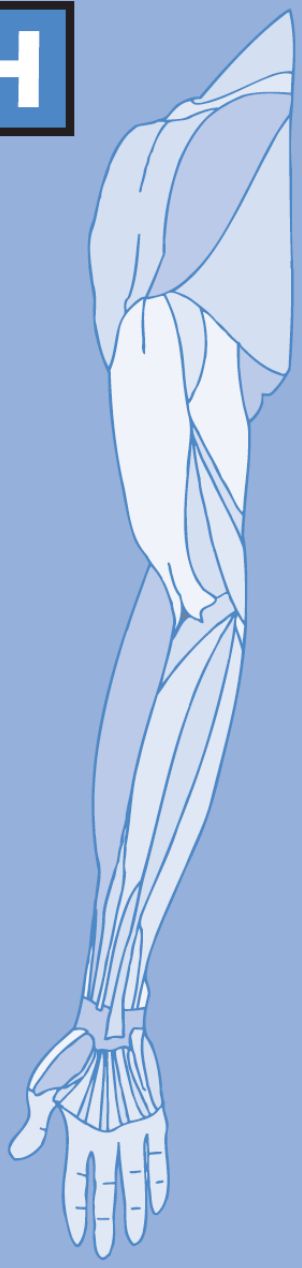
	Yes	**No**
I have read the information letter about this study		
I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
I understand that I am / the participant is free to withdraw from this study: • At any time • 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 am willing to pay discounted rate of £25 per hands-on treatment session (total £150)		
I agree to take part in this study		
Signature (participant) **Date:**		
Name: (BLOCK LETTERS)		
BTEC students contact details (including telephone number and e-mail address): **Monika Konca** **Tel no: 07821284337** **Email: mkonca@hotmail.co.uk**		

Appendix 3: Social Media Recruitment Advertisement Poster

Appendix 4: The DASH Questionnaire

DISABILITIES OF THE ARM, SHOULDER AND HAND

THE DASH



INSTRUCTIONS

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

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

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

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

Disabilities of the Arm, Shoulder and Hand

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

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

DISABILITIES OF THE ARM, SHOULDER AND HAND

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

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

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

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

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

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

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

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

DISABILITIES OF THE ARM, SHOULDER AND HAND

WORK MODULE (OPTIONAL)

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

Please indicate what your job/work is:_____

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

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

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

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

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

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

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

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

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

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.
An optional module score may <u>not</u> be calculated if there are any missing items.

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Appendix 5: Massage Protocol

Massage protocol **(Fairweather& Mari 2015)**

Prone

Grounding and still work.

Rocking and mobilisation followed by double palming of back, glutes and legs- therapist kneeling on the table.

Paddy pawing the trapezius. Undraping back.

Direct fascial work with double fists over erector spinae, upper trapezius and supraspinatus muscles.

Direct fascial work with reinforced fingers over upper trapezius and supraspinatus muscles.

Skin rolling on the neck.

Application of wax, working with hot stones on the upper back, neck and posterior upper arm followed by broad work over upper back.

Specific trigger point work- stripping supraspinatus and infraspinatus muscles followed by broad work.

Broad and specific trigger point work to triceps.

Supraspinatus, infraspinatus, teres minor and subscapularis (SITS) attachments cross fibre friction work to the attachments.

Broad work on back and posterior upper arm.

Supine

Fascial work- cross hand stretch over the chest and forearms followed by arm pulls.

Application of wax and hot stones over the chest, neck and anterior upper arm.

Broad and specific (stripping) work on scalenes finishing with scalenes static stretch followed by cervical lamina groove pull and manual traction of the head.

Broad work over the chest followed by specific trigger point work on pectoralis minor followed by integration work to the pectorals.

Specific trigger point work to subscapularis and coracobrachialis followed by arm mobilizations, static triceps stretch and PNF subscapularis and infraspinatus stretch.

Applying wax and hot stones to forearms.

Broad work to forearm extensors using fist followed by specific trigger point work with reinforced fingers.

Cross fibre friction to common extensor tendon attachment.

Trigger point work on brachioradialis and supinator finishing with broad work on extensors.

Acupressure point LI11.

Broad work to forearm flexors followed by specific trigger point work and cross fibre friction to common flexor tendon attachment.

Broad work on flexors, acupressure point Lu5.

Extensor retinaculum strip and stretch followed by longitudinal friction (Z stroke).

Working dorsal surface of the hand distal to proximal with deep muscle stripping between the metacarpal bones to treat any trigger points.

Working on webbing between the thumb and forefinger. Acupressure point LI4.

Repeat: flexors and extensors work plus brachioradialis and supinator with deeper work.

Specific muscle stripping to palmaris longus.

Flexor retinaculum strip and stretch followed by longitudinal friction (Z stroke).

Working palmar surface of the hand: thenar eminence- working with both thumbs applying static pressure and small cross fibre friction looking for trigger points; working on palmar fascia next and hypothenar eminence in the same fashion.

Work between the metacarpals and decompression of all digits.

Hand and wrist range of motion- flexion, extension, ulnar and radial deviation.

Hand and wrist traction, wrist extensor and flexor stretch.

Fascial leg pulls.

Grounding and still work.

Appendix 6: Self-care Routine

Self-care exercises for weeks 7-12

Active Isolated Stretches for scalenes:

Best performed sited. Stabilise the opposite shoulder by putting one hand behind your back or by sitting on it. Breathe in and out and bring your ear to the shoulder. At the end of the range of movement assist the stretch deeper with the hand on the side of the head. Hold for 1.5-2 seconds. Take your head back to neutral position and repeat. Do 10 repetitions on each side twice daily.

Active Isolated Stretches for flexors of the wrist and fingers:

Best performed sited. Palms up, elbow straight. Take your wrist into full extension (fingers to floor). Increase stretch at the end of range for 1.5-2 seconds using other hand. Repeat 10 times on both sides twice daily.

Active Isolated Stretches for extensors of the wrist and fingers:

Best performed sited. Palms down and elbows straight. Take your wrist into full flexion (fingers to floor). Increase stretch at the end of range for 1.5-2 seconds using other hand. Repeat 10 times on each side twice daily.

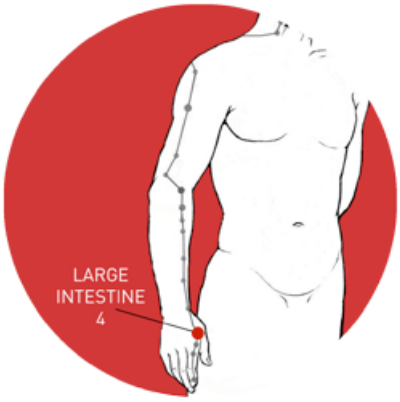
Self-acupressure points treatment:

Perform once daily, holding for 3-5 breaths.

LU5- (Lung 5, Cubit Marsh)- bend your arm slightly, forearm supinated. Look for the crease on the inside of your elbow. Find the large tendon in the centre and move slightly towards the outside (thumb side). Apply pressure and straighten your arm.

LI11-(Large Intestine 11, Pool at the Bend)- pronate your forearm (palm down), find the lateral epicondyle (bony bump that sticks out on the outside of the elbow) and palpate for small depression between this point and LU5.

LI4- (Large Intestine 4, Union Valley)- squeeze your thumb and index finger together. Locate the highest spot of the bulging muscle in the webbing, relax thumb and index finger and apply static pressure to that point (centre of the 2nd metacarpal bone on the radial side of the bone).



Self-massage using spikey massage ball on flexors and extensors of the wrist and hand.

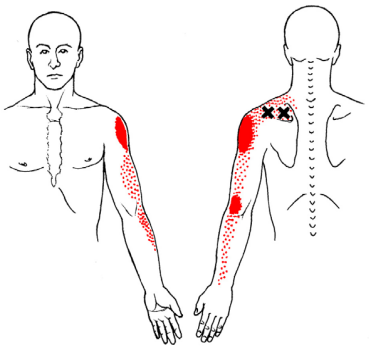
Put a pressure into the ball before you start to move it. Move it to stimulate the whole length of the forearm, both flexor and extensor side. If you find a trigger point, wait and hold for 8-10 seconds. Perform once daily for 2 to 3 minutes.

Photos courtesy of Jing Institute- Teaching client self-care techniques for forearm, wrist and hand pain.

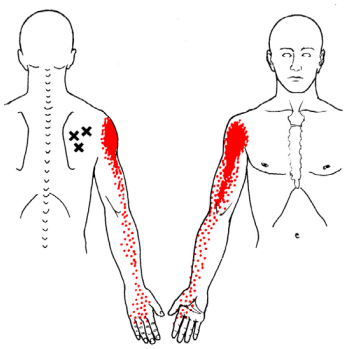
Appendix 7: Self-care compliance table

Week number	Average self- care compliance all participants
Week 7	4.18
Week 8	4.36
Week 9	4
Week 10	4.36
Week 11	4.09
Week 12	4.09

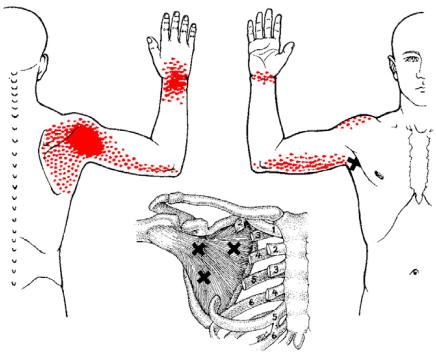
Appendix 8: Trigger point patterns



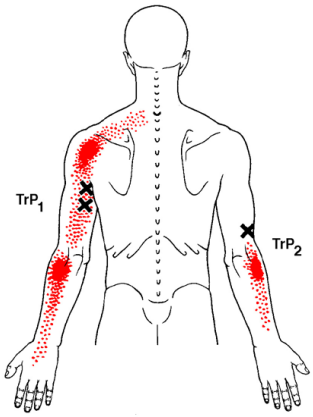
Supraspinatus trigger point pattern



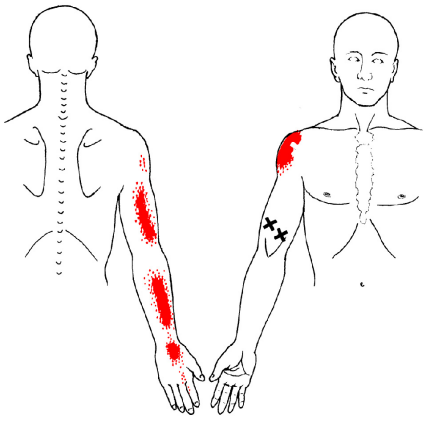
Infraspinatus trigger point pattern



Subscapularis trigger point pattern



Triceps brachii trigger point pattern



Coracobrachialis trigger point pattern