








Introduction to scars and fascial restrictions

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Learn how scar massage can soften scar tissue and improve movement in both new and old scars.

By the end of the workshop, you will be able to:

- Perform a simple scar assessment.
- Describe how scars can cause tightness in the fascial system.
- Demonstrate three simple scar massage techniques.



Workshop program includes:

- Scar tissue and common classifications
- Adhesions, stiffness and fascia
- Practical activity
- Contraindications and considerations
- Commencing treatment: case history and assessment
- Practical techniques
- Common post-treatment responses
- How you can influence scars using Restore Scar Therapy techniques

Images of scars which some people may find upsetting

About Emma Holly




Private scar clinic in London's medical centre: Harley Street, London W1


Leading educator in scar therapy for manual therapy professionals.

Experience in a wide range of settings from oncology, disability sports and more.

I have trained therapists from:

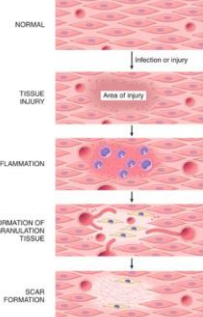










What are we treating?



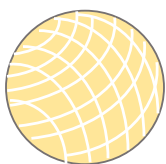
Fibrosis definition: The thickening and scarring of connective tissue, usually as a result of injury



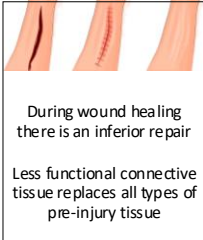
Scar tissue is more stiff than pre-injury tissue. There is an absence of hair follicles, sebaceous glands and may be damage to sensory receptors in the skin or deeper tissue leading to sensory impairment.



Changes to tissue health

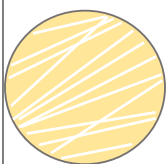


Collagen will appear in a "basket weave" formation in healthy tissue




During wound healing there is an inferior repair

Less functional connective tissue replaces all types of pre-injury tissue



In scar tissue, collagen will appear in parallel fibers



Hypertrophic and keloid

Shared characteristics:

- Excess of collagen production.
- Red or brown and raised.
- Vascular.
- Often itchy or irritated. May be painful.

Keloid scars:

- Scar extends beyond the original incision.
- Do not improve without interventions, may get progressively worse.
- Can spontaneously grow following minor injury.



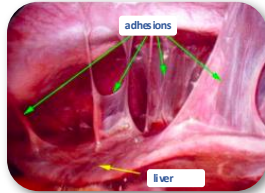
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Research has found tightness in skin and superficial fascia contributes to pathological scar development.

Scar tissue can impact sliding structures

Adhesion definition: Scar tissue that binds two parts of internal tissue that aren't normally joined.

- Adhesions occur after approx. 75%-93% of all abdominal surgeries.*
- Small bowel obstructions from scars accounted for 51% of all emergency laparotomies.*
- Adhesions are not exclusive to surgery, they can form after trauma or inflammatory conditions.



Source: *Medical Disability advisor; *national emergency laparotomy audit England and Wales 2015

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Fascia



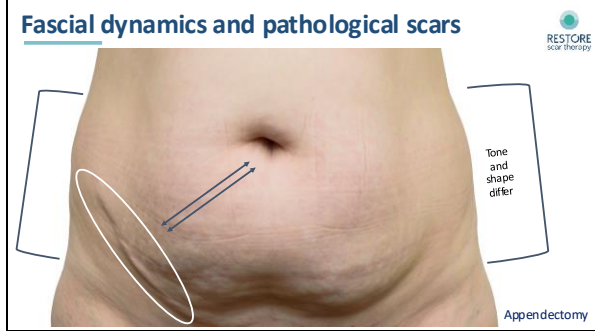
3 Main types of fascia

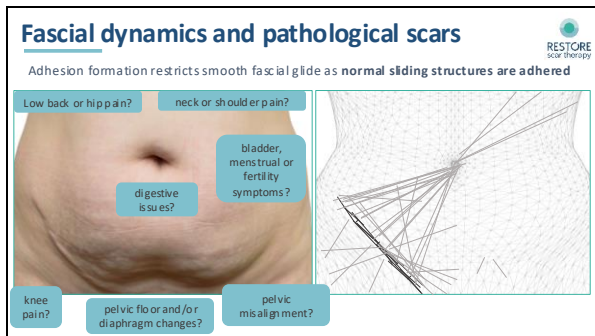
- Superficial
- Deep
- Visceral

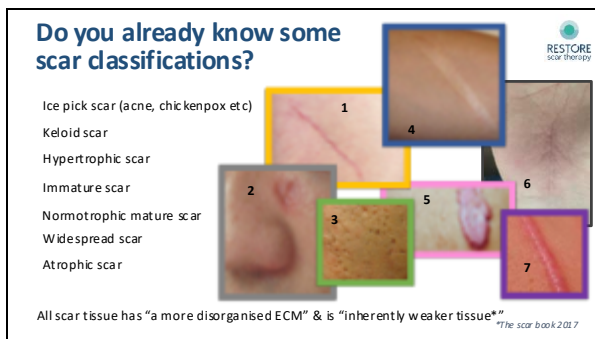
Subtle changes in movement and loading patterns, through the fascial tensegrity network, can occur following scar formation.

Additional collagen fibers are deposited along lines of tension.

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Activity: Assessing facial pulls



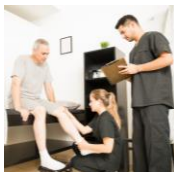
- Nominate a person to wear the body suit and cover the feet and head if possible.
- Assess movement.
- Using the dips, create a “scar” or multiple “scars” such as a c-section, knee, appendix, mastectomy, shoulder surgery etc.
- Re-assess movement and notice what changes. Can you detect the pulls and restrictions?

Contraindications

These are in addition to your standard considerations for massage or fascial therapy treatment



1. Infection symptoms (local or systemic).
2. Weeping or oozing fluid.
3. Recent or suspected haematoma or seroma.
4. Scabs or open wounds.
5. Earlier than 10 weeks post-injury or surgery.
6. Within the torso during pregnancy.
7. During radiotherapy treatment.
8. Where structural tightness from the scar tissue is beneficial for the client.
9. Lymphoedema (unless you are qualified to treat lymphoedema).
10. Over a medical device such as a pacemaker or stoma.



Considerations



These are in addition to your standard considerations for therapy treatment

- How long has the wound been healed for? When to start is not a fixed time point, allow at least 6 weeks after full wound closure before commencing based on the basic skills and theory covered on this workshop. Advanced practitioners may start sooner.
- Are there deeper sutures in muscles etc. Surgical mesh or pins and plates? Consider if you need to use extra care not to disturb. Ideally view the x-rays or see the medical notes to understand the procedure.
- Oncology clients: radiotherapy, chemotherapy, stoma etc. Only treat oncology clients if you have completed advanced training in this speciality area.
- Bowel (IBS or other issues) bladder conditions, fibroids and heavy menstrual bleeding: Only treat if you understand the health concern. Avoid long treatments >15 minutes, light pressure only.

Commencing treatment: Case history



Note these are in addition to your usual questions.

1. Establish the surgery or injury details. Understand their early scar healing checking for infections, dehiscence or other complications.
2. Ask about current local or associated pain, itch, sensitivity or other symptoms.
3. Ask about changes to organ function such as bladder and bowel symptoms.
4. Check movement limitations. Are they aware of any activities of daily living (ADL) they may find hard to do, or have stopped since their injury or surgery.
5. Discuss what are their treatment goals or objectives.
6. Ask if they touch their scar, and how they feel about it.

Formal scar assessment scales commonly used include Patient and Observer Scar Assessment Scale (POSAS) a very scar specific form but does not capture a holistic picture.

Visual and physical assessment



Check movement range and quality of movement (smooth/fluid).

Visual

1. Note scar size, texture and shape. If appropriate, observe the scar in standing and/or with movement or muscle activation. This may present puckering or pulling that is not observable on the therapy table. Note location of any thickened, pulled, dipped or puckered areas.
2. Register surgical drains or previous injury or surgery in the area.
3. Colour (is it hyper- or hypo-pigmented?)
4. Note any oedema or lymphoedema.

Physical (hands-on)

1. Move the scar and surrounding tissues.
2. Notice textures, quality and thickness of skin, temperature.
3. Assess for any sensory changes.

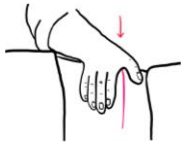


Take your time and note as much detail as you can on intake in order to track progress.

Depress and Release



Use this simple but effective technique to soften and flatten scars. It can help reduce swelling or lymphatic congestion. This technique is suitable for all types of scar.



1. Flat hands or fingers over and across the scar.
2. Relax and slowly add pressure into the tissue, sinking down.
3. Lift and release, then repeat to 'pump' around the area.
4. Repeat a technique in the same place 5-10 times before re-positioning.
5. Start with a general broad application across and around a scar. As treatment progresses, become more specific working with your fingers onto any granular or thickened area. This can be superficial or deep, but always start more superficially.

Don't rush, it is the repetition of the technique that generates the changes.

Sink and Twist



Use this fascial movement to release tension around the scar, improve movement and tissue mobility. Adapt this technique during treatment to work more directly to soften and mobilise the scar and generate change in underlying deeper tissue.



1. Place hands behind or beyond the scar and stretch the tissue into or towards the scar, creating some 'lift' at the scar if possible.
2. Move your hands in alternative inward circular motions ('Tai chi' style). Keep a flowing movement with a static contact.
3. Use bodyweight, not muscle for more comfortable fascial release.

ADAPTIONS

1. Use fingers for light gentle pressure with the same movement to mobilise along the scar at a superficial or moderate level.
2. Bring your bodyweight forward to work deeper and more specifically onto the scar and underlying tissues.

Long Fibre



Use this technique to soften and increase stretch in 'stringy' or 'ropy' scars. Use initial fast movements to warm the tissue before increasing pressure and slowly stretching.

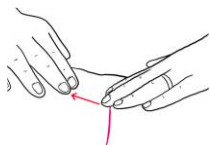


1. Starting at one end of the scar place two digits on the scar next to each other.
2. Pull your fingers apart in a fast stroke in the same place a few times. Opening out fibres lengthways.
3. Reposition and repeat along the length if a scar (or in segments for a very long scar).
4. Start at the beginning again but more slowly to stretch the scar in segments.

Protect & Stretch



Ideal for immature scars, use this technique to release skin and fascial tension while 'protecting' the scar. Pain at the injury site can limit movement, our skin and superficial fascia is full of nerve receptors. These can trigger pain or sensitivity when there is tightness across or over a scar. This technique will change the end feel of a movement, use this technique to increase range of movement.



1. Place hands firmly over the scar to 'protect' it.
2. Use myofascial release or long massage strokes away from the scar to stretch the skin and superficial fascia while blocking the scar.
3. Progress to using breath and active movements to further stretch the skin and fascia around and beyond the scar.

Common post-treatment responses



Scar therapy should normally generate changes within 1 or 2 treatments. Often 3-6 treatments are sufficient, but complex issues would require 6+ treatments.

- ✓ Sensation of lightness, freedom of movement.
- ✓ Scar feels soft, smooth, flatter.
- ✓ Reduction of pain and sensitivity.
- ✓ Improved sensation.
- ❖ Short term increase in pain (ache, sudden sharp and stabbing, superficial or deep).
- ❖ Bowel movements, increased urination, heavy menstrual bleeding, early onset of menstrual cycle.
- ❖ Increased emotions, feeling tired.

Increasing pain over >2 days or increasing swelling should be reported to a medical professional and is not usual.

How scars can visually change



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Questions?

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Further reading



Research remains limited into manual therapy and scars. We recommend the following:

- Van Daele U., Meirns J., Arthonissen M., Vanhulstbuch T., Martens K., Demuyck L., Moortgat P. Mechanomodulation: **Physical Treatment Modalities Employ Mechanotransduction to Improve Scarring**. *Eur. Burn J.* 2022; 3, 243-255.
- Sorg H, Tillett DJ, Hager J, Hauser J, Miratschi Jkl U. **Skin Wound Healing: An Update on the Current Knowledge and Concepts**. *Eur Surg Res.* 2017; 58(1-2):81-94. doi: 10.1159/000454919. Epub 2016 Dec 15. PMID: 27974711.
- Defloun C, Hohensauer E, Stoop R, van Daele U, Clijse R, Taeymans J. **Physical Management of Scar Tissue: A Systematic Review and Meta-Analysis**. *J Altern Complement Med.* 2020 Oct 26; 26(10):3548-65. doi: 10.1089/jacm.2020.0109. Epub 2020 Jun 24. PMID: 32589460. PMCID: PMC7578390.
- Lukczyńska A, Garncarczyk A, Wójski-Olszewska D. **Effectiveness of various methods of manual scar therapy**. *Skin Res Technol.* 2023 Mar; 29(3):e13272. doi: 10.1111/srt.13272. PMID: 3697982; PMCID: PMC10155853.
- Jennifer B. Wasserman, Molly Copeland, Md Ily Upp, Karen Abraham, **Effect of soft tissue mobilization techniques on adhesion-related pain and function in the abdomen: A systematic review**. *Journal of Bodywork and Movement Therapies*, Volume 23, Issue 2, 2019, Pages 262-269. ISSN 1360-4592
- Swallow C. **Scarwork: A timeline for treatment stimulus in sport**. *British Journal of Sports Medicine*, Jan 2021
- Helen C. Scott, Claire Stockdale, Andrea Robinson, Luke S. Robinson, Ted Brown. **Is massage an effective intervention in the management of post-operative scarring? A scoping review**. *Journal of Hand Therapy*, Volume 35, Issue 2, v2022, Pages 1861-99, ISSN 0894-1130
- Beverley de Vries, Emma Hilly, Teresa Young, Claire Scalett. **An evaluation of a scarwork service for cancer survivors experiencing adverse effects of surgery and/or radiotherapy**. *Scientific Direct*. June 2021; Volume 44; doi 10.1016/6
- Textbook on Scar Management by L. Tibot
