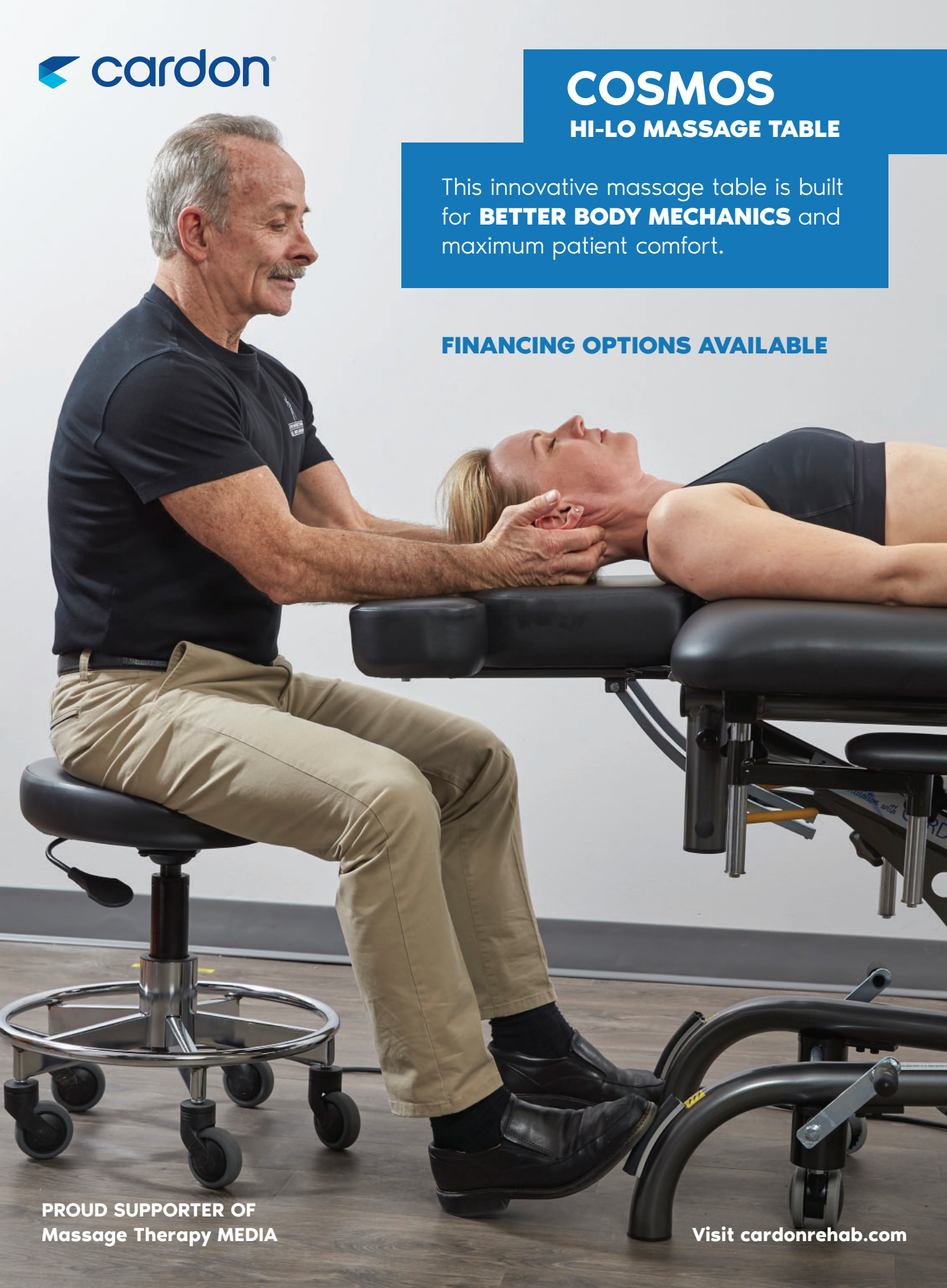
MassageTherapyMEDIA
MAGAZINE
SPRING 2025

OUT WITH THE OLD IN WITH THE NEW

INSIDE

A Critical Look at Deep Tissue Massage
The Role of Scar Tissue in Functional Recovery Through Massage
Breast & Chest Masssage Therapy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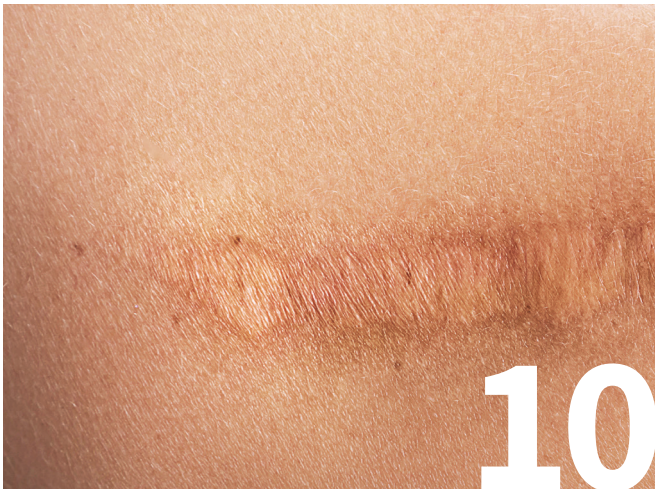

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Joanne is a dedicated practitioner in private practice for 30 years. With a holistic view of the body, she focuses on optimal healing through functional movement, while using soft tissue techniques, joint mobility, and myofascial connections throughout. As an instructor, she creates engaging workshops aimed at helping therapists reach their full potential.

NIKITA VIZNIAK
BSc, DC, ERYT, RMT, CES

Dr. Nik is an author, clinician, professor of clinical cadaver anatomy, exercise therapy, orthopedics, joint mobilizations, and a globally recognized expert. He is certified by the National Academy of Sports Medicine as a Corrective Exercise Specialist, practitioner at prohealthclinics com and has authored many textbooks, YouTube videos and CE courses.

AILEEN TRAN MAPLETOFT
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PAM FICHTNER
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Aileen is an educator, researcher, and advocate for evidence-based, inclusive health-care. Passionate about advancing massage therapy education, she integrates research and critical thinking into curricula. Through leadership and collaboration, she promotes high standards in education, ensuring equitable, science-informed care for all.

Pam has been a RMT for 27 years. She primarily works with women, offering breast and chest massage therapy, lymphatic drainage, scar tissue release and breast cancer care. She is an educator, writer and is involved with various research projects, and has the Massage Therapy Association of Saskatchewan Honorary Lifetime Membership award.

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Amanda has a degree in Kinesiology and is a Registered Massage Therapist. She has practiced in multidisciplinary settings, corporate settings, and has been a clinic and outreach supervisor for Massage Therapy Students. Amanda and her partner Mark own ConEd Institute in Toronto which is a continuing education company for Manual Therapists.

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As we develop future issues, we want your input. We want to hear about the great things you're doing and about the things you'd like to learn about through this magazine. Tell us what you have been doing or simply email us your ideas for future articles and features. We'd love to hear from you!

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Editor's Note

Amanda Cooke, RMT
Editor

Out with the Old and In with the New

Spring has Sprung and so have new ideas, creativity, and a feeling of lightness as we pack up our boots and parkas, detail our cars, and clean out our homes to make room for the lighter, brighter days ahead. With each new season, there are recurrent themes that I cannot seem to ignore. In winter we talk about resting and slowing down, while in spring the theme seems to be the rebirth- coming out of hibernation re-energized and refreshed and ready to take on new things. This theme led me to investigate some "old" ways of thinking, speaking, and practicing that may not be serving therapists and their patients the most optimally. In this issue we will talk about de-bunking myths, upgrading our language, and removing old thoughts and techniques that current research and evidence have shown simply do not hold up when applied in clinical practice the way we once thought.

Language has been a recurring theme in the realm of manual therapy for a few years now. Much of the current evidence in manual therapy has to do less with the techniques being applied and more about how therapists explain what they are assessing, palpating, and how they are affecting the tissues. Much of what therapists once thought has been revealed to be myth or has not shown validity with the most current research. With that said, the techniques have been proven clinically to yield positive outcomes and that is why much of the debate surrounding evidence-based medicine is regarding language. Not all the controversy is about language though. There has also been a welcomed new way of treating that gets rid of some old school ideologies such as "no pain, no gain" and "I need deep tissue massage to get results".

In my 14 years as an RMT, I have evolved and changed my approach regularly. Interestingly enough, patients who have been with me for over a decade haven't appeared to change their opinions of my skills as a therapist or request that I revert back to my old ways. For example, I fell victim to the no pain no gain ideology when I first went out into practice. Although we had always learned that relaxation was an important component of a therapeutic massage treatment, I was always so focused on my technical skills of assessing and treating the dysfunction that my brain continued to make me believe that the joint mobilizations, PNF stretches, range of motion, and deep myofascial work were the bread and butter of each treatment. I would caution my patients that post treatment soreness was to be expected and that they might feel worse before they feel better on their road to recovery. Although these techniques are extremely valuable, my former approach left out a key player, the nervous system. These days my approach still addresses deeper structures, and I still use the above techniques but with a slower, more gentle approach that allows the patients nervous system to reap the benefits of relaxation rather than white knuckling through a "deep tissue" massage. As I mentioned, the patients are continuing to get great results and I like to believe that through my openness in communicating with them what their treatment plan entails, and all of the new information I receive from continuous learning, they have grown with me and can truly appreciate that manual therapy can look and feel different to what they previously believed.

In terms of the research surrounding language, it focuses mainly on how therapists explain themselves. But what about the impact of language on patient-centered care? What we say has more weight than we sometimes even realize, and it is important for us to evaluate our clinical language from time to time to ensure that we are having the impact that we intend to have. Impact and intent are two very different things and as healthcare professionals, we should always consider the impact of what we say in our treatment room. The article on breast massage addresses this issue and I believe it is an important reminder as many of us have been treating for years and may not think before we speak, especially with our regular clients with whom we have built a trusting therapeutic relationship.

I hope that each and every therapist remembers how valuable their foundational knowledge that they acquired in school is in their clinical practice while also acknowledging that science is forever evolving and in order to continue having a seat at the table, massage therapists must continue to evolve as well. In this issue we will revisit types of scars and a reminder of what healing is, discuss clinical language in a sensitive area, and discuss and debunk old myths in manual therapy. Massage therapists do their best work when they take time out of their treatment room and learn and network with other therapists in order to stay on top of their game. Let's continue to improve for ourselves as therapists, our patients, and the profession as a whole. Out with the old and in with the new!

Do We Dare Challenge the Deep Tissue Myth

Why Deep Tissue Massage Isn't Always the Answer

BY: JOANNE BAKER, RMT

Stress: The Body's Burden

My father always said, 'Stress is all in our minds.' He was right! The mental strain we experience is real, but what many don't realize is how deeply stress can affect our bodies. The physical effects can wreak havoc on our nervous, skeletal, and muscular systems, leading to tension, pain, and discomfort. So, do we really have to beat the stress out of us? Is it necessary to push through intense pain or force relief, or can a gentler approach help the body unwind and restore balance without overwhelming it

Misunderstanding Deep Tissue Massage

Labelling a massage as "deep tissue" insinuates a powerful or intense treatment that implies it's the only way to truly reduce muscle tension. The truth is, deep tissue techniques are part of the same broader family of massage techniques that involve applying pressure in a targeted way to specific muscle groups and fascia. It's not inherently different from other forms of bodywork, except that it typically involves more pressure and is often used to address deeper muscle layers or chronic muscle tension.

When done correctly, it can offer relief for muscle tightness, improve mobility, and even promote overall wellness. But just because a technique is labeled "deep tissue" doesn't necessarily mean it's the best or only way to treat muscle pain or tension. In fact, focusing only on applying more pressure can be potentially be counterproductive and sometimes cause the body to tense up even more, leading to discomfort or even injury.

No Pain No Gain – AnEven Bigger Myth

Many patients mistakenly assume that the more pressure and pain, the better the results. While deep tissue massage can be effective for specific conditions, most people think they need to endure intense pressure to get results from a massage, but the body doesn't always respond well to force. The real secret? Allowing it the freedom to function properly and perform at its best.

As an RMT of 29+ years, I've found that healing comes when the body (and mind) is given the opportunity to move and breathe, not when it is forced into submission with deep, aggressive techniques. I often tell my patients, "Let the body do it's thing".

Remember the Joints?

Joint mobility is the foundation of movement. Joints need to move freely in order for the muscular system to function properly. If a joint is stuck or restricted, muscles become overworked resulting in an increased tension and potentially pain, as they try to make up for the lack of movement.

Restoring proper joint movement first, allows optimal joint function. The soft tissue structures follow naturally, reducing the need for intense muscle manipulation or compensation. For example, instead of applying deep pressure directly to the shoulder muscles, focusing on restoring proper shoulder joint movement can often provide lasting relief. Here's and example using the shoulder joint:

Joint Mobility: By mobilizing the shoulder joint, using sustained or oscillating joint techniques, the joint is able to regain its natural range of motion. Once the joint moves freely, muscles and other surrounding structures don't need to compensate as much, thereby reducing tension in the process. Restoring mobility to the shoulder joint creates lasting relief because it's possible it is addressing the actual cause of muscle tension—restricted joint movement—rather than simply focusing on relieving symptoms through deep pressure.

Soft Tissue Reset: When the shoulder joint is able to move properly, the surrounding muscles can recalibrate. This eliminates the need for aggressive deep tissue pressure, which can sometimes cause more tension if the muscles are already overextended.

Of course, a thorough assessment of the patient presentation is the first approach. Once the shoulder can move as intended, the muscles can return to their normal state of function, reducing pain and discomfort over time.

The Infamous Diaphragm

The breathing mechanism is often the missing piece in manual therapy treatments. When the diaphragm is restricted, it creates tension in the torso and other areas of the body, restricting movement and function.

By working with the diaphragm and rib cage, patients regain deeper, more efficient breathing patterns, which in turn allows the body to release tension and move more freely.

Mobilization of the rib cage and adjoining vertebrae enhances proper breathing. Breathing isn't just about oxygen intake; it's about allowing the body to switch into a calm state where healing can occur. The process isn't about quick fixes but long-term, sustainable relief. When the body is balanced and breathing properly, healing happens gradually—and it sticks.

Many of my patients have noticed significant improvement in pain and mobility after just a few sessions, simply because the body is given the time and space it needs to heal naturally.

Results are Key

Finding balance takes time and isn't always immediate, but over time, patients will experience less tension and better movement patterns after each treatment. Healing doesn't have to involve forceful, deep techniques. The key lies in respecting the body's natural rhythms and allowing it to heal at its own pace. By focusing on joint mobility, proper breathing, and less aggressive massage techniques, I've found the body is able to heal in a much more effective and lasting way than when deep tissue pressure is used.

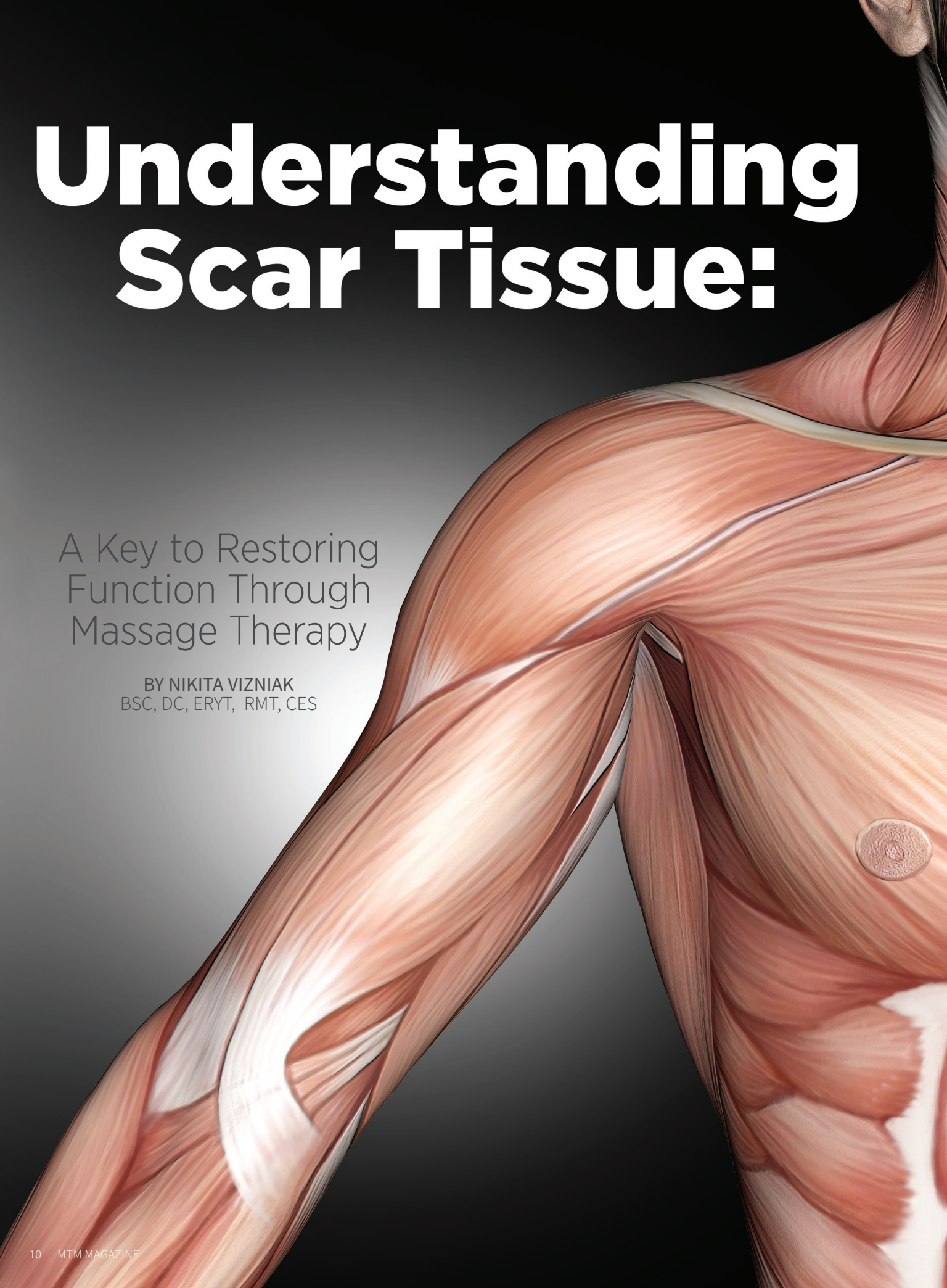
I encourage you to approach your own healing with patience and trust your body to do what it needs to do. Share your results with your patients. Consider an alternative approach to how you use your techniques for optimal results. Next time you seek massage therapy, consider exploring a gentler approach. Your body will thank you for it.

“While deep tissue massage can be effective for specific conditions, most people think they need to endure intense pressure to get results from a massage, but the body doesn’t always respond well to force.

Understanding Scar Tissue:

A Key to Restoring Function Through Massage Therapy

BY NIKITA VIZNIAK
BSC, DC, ERYT, RMT, CES



As massage therapists, we often encounter clients dealing with pain, stiffness, and restriction that trace back to scar tissue—whether from surgery, injury, or chronic inflammation. Understanding the types of scars and how to approach them safely and effectively is a foundational skill in clinical practice.

Scar tissue isn't just an aesthetic concern—it can severely impact range of motion, biomechanics, and even emotional well-being. Adhesions, contractures, hypertrophic scars, and keloids each represent different healing responses of the body. For example, adhesions form when collagen cross-links connect tissues that were never meant to be joined—such as skin to fascia or fascia to muscle—creating dysfunctional movement patterns and pain. Contractures, on the other hand, involve shortening of connective tissue, often post-burn or following immobilization, leading to significant limitations in movement.

Massage therapy has a powerful role in managing and improving these conditions—but it must be applied intelligently. One of the key messages we emphasize in the Evidence-Informed Massage Therapy textbook is: "Don't rip scars. Mobilize them gently." Aggressive deep work on established adhesions can cause micro-tearing, inflammation, and more disorganized scar formation. Instead, skilled therapists use techniques that support the natural phases of healing—especially during the proliferation and remodeling phases.

This is where our approach becomes evidence-informed. Research supports the concept of early, responsible loading—introducing gentle movement and tension in a progressive manner to enhance tensile strength and functional alignment of healing tissues. This approach not only promotes tissue resilience but may even help tissue heal stronger than before injury. Massage therapy, when applied with clinical reasoning, becomes an essential tool for guiding this process.

Whether you're working with post-op clients, burn survivors, or everyday athletes with minor injuries, understanding scar tissue can elevate your clinical effectiveness. And the best part? This knowledge isn't theoretical—it's directly applicable to your daily practice.

If you're looking to refine your approach, boost client outcomes, and build your confidence as a therapist, our book Evidence-Informed Massage Therapy is your go-to resource. Designed by therapists, for therapists, it blends science with real-world application and includes QR codes that link to demonstration videos, so you can see techniques in action.

Let's move past guesswork and outdated methods. Let's lead with evidence, anatomy, and intention—because your hands are powerful tools, and the right knowledge makes them even more effective.

Wound Healing

Humans primarily heal through repair rather than full regeneration, often leaving **scars or adhesions**. Healing within the **extracellular matrix (ECM)**, which regulates molecular signalling , angiogenesis and neural sprouting, occurs in four overlapping stages

1.Hemostasis (bleeding, clotting)
2. Inflammation (acute, swelling)
3. Proliferation (subacute)
4. Remodelling (chronic)

Key Cells and Processes

- Fibroblasts create and maintain the ECM, responding to mechanical stimuli and stretch in vitro, although human responses remain unclear.
- Fibroblasts differentiate into myofibroblasts which contract granulation tissue to assist wound closure.
- ECM changes influence gene expression, leading to fibroblast differentiation.

Bleeding

Coagulation to start hemostasis

Weak bandage tissue

Inflammation

Immune infiltration
Debris re-absorption
Pathogen killing

Temporary thin tissue

Proliferation

Fibroblast proliferation (collagen synthesis)
Scar formation (contracture)
Angiogenesis & neurogenesis

Stronger tighter tissue

Remodelling

Scar maturation
Extracellular Matrix Remodelling
Apoptosis

Restored final tissue

Mechanical Stim Tissue Remodelling

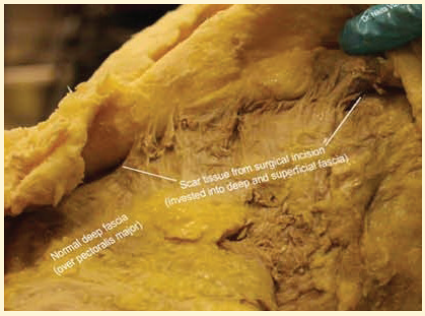
Mechanical stimulation influences **COX-2, MMP-1 and PGE-2**, modulating inflammation and repair. Responses have only been measured in vitro, emphasizing the need for further human studies.

Stem Cells & Regeneration Potential

- Mesenchymal Stem Cells within the ECM can differentiate into fibroblasts, chondrocytes, osteocytes and adipocytes, contributing to tissue repair.
- These cells may enhance healing when combined with manual therapy, targeting cellular stimulation and tissue remodelling.

Manual Therapy and Clinical Gaps

Manual therapy applies external forces that may influence ECM remodelling and fibroblast activity. Research suggests mechanical strain affects fibroblast responses but evidence in humans is limited, relying heavily on case studies without standardized protocols for **dose, timing or techniques**. Manual therapy may aid tissue remodelling and scar reduction, bet evidence is mostly vitro. Controlled trials are needed to refine protocols and clarify cellular mechanisms.



Type of Wounds

- **Abrasions:** superficial scrape with ragged edges, very painful if nerve endings are exposed
- **Laceration:** irregular edges with tissue loss, may need cleaning and sutures
- **Incision:** clean, sharp-edged cut, often surgical
- **Puncture:** small but deep, nail or bullet wound
- **Animal Bite:** combination of crush, laceration and puncture, prone to infection
- **Burns:** caused by thermal, chemical, electrical, radiation or scalding sources
- **Degrees**
  - **1st** (superficial)
  - **2nd** (partial-thickness)
  - **3rd** (full-thickness)

Type of Scars

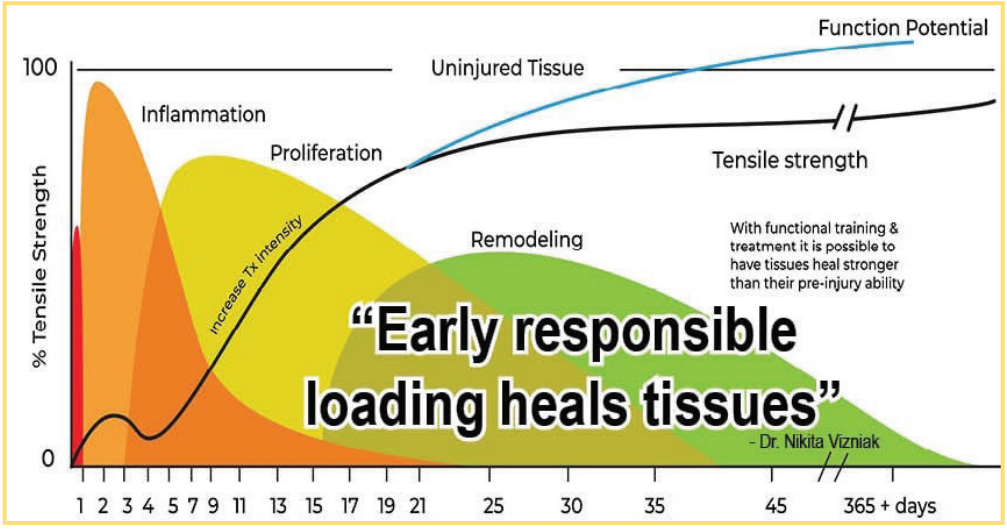
- **Contracture:** shortening of connective tissue around joints, limiting movement (muscle, tendon, joint capsule)
- **Adhesion:** Collagen cross-links reduce ROM, often from immobilization or postural issues
- **Scar Tissue Adhesion:** Random collagen patterns form during repair, allowing adhesions and contractures
- **Fibrotic Adhesion:** Chronic inflammation leads to severe, hard to remove ROM restrictions
- **Proud Flesh:** Raised, red granulation tissue from abnormal healing, prone to damage and inflammation
- **Hypertrophic Scar:** Overgrowth of tissue within wound boundaries, common with deep burns
- **Keloid Scar:** Scare tissue extending beyond the wound, may grow for years

Contracture is shortening of connective tissue supporting structures

A **scar** connects two pieces of tissues that meant to connect

An **adhesion** connects two pieces of tissue that are not meant to connect

It's that simple. Don't disrupt scars, gently mobilize. Don't rip at established adhesions. They will bleed and create more adhesions. Disrupt the pain process through mobilization and exercise. That is all.



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Breast & Chest Massage Therapy

BY PAM FICHTNER, RMT
AILEEN TRAN MAPLETOFT, RMT

A Call to Canada: From Breast Massage to Breast/Chest Massage Therapy

We invite healthcare professionals, massage therapists, educators, and advocates across Canada to start using the term "breast and chest massage therapy" instead of "breast massage." This shift emphasizes not only the professional and therapeutic nature of the practice but also the importance of using patient-centered language that respects, empowers, and protects the dignity of individuals. Many clients who have had surgeries that remove their breasts, due to either breast cancer or gender-affirming top surgery, do not necessarily see themselves as being welcomed into a massage therapy session if it is just named 'breast massage' so by adding 'chest' into the full term- breast and chest massage therapy, it modernizes it to some of the clients who may feel excluded. As healthcare moves towards more inclusive, holistic approaches, the words we choose carry weight.

A Look at History

Massage has been around for centuries, with people naturally using their hands to ease discomfort in muscles. Over time, these hand movements evolved into specific techniques, especially in Canada in the late 19th century. As outlined in Patricia Benjamin's book The Emergence of the Massage Therapy Profession in North America, massage became the generic term for manual therapy. Benjamin traces its journey from caregiver and midwife roles to Swedish masseuses and, eventually, massage therapists. By the late 20th century, "massage therapy" became the accepted term, with the word "therapy" adding legitimacy by aligning with other health professions like physical and occupational therapy. Today, massage therapists are recognized as skilled healthcare professionals working within ethical guidelines and defined standards of practice.

Breast Massage: The Evolution

Breast massage has likely been around for as long as massage itself, though pinpointing its origins is difficult. It likely began with mothers massaging their breasts during breastfeeding to promote milk flow. Today, much of the research on breast massage focuses on its benefits for breastfeeding mothers, helping with issues like swelling or milk expression. Lactation consultants, massage therapists, and mothers themselves practice these techniques, and training like the Therapeutic Breast Massage in Lactation program has further legitimized this field.

Breast massage also plays a vital role in supporting women recovering from breast cancer surgery, offering relief from pain, swelling, and scar tissue, while improving range of motion. These benefits, along with its applications for benign conditions like PMS, post-surgery recovery, and gender-affirming top surgery, highlight the need to adopt the term "breast and chest massage therapy" to reflect the full scope of care.

Why the Change?

Pam first learned about breast massage while studying at WCCMT and was eager to incorporate it into her practice. After years of teaching and refining these techniques, she reviewed the Massage Therapy Association of Saskatchewan (MTAS) bylaws in 2023 and realized that current regulations didn't fully align with her practice or what she taught. After meeting with MTAS leaders, Pam proposed adding more specifically breast massage itself and scar tissue release terms, along with lymphatic drainage that was already there, under breast massage guidelines. It was in this conversation that board member Aileen Tran Mapletoft suggested using "breast massage therapy," a term that resonated deeply with Pam.

In her view, this terminology better reflects the therapeutic intent behind the practice and aligns it with other healthcare therapies. It also helps desexualize breast massage, placing it squarely within the realm of professional, evidence-based care. Pam now wants to elevate the term "breast massage therapy" and educate others on its importance, especially for women's health.

Along with the addition of the term "therapy" to breast massage, Pam, respects the need for more inclusive language to be used to welcome in women who have had their breasts removed, thus becoming part of the flat community post-surgery, or people who have had gender-affirming top surgery. In interviewing some of her clients about what language feels most welcoming to them, they have resonated with 'chest', which has also been used by other massage therapists in Canada.

So, putting the two terms together, just makes sense- to lift up both- making all of our clients feel like they are seen- Breast and Chest Massage Therapy.

What is "Breast and Chest Massage Therapy"?

Breast and chest massage therapy involves techniques focused on both the muscles surrounding the breast and the breast tissue itself. If the breast tissue has fully been removed, then it involves the skin of the chest area itself that it addressed therapeutically. It may also include lymphatic drainage and scar tissue release if needed. It is therapeutic by nature, addressing specific symptoms in a safe, trauma-informed environment.

Why Use "Breast and Chest Massage Therapy"?

Holistic Approach:

Breast and chest massage therapy considers both physical and emotional well-being.

Professional and Ethical:

The term "therapy" emphasizes ethical practice, trust, and patient empowerment.

Patient-Centered Language:

Using "chest and therapy" highlights the collaborative nature of the treatment and respects patient dignity, making them feel in control of their care.

Modern Language in Healthcare

The shift to "breast and chest massage therapy" elevates the professionalism of this practice and reflects the evolving standards of healthcare, and the actual clients that we are seeing in our clinical practice. It brings clarity, reduces ambiguity, and helps ensure that patients feel respected and safe. We invite all healthcare professionals to adopt this term, ensuring breast health is treated with the professionalism and dignity it deserves.

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