# Edema Interventions and Scar Massage

## Edited Video Transcript

### Teach Edema Clients to Move their Limbs

Okay, so now moving on to treatment. Starting with this component-level treatment to treat these deficits that our client has. In our case study, we have deficits of strength. We have deficits of range of motion, deficits of edema, deficits of a functional use of the hand, right? So, we can address each one of these as pieces. First, with edema, most important thing with edema is teaching people active range of motion, moving that limb. You move the limb. Your muscles work as pumps to help squeeze that fluid out. With prolonged immobility, you're going to have extra edema. The more advancing is manual edema immobilization. [With] manual edema mobilization, there are several pieces to it—you know, we do massage, pump stimulation and compression.

### Massage to Reduce Edema

So today, we're going to show you that massage piece of it because it's the easiest to grasp. If Mindy has edema in this hand, we're going to do a very light massage to work the fluid up back to her heart. We're actually going to start in the upper arm to work the fluid out. Go to the lower arm to work the fluid to the upper arm, upper arm to the chest, hand to the forearm, forearm to the upper arm, upper arm to the chest. The idea is to create a hole for that fluid to move into. Today, it's the same principle—today, just showing on the forearm and hand. So starting in this process, you're going to put your hand cup into a light circle. It's about the amount of force you use when you pet a cat. Just your skin, all right—you're moving the skin. It's not a massage where I'm working the muscles—that actually isn't effective. What that does is moves the fluid out of here, but you immediately get rebound. This [demonstrated method] creates a flow [that] you would do on the volar surface of the arm. You do it on the dorsal surface of the arm. Doesn't matter if you twist medial, nope, right. I would do this. Good, we're going to talk about that [lymphedema] more tomorrow—lymphedema is a different beast, okay. We are currently talking about edema because lymphedema is an advanced practice, right, that you need specialty training and specialty certification. Edema is [a] generalist practice, and you all are becoming generalists, right. So we'll talk a little bit more tomorrow. We're all right. I'm going to talk about the process a little bit, so I'm going to dismiss your question now, but I'm going to get [to] you tomorrow. I promise.

Squeeze, Squeeze, Squeeze

So, you're going to do this [squeeze massage] five to ten times each one, right. You're then going to come into the hand, do the same, working that [fluid] into the forearm. You can do the same with the fingers, work that in the hand. Once you get that [fluid] in the hand, work it into the forearm, then you work the forearm back. So you're going to squeeze the fluid out to create a space. Squeeze the fluid out into the forearm. Squeeze your fluid out. You can do the same with the hand, squeeze, squeeze, squeeze. In general, I'm kind of working body segment to body segment, okay, like you're petting a cat, little circles. Yes this is very much a preparatory activity because once I have this edema out of her hand, right, she's going to be more functional. But then we can do stuff with it, okay. You can actually even often measure, all right. We have this much for that circumference measurement of the hand or the wrist to start with, and then we do this [squeeze massage], and now we've gained this much space. This is the last piece of manual demobilization for the client. Elevation will help as well, so if she sleeps with her arm propped up, that can be very beneficial for them. I don't think there's a ton of data for that, but there might be, okay. So practice that with your partner, okay. Then, the idea of scar massage.

### Scar Massage

So, your scar right here, right. Effectively, you're just going to take and wiggle that scar, wiggle back and forth, forward and back, wiggle in circles. A scar is effectively just a knot of tissue. Our body responds to the forces we put in it, so with the scar massage, we're saying, “Hey skin, untangle that knot. You got to be fluid. You got to move around here.” Then, what you're going to do will heat [and] change sensitivity, especially allodynia. I agree. No. Talk with the client about what they're like, where their fears are coming from. Well, most likely in this case, it is allodynia, right? It is feeling pain where there's no pain.

Non-Noxious to Slightly More Noxious, to Slightly More Noxious

You're also going to start with this desensitization, so going from non-noxious type, to slightly more noxious, to slightly more noxious, to slightly more noxious—help retrain her brain to realize this is okay. Two is you're going to vary your force. This is an old scar that's relatively set. I can put a lot of force in here. I can drag this [scar skin], and that's going to be more effective, right. A new scar—that's very painful, like even this little scratch. I can't do that. It's just not going to, right, so I can just do a little less force in there in that grade. Again, you're just going to grab that scar forward, back, side to side, in a circle going each way. In general, you're going to do this for roughly a minute per, and then train your client to be doing this. So, I asked this last semester, okay. Keloid scars—respond the same with keloid.