The Effect of The Jing Method ™ on Shoulder Injuries in Grappling Athletes

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

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

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Date: 3rd March 2026

Acknowledgments

ABSTRACT

Objective

The purpose of this study was to assess the Jing Method ™ of Advanced Clinical Massage using their Shoulder Girdle Protocol as an effective intervention for adult males with shoulder injuries who train in Brazilian Jiu-Jitsu.

Method

Five participants took part in a within-subject design, using the Shoulder Pain and Disability (SPADI) questionnaire to assess pain and disability over a six-week control period and a six-week intervention period. The intervention period comprised a weekly 60 minutes massage appointment following the Jing shoulder girdle protocol with a new 5 minutes self-care programme, taught fortnightly throughout the intervention period, to be performed four times a week.

Results

All participants had a reduction in pain and disability. The mean reduction in the overall combined scores for the group was 89.2%.

Conclusion

The results of this study suggest that The Jing Method of Advanced Clinical Massage ™ is shown to be effective in reducing pain and disability for Brazilian Jiu-Jitsu athletes. Future studies would benefit from larger control groups and more emphasis on including extra additions of data, such as how often the athletes are training per week throughout the study. Also focusing on expert-level

individuals of the sport to be more specific on injuries that are commonly caused in Brazilian Jiu-Jitsu.

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ABBREVIATIONS

BJJ - Brazilian Jiu Jitsu

ROM - Range of Movement

BPS - Biopsychosocial Model

GA - Grappling Athletes

SPADI - Shoulder Pain and Disability Index

LITERATURE REVIEW

Introduction

Grappling sports such as Brazilian Jiu Jitsu (BJJ), Mixed Martial Arts and Judo have seen a large increase in popularity, with BJJ suggesting a 104% increase in interest over the last 10 years (Tam, 2024).

Within grappling, there is a wide range of injuries that occur affecting the spinal column, knee joints, ribs, elbow joints and hands and feet (Stephenson and Rossheim, Petrisor et al., 2019). These injuries will occur more or less frequently at different levels of ability (Hinz et al., 2021).

This literature review identifies skills that **grappling athletes** need that can increase the risk of **shoulder injuries** and techniques that can aid their recovery, and how these techniques relate to The Jing Method ™ . The specific sample will be BJJ athletes.

Grappling Athletes

Grappling refers to an umbrella term of sports such as Judo, BJJ, and Sambo (Bello et al., 2019) which encompasses specific kinetic movements such as groundwork, take downs, submissions and sweeps (Hunker et al., 2023). The movements involved in grappling are used to physically control and overthrow the opposition with minimal energy, whilst remaining strategic with the main goal to submit the opponent - similar to Muay Thai and other similar martial arts. Skills such as refined balance, technique, grip strength and agility are key aspects of grappling, as supported by Jungman and Wilson (2016) as they demonstrated that BJJ and Judo athletes had a higher grip strength compared to Muay Thai

athletes due to the grappling aspect present in BJJ. Specifically seen in BJJ, athletes will commonly look for areas of imbalance to sweep the opponent and open up opportunities to target joints, the neck or areas to go for submissions (Andreato et al., 2017)

Grappling athletes (GA) are at higher risk of injury in areas such as the hands and also the joints (Santos et al., 2024). Often upper body strength and fast-paced motions against the opponent are utilised in grappling athletes, as opposed to using lower limbs for sweeping or pushing away from ground level. The excessive and aggressive nature that GA utilises puts the upper body under immense strain, and therefore pain can be exacerbated when training with an unresolved injury or improper support. The intricate muscles that are situated within the shoulder, such as infraspinatus, subscapularis, supraspinatus and teres minor, are commonly seen to be torn, twisted or strained (Liaghat et al., 2022). Alluding to the conclusion that the shoulder is one of the key areas that is highly susceptible to injury among GA (Stegerhoek et al., 2025).

Shoulder injuries

A shoulder injury is a broad term relating to any injury around the deltoid muscle affecting movement and/or pain during movement of the glenohumeral joint (Pike, 2020). The shoulder has the most movement out of all the joints in the body (Felstead and Ricketts, 2017), however this puts the area in a more vulnerable place to become injured. Across the general population, there is an increased amount of injuries that will fall in the categories of shoulder injury; this could be rotator cuff, shoulder dislocation, ligament tears, bursitis and many more (Quillen, Wuchner and Hatch, 2004). When the shoulder is injured, it can stop people from completing normal daily tasks such as manual handling, exercising and debilitating their typical routine (Nihal Ozaras et al., 2009). Kemp et al (2011) studied

shoulder pain relating to injury which was measured alongside social interaction and quality of life and found that with improved shoulder pain and management, that their quality of life improved as well. Shoulder injuries are also the second most affected joint in the body in BJJ athletes (De Souza Lima *et al.*, 2023), making it a very important area to know how to treat and lead to a full recovery.

Chronic pain

Pain can be described as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (IASP, 2020) . When talking about chronic pain this refers to any pain in the body that has been happening over 3 months, and any pain in the body which has been a problem for less than 3 months is typically classed as acute pain (Kang et al., 2023). Chronic pain affects about 30% of the population worldwide (Cohen, Vase and Hooten, 2021) and is often seen to be present in patients with co-morbitidies such as obesity or depression (Bair et al., 2003). Sometimes these issues can last a lifetime if left untreated, however often people will use a temporary 'fix' such as prescribed medications i.e. opioids or steroids (Chou et al., 2020) to ease their pain.

The Jing Method ™

The Jing Method ™ covers a wide variety of techniques from Western and Eastern forms of healing (Fairweather and Mari, 2015, p.144). The Jing method ™ Shoulder Girdle Protocol is used to decrease pain and increase Range of Movement (ROM) using the HFMAST mnemonic (Fairweather and Mari, 2015, p.6).

Heat, Fascia, Muscles, Acupressure, Stretching, Teaching (HFMAST)

HFMAST is a mnemonic that The Jing Method Institute ™ uses for treating chronic pain.

H is for heat/cold. Use of additional heat or a colder temperature during massage treatment for chronic pain can be seen to be used internationally and across a mass amount of other cultures. Described by Leonid and Ramova (2021), heat stones or heated-pads are proven to have a pain relieving effect on the body and therefore can be seen as effective in treatment plans across massage therapy. Cold therapy is proven to reduce spasms and pain (El-Tallawy et al., 2021), and this article also reinforces the high level of effectiveness of using additional heat, sharing the opinion of Leonid and Ramova (2021).

F is for Fascia. Fascia is a sheet of connective tissues laying under the skin that connects muscles, organs, ligaments and everything in the body (Lesondak, 2022). When relating to chronic pain, the fascia across the body can become stiffened and therefore restricting ROM and general mobility (Queiroga et al., 2021). Within athletic performance, fascial release can aid performance with added flexibility as muscular tissues elasticity is back to normal (França et al., 2023). Similar to França et al., 2023 in regards to chronic pain and myofascial release, the ROM has an increase but with an addition of decreases in pain on the person (Overmann et al., 2024).

M is for muscles. In massage therapy, muscles are the main area of focus where they find trigger points around the belly and ends of each individual muscle. Muscles are generally the area of issue, whether that is due to pain or lack ROM. With the additional support of massage therapy, muscles can become less restricted and therefore reduce pain, sharp or dull (Arsovski, 2025).

A is for acupressure. This is a more Eastern medicine approach which is using pressure through your fingers to identify specific acupoints. Using acupressure helps maintain and balance the energy in the body which helps lower pain around the body and relax the individual (Chen and Wang, 2014).

S is for stretching. Using stretching helps increase ROM around the affected area (Bryant et al., 2023). Due to an increase in ROM, it can also help reduce pain as well (Konrad et al., 2025). Mobility is essential for everyday tasks and without proper support for reduced mobility or ROM, it can be debilitating for the patient.

T is for teaching, more specifically teaching the client self care which can help them improve their own concerns while they are not getting regular treatment. Although proper treatment is advised for a recurrent or lasting muscular issue, individual self care is highly useful to be able to aid one's own recovery (Liegl et al., 2016). Teaching clients techniques such as effective stretches, trigger point therapy or muscular relieving exercises can increase one's ROM, reduce individual pain or discomfort and can also provide a sense of autonomy over their body and own recovery process.

The Shoulder Girdle Protocol looks at muscles related to the scapula and glenohumeral joint.A critical focus in The Jing Method ™ is looking at factors that contribute to chronic pain. This biopsychosocial model(BPS) approach tries to understand why such pain begins/happens to hopefully stop it recurring and not just how to fix it (Fairweather and Mari, 2015, p. 35-37).

Previous studies using the Jing Method ™ on shoulder injuries on sports athletes have found a positive impact on shoulder pain. Donate (2023) focussed on strength training adults, O'Connell, 2024 on cross fit athletes and Hallt's (2025) case study on a surfer. Less specific to athletic adults, Young, (2024) and Murdoch, (2023) also found a reduction in shoulder

pain using the Jing Method ™. Although sample sizes were limited, all results showed a reduction in the participant's shoulder pain.

Jing ™ studies have shown it can be effective in treating a range of pathologies, helping in a multitude of sports, and this study explores if it can be applied to BJJ.

Biopsycosocial model

BPS is a model developed by Engel, (1977) is an approach that Jing ™ uses, that looks into all the aspects of life which are; biological, psychological and social, to assess effects on pain (Bolton, 2022), and is implemented into The Jing Method ™ using their HFMAST acronym.

It is shown from many sources that BJJ has a positive effect on mental health and keeping a healthy social life (Mickelsson, 2021, Morris and Bone, 2024). This could be due to such practices involving joining a group and forming bonds with other team mates, while training together. As you do more of BJJ, one's stress levels reduce due to mental resilience from the stressful nature of the sport and within competitions, you become more comfortable in stressful conditions. Therefore, losing the ability to train from being injured may have a negative effect on mental health (Lorenco-Lima, Coimbra and Andreato, 2025).

When reviewing alternative methods to treating chronic shoulder pain, such as steroid injections or regular pain relief, these routes have been shown to be effective for small periods of time but not for long term relief (Mohamadi et al., 2017). The Jing Method ™ is a multimodal and comprehensive approach to massage therapy. Evidence for the effectiveness of the HFMAST approach has been identified through the wider literature. This study will evaluate the effectiveness of the Jing shoulder girdle protocol in treating chronic shoulder pain in grappling athletes.

METHOD

Ethical approval was received in May 2025 for the following study from Jing Advanced Massage Training: The Effects of the Jing Method ™ on Shoulder Injuries in Grappling Athletes

Participants were recruited through various social media groups. Participants that were interested were asked for an email and sent a participant letter outlining the study and what was involved. Consent was obtained from participants prior to starting the study (see in appendix 4).

Of the 14 applications received, only 7 met the inclusion criteria and were eligible to take part in the study. All were male, over the age of 40, had trained in grappling for over 3 months and had shoulder pain for over 3 months, with no recent shoulder surgery. One retracted before we started due to personal time constraints. Three participants had previously seen other practitioners like osteopaths and physiotherapists for their shoulder injuries.

After agreeing to take part, 1 participant was withdrawn 6 weeks in after not responding to getting booked in for treatments. Therefore the study consisted of 5 participants overall.

The control phase (Weeks 1-6) was the use of the Shoulder Pain and Disability Index (SPADI) questionnaire to get a baseline of their pain and no other intervention. Participants then continued to complete the SPADI questionnaire once a week which was sent via email every week throughout the 12-week study period. Four weeks after the last treatment participants completed the SPADI one last time.

The SPADI Questionnaire was chosen due to it being a validated questionnaire, easiness of completion and previous studies to allow comparisons.

The first treatment in week 7 included a 30-minute consultation going over their health history and their pain, looking at other areas of their life that are included in the biopsychosocial model that may relate to their pain. During all of the 60 minute sessions, the Jing Method Shoulder Girdle Protocol was used to treat incorporating the HFMAST acronym (see protocol used in appendix 3) .

Self-care exercises were given every 2 weeks and were demonstrated at the end of each treatment to check that they were being done correctly (see in appendix 3). The self-care would take 5 minutes to perform and was to be completed four times per week, taking roughly five minutes to complete. The participants were asked each session how many days they completed the self care the week before. Participants were asked to complete the SPADI questionnaire the day before their next treatment and six days after the final treatment on week 12. After treatments were complete, they filled out the SPADI one more time on week 16 to see how their pain is long term post treatments.

As this was a small study, a within-subject design was chosen so causal relationships between variables could be easily identified; it was cost-effective, and it would likely be statistically more powerful than a between-subjects appro

RESULTS

The results are based on five male participants who were all experienced BJJ athletes who had experienced shoulder pain for more than 3 months before the start of the study. For the purpose of clear demonstration between phases of the study, such as control (Orange), intervention (Blue) and follow up (Red), have been highlighted in separate colours.

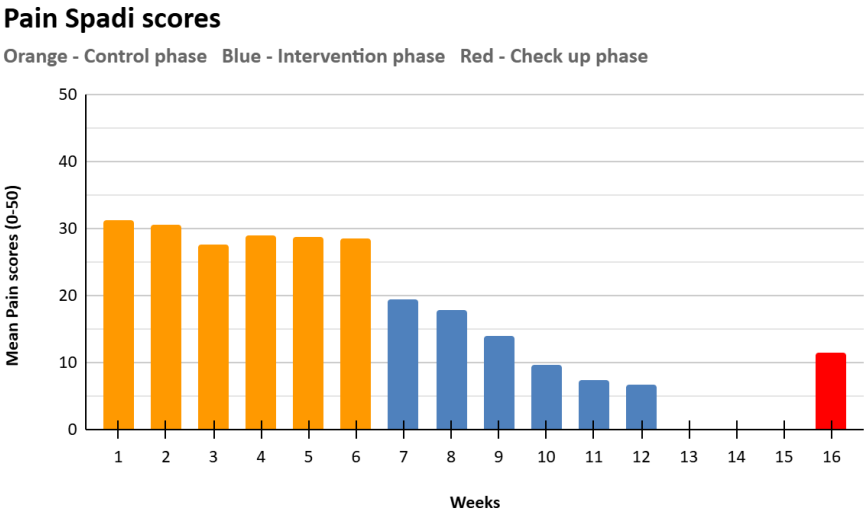

Figure 1 shows that pain scores decreased by 78% by the end of week 12 and week 16, only slightly raised in scores, similar levels to week 10. Within the intervention phase the scores continued to reduce throughout the following weeks, with week 7 being the biggest drop in the score for pain.

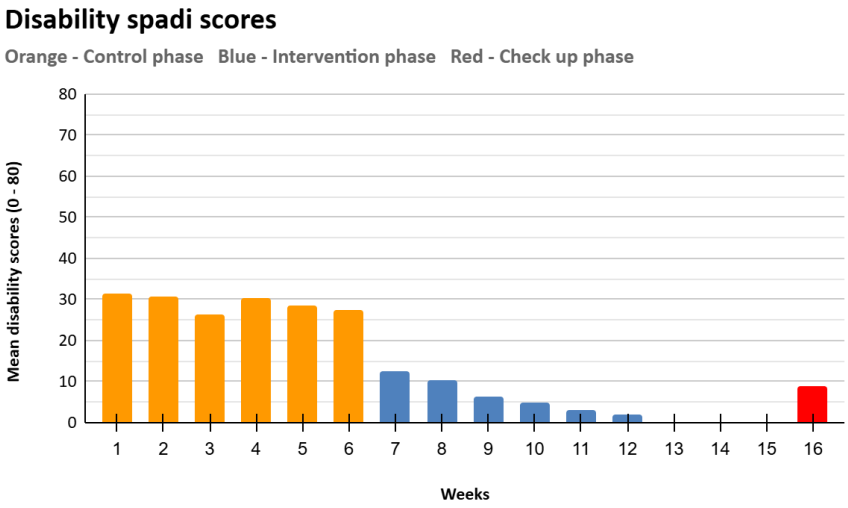

Figure 2 - Combined Disability Scores via SPADI Questionnaire

Figure 2 shows that disability scores decreased by 93.6% by the end of week 12 and week 16, slightly raised to similar levels to week 8. Within the intervention phase, the scores continued to reduce throughout the following weeks, with week 7 being the biggest drop in score for pain.

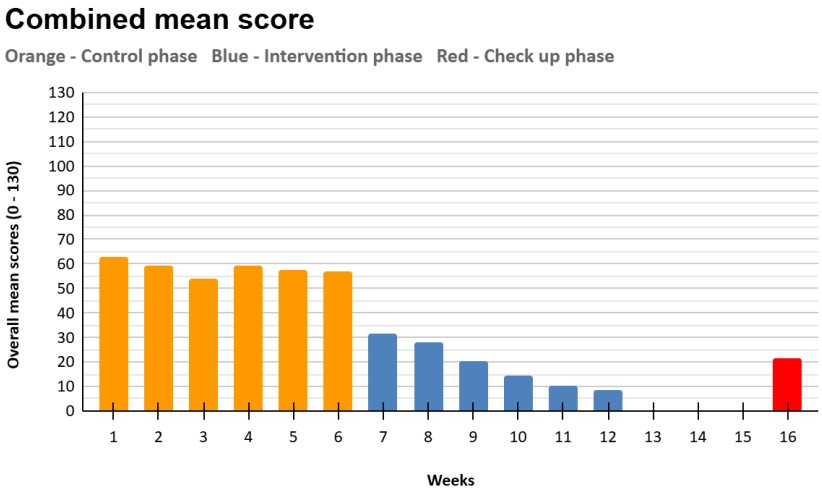

Figure 3 - Overall Scores via SPADI Questionnaire

The results showed an overall decrease in SPADI scores of 85.9%. During the control phase, the scores stayed on a steady level between 53.8 - 62.6. At the end of the intervention phase, scores were at an all time low between 0 - 25. Overall scores that averaged at 8.8 which is an 85.9% decrease in overall scores. Four weeks after the intervention phase, scores slightly increased to similar levels of week 9.

DISCUSSION

Within this study, data showed using The Jing Method ™ to treat grappling athletes with chronic shoulder pain, lasting more than three months, was an effective method of treatment.

The results were split up into three different sections of the SPADI questionnaire, which is pain scores, disability scores and combined scores. This data alone indicates that there is a positive correlation on grappling athletes with shoulder pain getting treatments using The Jing Method ™. At the follow-up, four weeks after the study was completed, pain and disability scores slightly increased to a mean score of 21, however, these scores were not at a level considered an impairment within the SPADI questionnaire as a score above 21 is the threshold of a potential impairment. This may show a more lasting positive effect of The Jing Method ™.

The main drawback of this study being its small cohort of participants, which reduces variety across results. As seen in Figure 3, the mean score decreases over the course of the 16 week study, particularly from the intervention stage at week 7 as there is a steeper decline from this point.

Comparing to other Jing ™ studies

There were other studies available using the Jing Method ™ and assessing shoulder pain across sport, with the aim to reduce pain, however the measurement tool used was the DASH questionnaire. Donate, 2023 had a 25.66% decrease in pain in 6 participants who regularly complete strength training when being treated with the Jing Method ™ of massage therapy. Also using the DASH questionnaire, O'Connell, 2024 looked at non-specific shoulder pain in 3 cross fit athletes and found a 89.9% decrease in pain during their study.

Additionally, there were similar results of other Jing studies that used the SPADI questionnaire (Murdoch, 2023; Young 2024). Young, 2024 who had 3 participants explained another approach that could be to take into account biopsychosocial factors during the study, as this may give a better impression on what could be having the biggest effect on their pain. Murdoch, 2023 with 7 participants, was very focused on self care, noting that participants who did the least self care showed the lowest change in scores. Murdoch, 2023 also found that while using the Jing Method ™, had an 85% decrease in pain amongst participants. Overall within this study participants did take part in the selfcare that was given, with this being a small scale study any minor deviations are not notable.

Most studies on The Jing Method ™ and its effect on shoulder pain mentioned their study would benefit from more participants as this is an opportunity to solidify the data collected within a wider range, giving broader and more detailed results. Although these mentioned studies above provide useful evidence to support the effectiveness of the method used, a direct comparison can not be drawn as the sample population used in the other studies varies compared to this study as they are discussing different types of athletes, not GA.

Interpretation Through BPS

The social side of BJJ is one of its biggest benefits as you are welcomed into a gym and build rapport with other members, building a big community and BJJ can be a big part of people's social settings. Taking this away from them due to an injury may cause injuries to become worse or stay the same because of missing out on a key part of their health.

Undertaking long sessions with drills and sparring over long periods of time is considered very active, which helps the body keep up with its normal functions like improving

cardiovascular endurance or strength and keeping muscle tone. Also, a big part is keeping the brain active and thinking due to trying to outsmart your opponent with sweeps, throws and submissions (Hunker et al., 2023).

Hallt, 2025 did a case study using The Jing Method ™ on a surfer using the DASH questionnaire, who experienced an acute injury during the last week of treatment. In turn, this put the scores to almost double the worst scores recorded, however the data showed that 4 weeks after, on week 16 with no intervention but using the techniques of self-care shown by the practitioner, they came back with the lowest scores throughout the whole study. This demonstrates long lasting effects of The Jing Method ™ using the BPS model showing how teaching self-care is allowing people to understand more about injury recovery and how to aid their own recovery.

In BJJ, joints can be put under massive amounts of pressure and stress due to submission or landing wrong (Stegerhoek et al., 2025), which although is arguably part of the sport, will increase chances of injury in this particular population of athletes.

BJJ is a stressful sport to undertake especially in the beginning by being purposely hurt and thrown or being in a new environment, yet over time this stress fades as you become more familiar and comfortable being in those situations. As a whole, this could have a positive effect on stress levels (Lorenco-Lima, Coimbra and Andreato, 2025) which may help with injuries and daily life. It is also worth mentioning that it is proven that stress is reduced when doing exercise (Mikkelsen et al., 2017).

As an overall BJJ seems to aid the BPS model, especially with exercise showing a positive impact on social and mental wellbeing aspects mentioned by Morris and Bone (2024). When joined with seeing a therapist using The Jing Method ™, chronic pain reduction might show better improvement.

Limitations

As the study had a small group of 5 participants, it could benefit from a larger cohort which would strengthen and consolidate data to show its statistical significance and therefore more accurate due to data being collected from a wider group of people as supported by many other studies (Donate 2023; O'Connell 2024; Murdoch, 2023; Young 2024). However, getting larger cohorts is difficult due to the possibility of needing larger resources, such as more time and Jing - trained therapists to complete the study as it was being undertaken by one researcher.

Following on from this, as the baseline dataset is obtained from the same group of participants over a short amount of time and they are aware of the question for the study, the participant may be anticipating their personal outcome of the study ahead of time, i.e. whether their questionnaire scores will improve with treatment or not. However, the follow-up questionnaire improvements seem to address this as levels still remained much lower than control period.

All participants, apart from one, were still training during the time of the study, although the majority of the SPADI questionnaire results decreased. This suggests that their pain and mobility improved with the course of treatment. It could be argued that with the ongoing stresses on the body from continuing to train in BJJ that they could have improved more if they allowed themselves to rest properly without ongoing training.

Clinical implications

Within BJJ and grappling as a sport, there is minimal research behind shoulder injuries and their common treatments, therefore this study could be argued as a primary resource in this area of research. The majority of the research obtained around this topic of BJJ has originated

from Brazil, and therefore was translated from Portuguese to English in order to be utilised for the prior literature review to inform this study. It could be a potential factor for inaccuracy in terms of phrases, data conclusions and numerics due to poor translation services provided by the publisher.

As a shoulder injury can stop people from doing normal daily tasks and debilitating their typical routine (Ozaras et al., 2009), data that shows a positive reduction in pain from The Jing Method ™ could show there is a need for such treatments more frequently to help with people's daily routines which would help improve their overall lives and as per De Souza Lima *et al.* (2023) stated, these injuries are one of the most common in BJJ and this may be affecting an important part of their life.

More and more data is pointing to a positive effect on pain when using The Jing Method ™ by other studies as mentioned previously (Donate 2023;O'Connell 2024; Murdoch, 2023; Young 2024).

With this new research and its positive results, seeing a qualified Jing ™ therapist when experiencing chronic shoulder pain in BJJ is a viable option for treatment. Instead of looking at other options such as surgery, which is not always a side effect free option (Parvizi et al., 2025).

Future research suggestions

Looking at a mixed gender study could also benefit due to females generally getting overpowered when sparring with men which may cause them to over strain. Within this study, there was a range of levels of BJJ athletes from beginner to expert. Focusing on expert-level individuals may point towards injuries that are more specifically caused by BJJ, unlike a beginner where they have been injured previously and an injury was made worse by BJJ.

To strengthen the evidence for The Jing Methods ™ multimodal approach, the same study could be conducted using other massage styles such as conventional sports massage, Swedish massage, or Thai massage. This would allow researchers to compare the effectiveness of The Jing Methods ™ approach with more traditional massage techniques and determine whether the multimodal protocol as a whole is more effective in treating chronic pain, or whether the benefits are primarily due to massage alone. Such data could outline the importance of addressing the BPS factors associated with pain, rather than focusing only on the injury itself, and may suggest that a more holistic treatment approach leads to greater long lasting pain reduction.

Although this study is angled towards grappling athletes, it has a strong focus on BJJ. To obtain more data in other grappling fields, looking at other grappling sports such as judo and wrestling, which are more throw and take down based, could show injuries more focused on impact.

A point to consider for future researchers would be to include an additional variable of the training frequency throughout the duration of the study, to then be able to draw additional conclusions between the frequency of training and their SPADI score fluctuation. Alternatively, the option to train whilst the study is ongoing could be removed entirely to allow the participants time to fully recover, however this creates a reductive and restrictive nature to the study for the participants and may deter them from continuing the study all together as this will remove social and psychological benefits for the participants.

To help with making another study larger, you could go to multiple martial art gyms for collaborations or funding, which will improve the study due to the extra resources and participants.

CONCLUSION

Overall within this small scale study, all of the 5 participants' had positive results using The Jing Method ™ to recover from their chronic shoulder injury. Their scores showed an average 85.9% reduction using the SPADI questionnaire. These results support other similar studies using The Jing Method ™ on shoulder pain that is adding to growing evidence to support The Jing Method ™ approach.

This study produced valuable insights into the effectiveness of using The Jing Method ™ shoulder injuries in BJJ and grappling athletes in an area where there is little data available. Further research may benefit with a larger participant group size, focusing more on expert level athletes and getting extra data, such as frequency of training that week, as this could prove to focus more on the injuries specifically coming from BJJ.

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APPENDICES

Appendix 1 - Ethics form

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

Jing BTEC Research Ethics Form

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

Section 1: to be completed by student

Student's name:	Ryan McInerney
Student number:	
BTEC Year-group:	2024 - 2026
Date of application:	
Student e-mail address:	Ryanmcinerney3@gmail.com
Title of research project:	*The effects of the jing method on shoulder injuries in grappling athletes*

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

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	•	
If yes, does it involve children under 16?		•
If yes, does it involve children under 18?		•
Other vulnerable populations (i.e. mental illness, aged subjects)?		•

Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		•
Are you planning to use deception?		•
Are you collecting sensitive personal data such as sexuality, mental health data, etc.?		•
Does your study involve paying participants or an alternative incentive to participate		•
Could the study put you or someone else at risk of injury?		•
Does your project make use of a validated questionnaire?	•	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. SPADI https://denalipt.com/wp-content/uploads/Shoulder-Pain-and-Disability-Index.pdf		

Section 3: Research premises

Where is your research being undertaken? Personal clinic in my garden

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

Section 4: Recruitment

How will you recruit subjects for this research study?

- *Posting a text on a big whatsapp group of grapplers*
- *Posting on facebook groups about grapplers in my area*
- *Get in contact with gyms in my area*
- *Fliers to hand out*
- *Will be given a link to fill out a form to decide if they are able to participate*

Section 5 Outline your project procedure

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

- I will be posting adverts about who i am, what i'm doing and what i am looking for, on local groups about what i am looking for.
- Participants who are interested can fill out a questionnaire about their injury which will help me decide if they are able to be included in the study.
- Once decided I will get in contact via email or text message where I can give more information of what would be expected of them and what the study will include also where they can ask questions they may have.
- Once the participants have been found and have agreed to participate we can start the study. I will first have a call with each participant going over the study and giving them a chance to ask any questions about it and get some basic information about them and their injury.
- Once all complete participants will be sent a questionnaire (SPADI) to fill out every Monday once a week for 6 weeks about how they are with their injury, with no intervention from the researcher.
- After the first 6 weeks they will still be filling out their questionnaire every 6 days after each intervention for another 6 weeks but the researcher will step in with treatments. There will be 50 minute long treatment once a week using the jing shoulder girdle protocol for 6 weeks, the first treatment will be an extra 30 minutes long for a consultation. This protocol includes HFMAST, a variety of hot and cold, fascial techniques, trigger point therapy, acupressure points and stretching .

- Also the treatment will include self care for them to do outside of treatment time which I would like them to do once a day which each session participant will inform how many they did that week. This will include self trigger point therapy, stretches and mobilisation that will take around 5 to 10 minutes to do per day.
- after these 6 week intervention there will be another 4 weeks of the spadi questionnaire to fill out each week and then after few questions to fill out about what they think could be done different within the study
- data will be analysed from the whole 16 week study and presented in graphs showing what happened throughout the weeks and a results discussion

Section 6: Describe what your participants need to do

- Participants who are interested will fill out a questionnaire about their injury which will help me decide if they are able to be included in the study.
- Once decided they will have to reply to the email or text where they will get more information of what would be expected of them and what the study will include. They will also have the opportunity to ask any questions they may have.
- Once they give consent to participate we can start the study. First they will get a call where they will be told about the study and given a chance to ask any questions and get some basic information about them and their injury.
- Weeks 1 -6 participants will be sent a questionnaire (SPADI) to fill out 6 days after each treatment and send within 24 hours once a week for 6 weeks about how they are with their injury, with no intervention from the researcher.
- Weeks 7 - 12 they will still be filling out their questionnaire every 6 days after each treatment and send within 24 hours for another 6 weeks but the researcher will step in with treatments. There will be 50 minute long treatment once a week they will have to attend using the jing shoulder girdle protocol for 6 weeks, the first treatment will be an extra 30 minutes long for a consultation. This protocol includes HFMAST, a variety of hot and cold, fascial techniques, trigger point therapy, acupressure points and stretching .
- Also the treatment will include self care that participants will have to do outside of treatment time which would be done once a day and will take around 5 to 10 minutes to complete. This will include self trigger point therapy, stretches and mobilisation. In the treatment sessions participants will be required to state how many they did within the week.
- after these 6 week intervention there a 4 week follow up stage, which is the same as weeks 1-6

- At the end of the stuff will be a few questions to fill out about what they think could be done different
- Data will be analysed from the whole 16 week study and presented in graphs showing what happened throughout the weeks and a results discussion and they can attend the presentation too if they would like too

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?

- I will be keeping consultation forms in a secure location that only i can access in accordance with GDPR
- No names of the participants will be named in the study as data will be anonymized.
- i will be getting all participants consent
- at any time participants can stop without any question or hold up
- I am a qualified massage therapist with years of experience
- i have valid insurance
- Minimal risk of slight bruising if participants press too hard during self care or transient muscle aches that can be experienced after a massage. this will be explained to client.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?
The study will include:
Male , over 18 year olds, grappling athletes, had grappling experience for over 6 months, score over 20 in the SPADIi questionnaire experiencing pain in shoulder for over 3 months, train brazilian jiu jitsu, judo, wrestling
The study will exclude:
females, anyone with severe health conditions, under 18, post shoulder surgery, frozen shoulder, complete rotator cuff tears, recent shoulder dislocation

Section 9: Student declaration:

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

Student's handwritten signature:

Ryan.M

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

Print Name: Ryan McInerney **Date:** 12/6/25

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.

Appendix 2 - SPADI Questionaire

SHOULDER PAIN AND DISABILITY INDEX (SPADI)
Patient Name :
Date:

Please read carefully:

Instructions: Please enter the number that best describes the question being asked.
Pain scale:

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain Imaginable

How severe is your pain?

1. At its worst
0 1 2 3 4 5 6 7 8 9 10 =

2. When lying on the involved side?
0 1 2 3 4 5 6 7 8 9 10 =

3. Reaching for something on a high shelf?
0 1 2 3 4 5 6 7 8 9 10 =

4. Touching the back of your neck?
0 1 2 3 4 5 6 7 8 9 10 =

5. Pushing with the involved arm?
0 1 2 3 4 5 6 7 8 9 10 =

Disability scale:

No difficulty 0 1 2 3 4 5 6 7 8 9 10 So difficult it requires help

How much difficulty do you have?
1. Washing your hair?
0 1 2 3 4 5 6 7 8 9 10 =

2. Washing your back?
0 1 2 3 4 5 6 7 8 9 10 =

3. Putting on an undershirt or pullover sweater?
0 1 2 3 4 5 6 7 8 9 10 =

4. Putting on a shirt that buttons down the front?
0 1 2 3 4 5 6 7 8 9 10 =

5. Putting on your pants?
0 1 2 3 4 5 6 7 8 9 10 =

6. Placing an object on a high shelf?
0 1 2 3 4 5 6 7 8 9 10 =

7. Carrying a heavy object of 10 pounds?
0 1 2 3 4 5 6 7 8 9 10 =

8. Removing something from your back pocket?
0 1 2 3 4 5 6 7 8 9 10 =

OTHER COMMENTS:

Appendix 3 - Treatment plan

Treatment 1

- **Prone – 30 minutes**
  - Grounding Amma compressions down erectors into legs
  - Soft fist compressions down erectors
  - Fascial palm work along erectors
  - Cross-handed fascial stretch to trapezius
  - Upper trapezius STR
  - Scapular skin rolling
  - Scapular mobilisation
  - Deltoid trigger point work
  - Cross-fibre friction to distal deltoid insertion
  - Supraspinatus trigger point release

- Infraspinatus trigger point release
- Broad triceps ironing technique
- Wrist flexors and extenders stretch
- SI-11 acupressure point
- Three-way leg stretch

■ **Supine – 20 minutes**

- Three-way foot stretch
- STR to sternal attachment and pectoralis major
- Soft fist broad chest work
- Laminar groove rope-pulling technique
- Scalene stripping
- PNF scalene stretch

- Arm pull MFR

- Grounding stillness work at head

■ **Self-Care 1**

- Finger wall walks (over-exaggerated movement focus)

Treatment 2

■ **Prone – 20 minutes**

- Amma compressions

- Open palm fascial work down erectors

- Open palm upper back effleurage

- Scapular sawing

- Fascial finger work over rhomboids and infraspinatus

- Rhomboid stripping with trigger point release

- STR to infraspinatus

- Cross-fibre work to teres major and minor

- Rear Deltoid broad work

■ **Side-Lying – 10 minutes**

- Scapular mobilisation

- Axillary border work

- Serratus anterior stripping

- Subscapularis release

- Latissimus dorsi “money sign” technique

- Trapezius stretch flowing into forearm work

- STR to scalenes

■ **Supine – 20 minutes**

- Grounding hand on heart and abdomen
- Compression to sternal attachments and diaphragm
- Broad pectoral work
- STR to belly of pectoralis major
- Subclavius trigger point release
- SITTS attachment and biceps tendon cross-fibre friction
- Biceps petrissage and coracobrachialis work
- Broad cervical work
- Cervical flexion stretch
- Shoulder Well acupressure
- Compression down legs with pull MFR

Treatment 3

- **Supine – 25 minutes**
  - Grounding hands on heart and abdomen
  - Compressions down legs
  - Foot stretch
  - Cross-hand stretch to pectorals
  - Broad pectoral work
  - Compression STR to pectoralis major
  - Pectoralis minor trigger point
  - Anterior deltoid trigger point

- SITTS attachments
- Arm pull MFR
- Arm mobilisations
- PNF internal and external rotation
- SCM trigger point
- Cervical rotation
- SCM stretch
- Spinal twist

■ **Side-Lying – 15 minutes**

- Scapular mobilisation
- Serratus anterior stripping
- Subscapularis trigger point

- Scalene STR
- Devil pec stretch
- Trapezius stretch

■ **Prone – 10 minutes**

- Amma compressions
- Compressions down legs
- Broad work across back and shoulders
- Levator scapulae flow into supraspinatus stripping
- Shoulder Well acupressure

■ **Self-Care 2**

- Belt-assisted infraspinatus and subscapularis stretch

Treatment 4

■ **Prone – 25 minutes**

- Amma compressions
- Broad effleurage across entire back
- Cross-hand MFR stretch between scapulae
- Scapular skin rolling
- Scapular sawing
- Infraspinatus stripping
- Teres minor and major cross-fibre
- Upper trapezius STR
- SI-11 acupressure
- Latissimus dorsi stretch
- Glute compressions
- Glute/piriformis STR release

- Gastrocnemius STR

- Broad effleurage to legs and feet

- **Supine – 25 minutes**

  - Compressions down legs

  - Kidney 1 acupressure

  - Three-way leg stretch

  - Arm pull MFR

  - Trigger point work to pectoralis minor and coracobrachialis

  - Brachioradialis glide

  - Diaphragm release with breath cueing

  - Laminar groove neck work

  - Broad cervical techniques

- Trapezius stretch flow

- Cervical MFR decompression

Treatment 5

■ **Prone – 20 minutes**

- Amma compressions

- Broad effleurage

- Fascial soft fist work to erectors

- Skin rolling down spine and posterior cervical

- Cross-hand stretch to triceps

- Supraspinatus release

- Triceps broad work

- Specific triceps stripping

- **Side-Lying – 10 minutes**
  - Grounding at sacrum and occiput
  - Gluteus medius compression
  - Shoulder circumduction
  - Scapular border work
  - Serratus anterior work
  - Subscapularis release
  - Scalene STR
  - Devil pec stretch
- **Supine – 20 minutes**
  - Leg pull MFR
  - Psoas stretch
  - Broad work to pectoralis major and minor

- Subclavius release
- Anterior deltoid work
- Biceps STR and petrissage
- Forearm, wrist, and hand massage
- Broad effleurage down entire arm
- PNF internal/external rotation
- Neck work including Shoulder Well
- Grounding at head

■

■ **Self-Care 3**

- Weighted internal and external shoulder rotations

Treatment 6

- **Prone – 20 minutes**
  - Amma compressions down erectors and legs
  - Broad effleurage with flattened figure-8 pattern
  - Broad fascial soft fists to erectors and trapezius
  - Scapular skin rolling (medial border focus)
  - Levator scapulae and rhomboid stripping
  - Supraspinatus trigger point check-in
  - Infraspinatus trigger point check-in
  - Deltoid insertion acupressure
  - Latissimus dorsi stretch
  - Quadriceps stretch
- **Side-Lying – 10 minutes**
  - Grounding at sacrum and head

- Shoulder circumduction
- Scalene STR
- Devil pec stretch with PNF
- Occipital compression flowing into trapezius stretch

■ **Supine – 20 minutes**

- Grounding at feet
- Broad compressions down legs
- Arm pull MFR
- Broad work to pectoralis major and minor
- Specific pectoral work
- Biceps petrissage
- PNF internal/external rotation

- Broad cervical work
- Trapezius and scalene stretch
- Anterior shoulder focus
- Facial massage
- Grounding at head

Appendix 4 - Participant Letter

Tel: 07393293678
e-mail: Ryanmcinerney07@gmail.com

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

www.jingmassage.com
01273 628942

Dear participant,

The effects of The Jing Method ™ on shoulder injuries in grappling athletes

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

I have been a massage therapist for 5 years 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 low back pain, whiplash and of course a wide range of shoulder problems.

In 2023, I started 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 programmes. I have chosen to investigate grappling athletes with shoulder injuries.

I am looking for men who are over 18 years old and experience all of the following symptoms:

- have 3 months or over experience in grappling sports (eg. Brazilian jiu jitsu, judi, wrestling)
- shoulder pain for over 3 months
- score over 20 in the SPADI questionnaire

Unfortunately, if any of these are relevant to you then you will not be able to participate in this study:

- *Female*
- *Currently managing any severe health conditions*
- *Under the age of 18*
- *Post shoulder surgery*
- *Diagnosed frozen shoulder*
- *Complete rotator cuff tear*
- *Recent shoulder dislocation*

If you decide to participate in the study, it will begin around 25th of August. 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?

We will have an initial 1 to 1 call where we talk through the study, I will gather your contact information, and I will introduce you to the SPADI questionnaire. Once the study is fully explained to you and I have answered any questions you have, you will choose to consent to take part.

The first 6 weeks is about understanding your pain/wellbeing. During this time, every Monday, you will fill in the SPADI questionnaire via email/Google forms. It should take you approximately 5 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 weeks 7-12, you will receive a 50 minute hands on clinical massage treatment per week. Each session will be held on the same weekday and will involve a variety of massage techniques that are involved in my protocol. You will also receive a handout/short video of self-care exercises to perform three times during the week.

During these 6 weeks, you will continue to fill out the SPAI questionnaire, six days after treatment. I will continue to send you an email prompt and I will ask how many times you have performed the self-care routine.

Four weeks after the last hands-on treatment you will fill out the SPADI questionnaire and I will send you a final email prompt.

At the end of the study I will ask that we have a feedback meeting where we discuss what worked for you and what didn't. If the sessions are working for you, there will be an opportunity to continue.

Are there any risks or benefits to taking part?
The risk for this study is very low. If you apply pressure too deeply when performing self care you might cause some slight bruising to the area. Also, due to working on painful areas, this may briefly aggravate the area. However, I have a number of resources available that I can signpost you to if necessary.

The benefits of taking part in the study are that you might experience a reduction in your pain, improved ROM which can lead to better performance and increased quality of life.

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

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

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

I have given a big discount to these treatments the cost of these six sessions will be £120 which comes to £20 a session from my normal £60 a session
Please call me with any questions.

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

Sincerely,
Ryan Mcinerney

Appendix 5 - Participant Consent Form

PARTICIPANT CONSENT FORM

Title of study: The effects of The Jing Method ™ on shoulder injuries in grappling athletes

Name of student: Ryan Mcinerney

	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 (until such date as this will no longer be possible, which is once all anonymised data has been merged) • Without giving a reason for withdrawing • That I am free to refuse to answer any question without saying why • That the services I am receiving will not be affected whether I participate or not.		
I understand that 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 that online sessions may not be recorded		
I understand the online sessions might involve other participants and 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)		