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Hands-On Healing: Why Women are Turning to Manual Therapy

The latest cure for that aching back, hurting hip, or tingling wrist? The not-so-simple human touch

By [Joseph Hooper](#) | June 01, 2010 11:00 a.m.

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Your average orthopedist tends to see muscle and joint pain as coming in two flavors: not so serious (take a couple Advil or a prescription muscle relaxant and deal with it) and serious (time to book the OR). But between Advil and surgery lies a universe of hands-on muscle therapies that are beginning to alter the way mainstream medicine deals with chronic, nagging problems such as neck, lower-back, and hip-related - muscle pain, and carpal tunnel syndrome—conditions that the vast majority of women in this country have experienced at one time or another and that tend to affect women more than men.



Photo: David Burton

“Often, patients are shocked by how quickly they recover with the help of manual therapy,” says Jennifer Solomon, MD, a specialist in rehabilitative medicine at Manhattan’s Hospital for Special Surgery, the nation’s leading orthopedic hospital. “Manual therapy” is basically a catchall phrase for a confusing patchwork of largely unregulated, competing types of therapy, each of which addresses a specific injury with a highly targeted form of deep-tissue work:

Myofascial Release, Active Release Techniques

(ART), trigger point therapy, Graston technique, ortho-

pedic massage, and so on. For the most part, therapists agree that after any injury affecting the muscles, the muscle fibers shorten and tighten, or “shut down.” The practitioner pushes and prods against them in certain ways—in ART with the thumbs, in Graston with metal bars—to attain a “release,” making the affected muscles relax. Ideally, muscles then move more smoothly against one another and against the tough connective tissue, the fascia, that holds the soft tissue in place. The blood flow to this now less congested area begins to return to normal, speeding up the body’s repair mechanisms. Net effect: less pain, increased range of joint motion, happier campers.

Eight years ago, I met Rob DeStefano, a chiropractor who trades patients back and forth with some of the star doctors at the Hospital for Special Surgery. DeStefano treats the New York Giants, and, less exaltedly, me, for carpal tunnel syndrome symptoms, lower back pain, and a stiff, painful shoulder. Three or four times a year, I walk in hurting and walk out not. Last year, I collaborated with DeStefano and Hospital for Special Surgery orthopedic surgeon Bryan Kelly, MD, on a book, *Muscle Medicine: The Revolutionary Approach to Maintaining, Strengthening, and Repairing Your Muscles and Joints*, which delivers the principles of muscle therapy in self-help form.

During my year in the musculoskeletal trenches, I learned that, in some cases, women stand to benefit the most from these nonsurgical therapies. For instance, women are more likely than men to develop carpal tunnel syndrome and its trademark weakness and tingling in the hand and fingers. (Blame it on generally narrower wrists and jobs that involve intensive typing.) DeStefano and Solomon have found that many patients who complain of CTS symptoms don’t even have the condition. A few sessions of therapy to ease tight, overstressed forearm muscles—which can press against the median nerve above the wrist, causing the same symptoms—is often enough to do the

trick.

Lower-back pain and neck pain afflict men and women equally, but pregnancy (and carrying around the small children that follow) offers women another way to aggravate the spinal muscles. In the vast majority of cases that don't involve significant nerve damage, doctors don't have a clue as to what's causing the problem. For lower-back and neck pain, DeStefano loosens the front-of-body muscles, which can tighten up from slumping at a desk all day. And women have a higher incidence of hip injuries, certain types of which are frequently misdiagnosed; DeStefano helps such patients by working a range of muscles crucial for gait and posture.

According to Partap Khalsa, PhD, a program officer at the NIH's National Center for Complementary and Alternative Medicines, while some of the myofascial therapies show little evidence of clinical benefits, there's not enough science yet to judge the field as a whole. Still, when I ask Solomon whether, when she sends patients to manual therapy, she gets funny looks from the famously tough-minded Hospital for Special Surgery orthopedists, she's matter-of-fact: "Not anymore."

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