



1



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Cutaneous Nerve Entrapments

Threat Management

Sensory Re-Mapping

Autonomic Retuning

Treatment Stack

Takeaways



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Therapeutic Alliance

1. Provide a **safe** treatment setting.
2. **Listen, listen, listen** - tell their story; do not interrupt.
3. Provide **pain education** at the level they can take it in
4. Explain the treatment - they have **locus of control**,
5. Don't add any **nocebo or nociception** to them or their nerves.
6. Let treatment be **slow** enough to give their brain a **chance to re-regulate** and **inhibit protective processing** (autonomic Heismans).
7. Give them some **meaningful movement** homework

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Focal Entrapment Protocol

1. Start by **SCANNING** tissues
2. IDENTIFY areas of tightness/tenderness = **TARGET TISSUE**
3. TISSUE GLIDE over the target area = **SKIN GLIDE**
4. ADDRESS tissue up/down stream to target tissue = **RIPPLE**
5. Total **DOSAGE** per Region = 90 sec – 5 mins



SCAN + IDENTIFY + GLIDE + RIPPLE

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Skin Glide (External Glide)









DNM Approach

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Treatment Vectors

External Glide (Skin Glide) Vectors:

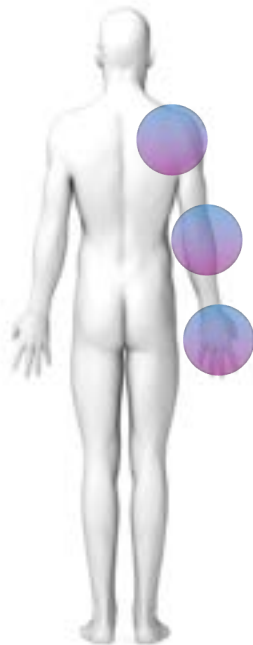
1. Linear 
2. Shearing 
3. Unloading 
4. Torque/Rotational 
5. Flattening 
6. Centration (Puckering) 

8

Nerve Glide (Internal Glide)



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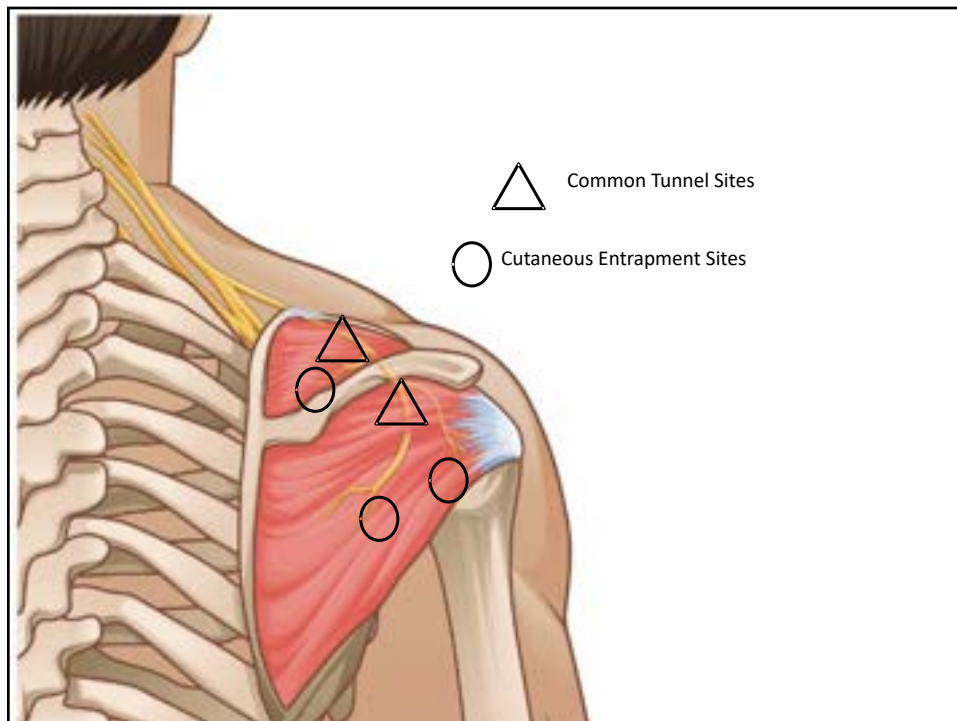
Upper Extremity

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Suprascapular Nerve



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Treatment Vectors

Which Way?

1. Into the Zone (Restriction/Bind/Pain)
2. Away from the Zone (Restriction/Bind/Pain)
3. Clockwise/Counter-Clockwise
4. Oppositional Vectors
5. External Glide
6. Internal Glide



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Tissue Torque

Door Handle Method



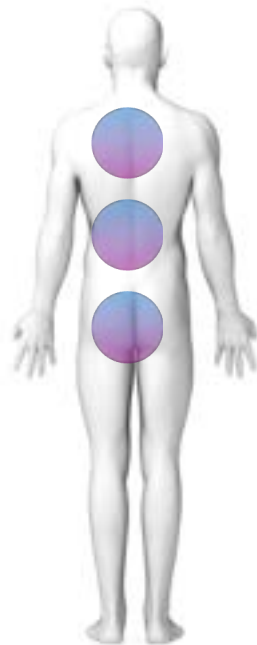
14

Door Handle Method



Forearm Flexors

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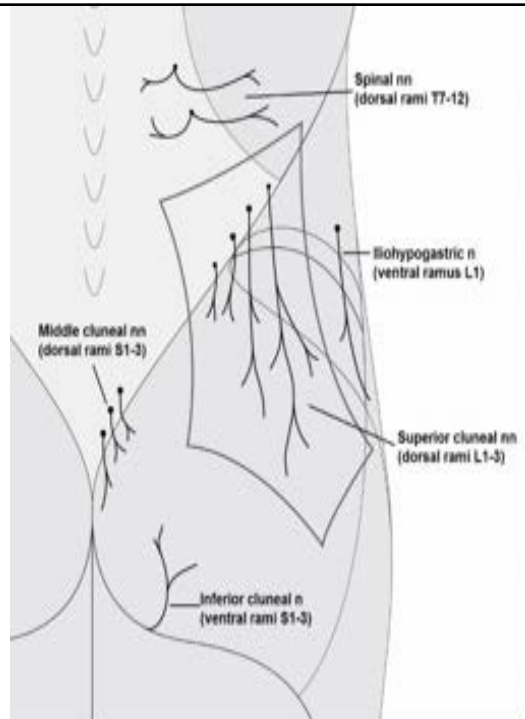


Trunk

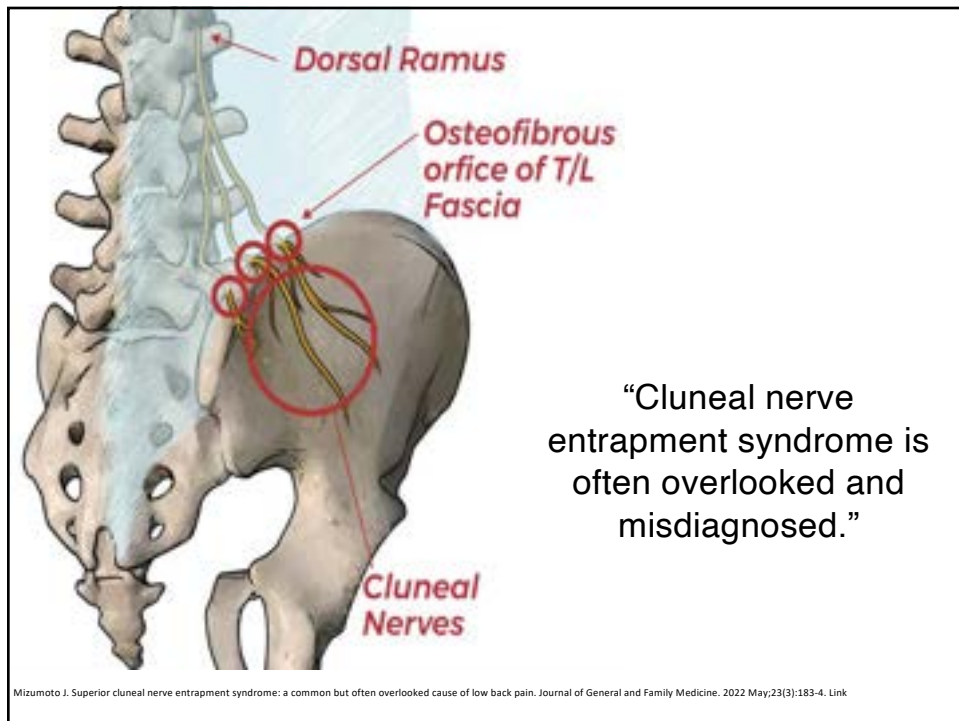
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Cluneal Nerve Entrapment

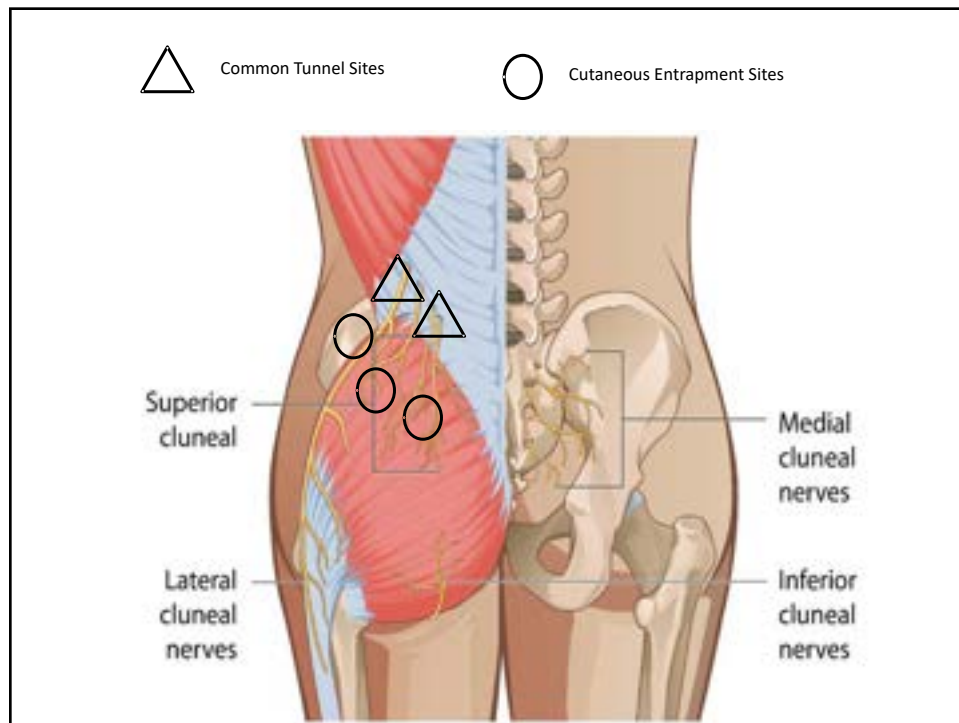
Superior, Middle, Inferior Branches



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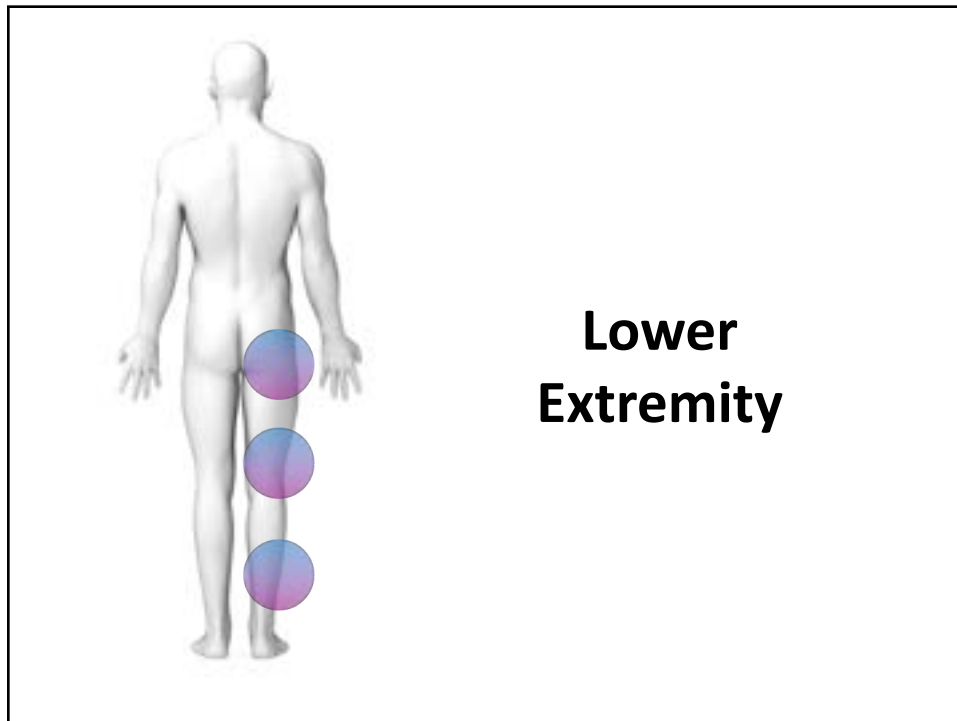


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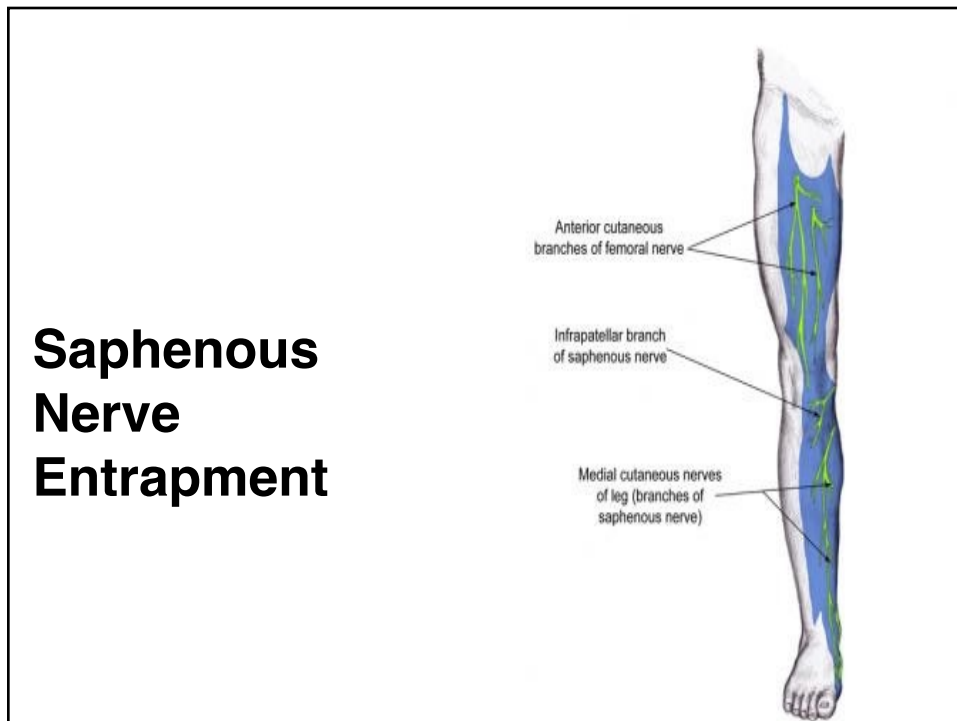
Cluneal – With Movement



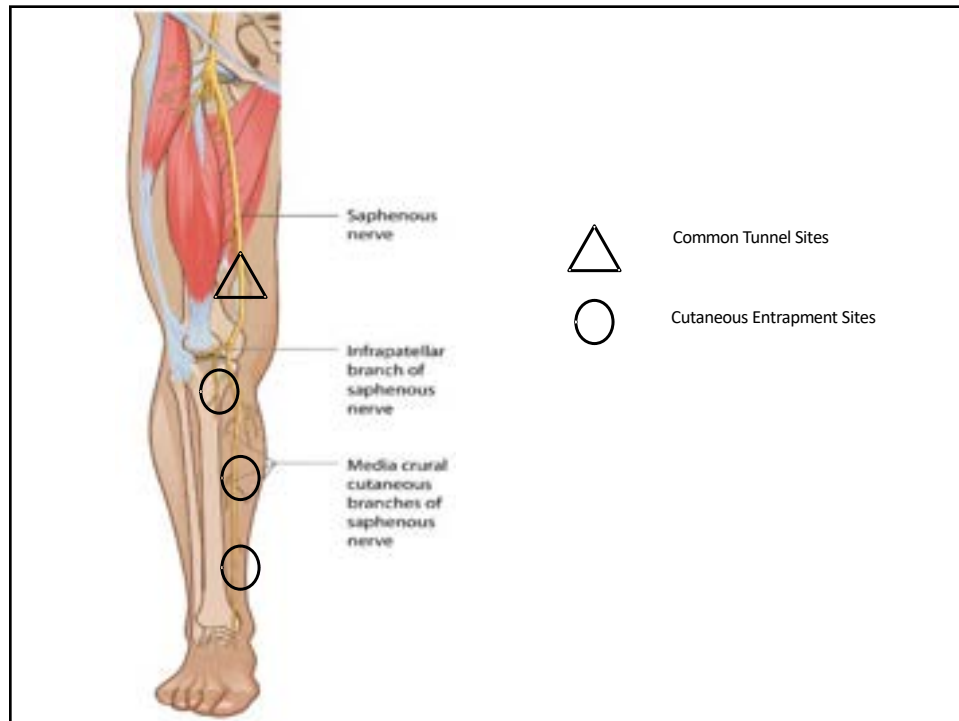
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Dermal Protocol

1. **SCAN** tissues (Screening)
2. IDENTIFY **TARGET TISSUE**
3. TISSUE GLIDE = **MULTI-VECTOR**
4. RE-SCREEN
5. ADDRESS tissue up/down stream = **RIPPLE**
6. Total DOSAGE per Region = 1-5 MINS

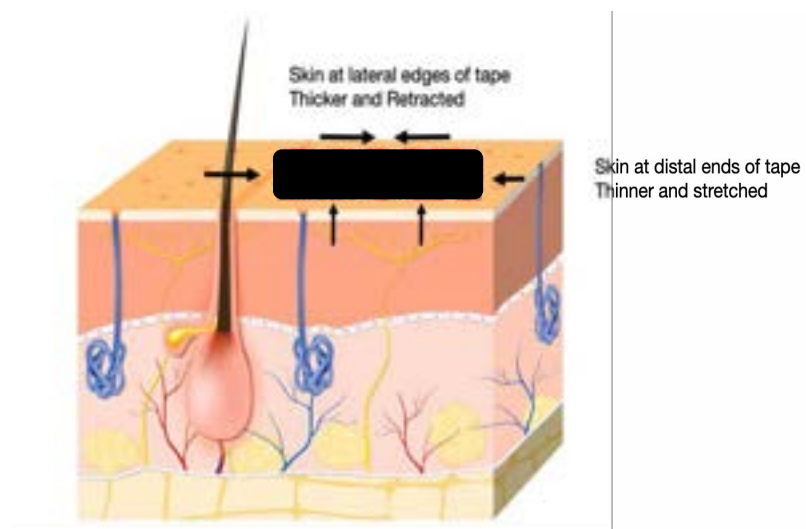
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Saphenous Nerve Entrapment



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Skin Strain/Kinesiology Tape



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Lock in the Change



Skin Stretch Vectors



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Treatment Stack



Connect



Curiosity



Breath



Explore (Play)



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Exteroceptive Map

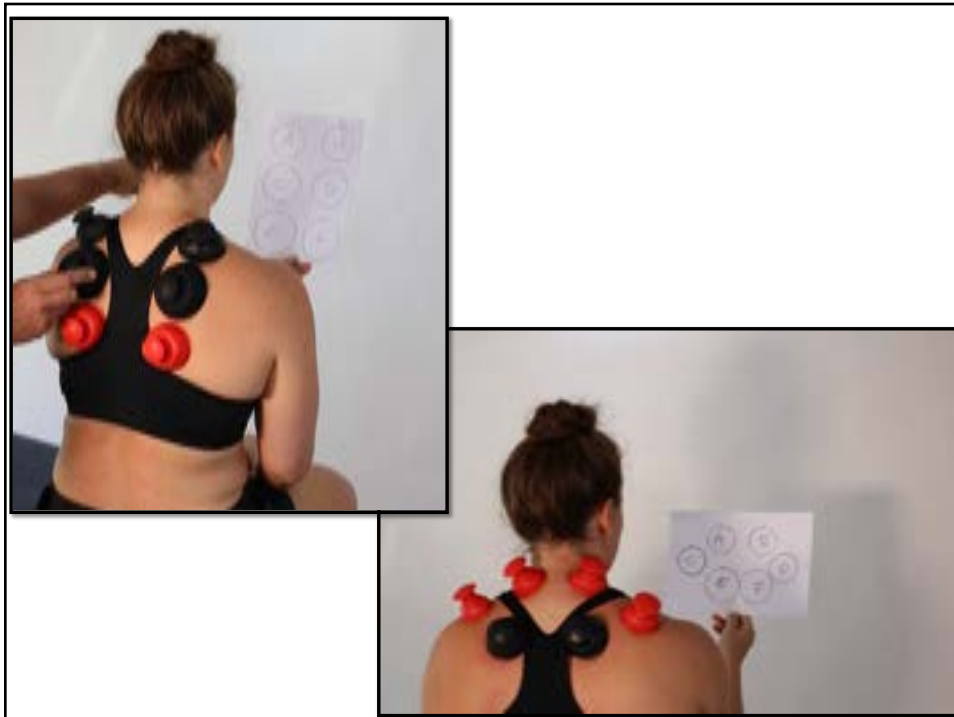
Connect 

- ▶ Painting the Area
- ▶ Body Re-Mapping
- ▶ Extinguish/Defuse the Threat



1803

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Interoceptive Map

Curiosity



- ▶ **Judgement-Free Assessment**
- ▶ **Productive Attention**
- ▶ **Reappraisal (Rewire)**



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Exploiting Mindfulness

Non-pharmacological means of **improving the suffering** of our patients has become increasingly important

Exploiting the **mind–body connection** in pursuit of pain relief is not an unexplored concept

Mindfulness meditation has been shown to **decrease pain** and increase quality of life in adults suffering from chronic pain,

Higher interoceptive awareness correlated with **less pain catastrophizing**

Park YL, Hunter J, Sheldon BL, Sabourin S, DiMarzio M, Khazen O, Pilitsis JG. Pain and Interoceptive Awareness Outcomes of Chronic Pain Patients With Spinal Cord Stimulation. Neuromodulation. 2021 Dec;24(8):1357-1362

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Touch + Connect



Cynthia Price PhD

‘Emotions are by nature Embodied’

Framework where the bridge between **implicit bodily sensations** and **explicit narratives** lies in cultivating mindful awareness of bodily sensations associated with emotions

Price CJ, Weng HY. Facilitating Adaptive Emotion Processing and Somatic Reappraisal via Sustained Mindful Interceptive Attention. Front Psychol. 2021 Sep 8;12

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Pain Reprocessing



A brain that **learns to produce pain** can **unlearn it too**.

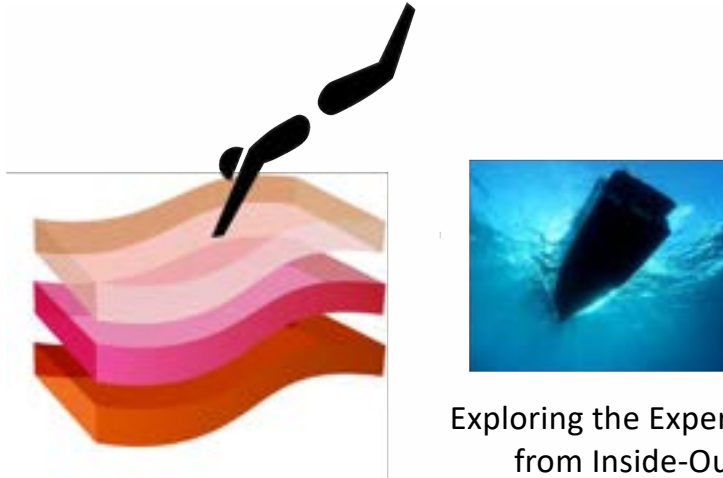
Address our **thinking, feeling, & behavioral** patterns

We can train our brains, we can **change our experience of pain**

Ahsan YK, Gordon A, Schubiner R, Ugli C, Knight K, Anderson Z, Carlisle J, Polisky L, Geuter S, Flood TF, Krugel PA, Dimidjian S, Lumley MA, Wager TD. Effect of Pain Reprocessing Therapy vs Placebo and Usual Care for Patients With Chronic Back Pain: A Randomized Clinical Trial. JAMA Psychiatry. 2022 Jan 1;79(1):13-23.

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Interoceptive Exercise



Exploring the Experience
from Inside-Out

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Touch Dosing

Depth:

- Light – cotton ball, painters brush, hair deflection (Force 0.04 and 5 millinewtons)

Rate:

- Slow – optimal rate of 3-6 cm/sec
- Range - 1-10cm/s

Liljencrantz et al 2014



ADD:
Skin Temperature

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Interoceptive Mapping



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Exploration Parameters

Outside

Inside

What are you
feeling?

Deep/Shallow

Be Curious

Warm/Cold

Fast/Slow

No Judgement

Heartbeat

Location

Lean In/Run Away

Direction

Breath

Color?

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Find and Engage

Getting the patient/client to use conscious **THINKING** to describe an unconscious **FEELING**:

- **Where is the sensation?** – connect to Area (illuminate it)
- **What size is it?** – seed, grape, apple, cantaloupe, watermelon
- **What shape is it?** – oval, round, square, tubular, irregular
- **How Deep?** - shallow, mid level, deep
- **Quality?** – pain, pressure, ache, soreness
- **Is it empty/hollow, full, overflowing?**
- **Is it solid, liquid, or gas?**
- **Does it have a temperature?** – hot, warm, cool, cold, freezing
- **Does it have a color?**
- **Is it consistent or wavering?**
- **Does it have edges or borders?**
- **Does it stay put or radiate, expand, or move?**

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‘Swaddle Approach’



Pleasant Deep Pressure



Deep pressure is perceived as **pleasant and calming**, activating brain regions similar to those involved in C-tactile stroking

Case LK, Liljencrantz J, McCall MV, Bradson M, Necaise A, Tubbs J, Olausson H, Wang B, Bushnell MC. Pleasant Deep Pressure: Expanding the Social Touch Hypothesis. Neuroscience. 2021 Jun 1;464:3-11.

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Curiosity Layer Takeaways

1. Listen and Validate
2. **Novel/Safe Stimulus** - extinguishing the prediction error stimulus
3. Productive **Attention** - the 'here and now'
4. Experiential Re-Learning - **New Narratives & Contingencies**
5. Internal Model Software Update - fundamentally changing the experience via a **bottom up** (novel, safe, touch stimulus) and **top down** (reassurance, guidance, correction, education)

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Breathing and Pain

“respiration may be considered a **behavioral interface** to change **autonomic discharge** patterns and central mechanisms known to **modulate pain**”

Jafari, Hassana; Courtois, Imke; Van den Bergh, Omera; Vlaeyen, Johan W.S.a.b; Van Diest, Ilse; * Pain and respiration: a systematic review, PAIN: June 2017 - Volume 158 - Issue 6 - p 995-1006

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Observation

Air Hunger

Frequent **Yawning**

Fish out of Water (**Mouth Breather**)

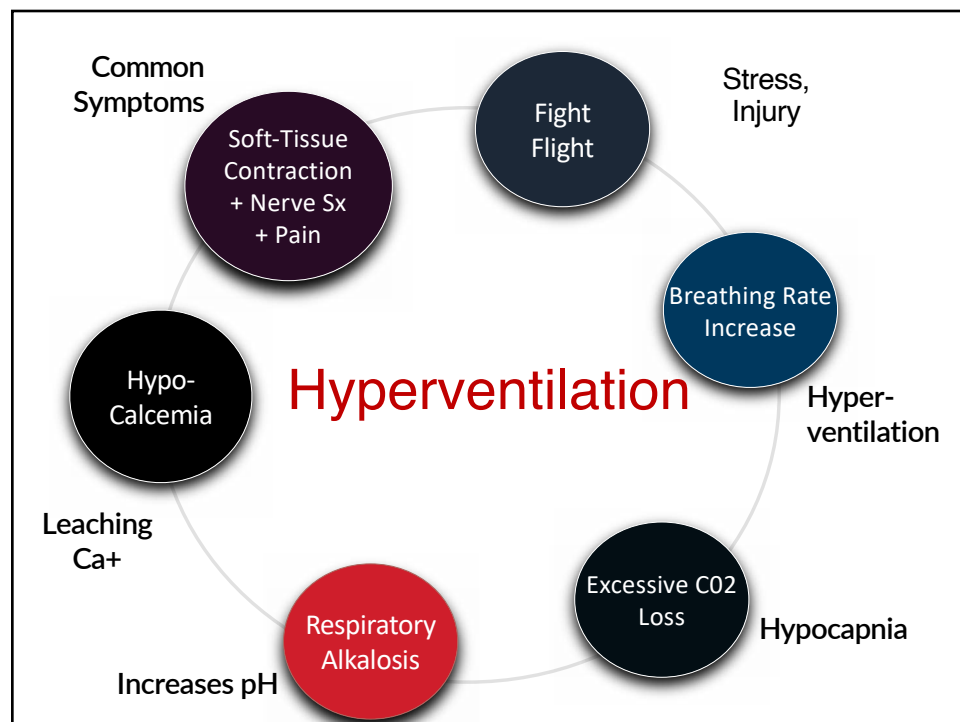
Chapped Lips

Frequent **Sighing**

Excessive Cervical Musc



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Breath Screen

The Nijmegen Questionnaire

The Nijmegen questionnaire gives a broad view of symptoms associated with dysfunctional breathing patterns. It is only a preliminary guide to breathing training.

Please ring the score that best describes the frequency with which you experienced the symptoms listed

Symptom	Never	Seldom	Sometimes	Often	Very often
Chest pain	0	1	2	3	4
Stunned vision	0	1	2	3	4
Dizziness	0	1	2	3	4
Confusion or loss of touch with reality	0	1	2	3	4
Fast or deep breathing	0	1	2	3	4
Shortness of breath	0	1	2	3	4
Tightness across chest	0	1	2	3	4
Bloated sensation in stomach	0	1	2	3	4
Tingling in fingers and hands	0	1	2	3	4
Difficulty breathing or taking deep breaths	0	1	2	3	4
Softness or cramps in fingers and hands	0	1	2	3	4
Tightness around the mouth	0	1	2	3	4
Cold hands or feet	0	1	2	3	4
Palpitations in the chest	0	1	2	3	4
Anxiety	0	1	2	3	4
Totals					

Grand Total Score

A grand total score of over 20 indicates significant hyperventilation.
A grand total score of between 10 and 20 suggests mild hyperventilation.
If your score is under 10 your breathing may not be causing you any serious health problems. However with any score over zero you should do the other checks on your breathing.

Open Source

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Physiological Sigh

Both animal and human research have revealed important associations between **sighs and relief**.

The pain experience is highly connected to its **emotional context**.

Sighing appears to be a marker of **relief of tension**, perceived restlessness, negative affect, and **stress**

6-12/Hr

Sighs could be considered an **emotion regulation mechanism**

Vlemmxc E, Abelson JL, Lehrer PM, Davenport PW, Van Diest I, Van den Bergh O. Respiratory variability and sighing: A psychophysiological reset model. Biol Psychol. 2013;93(1):24-32.

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Sigh of Relief



Consistent evidence supports the hypothesis that **sighs** operate as general **psychophysiological resetters** and serve regulatory functions

Vlemmings E, Abelson JL, Lehrer PM, Davenport PW, Van Diest I, Van den Bergh O. Respiratory variability and sighing: A psychophysiological reset model. Biol Psychol. 2013;93(1):24–32.

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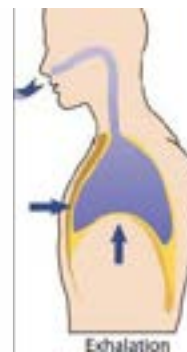
Physiological Sigh



Normal Inhale
Via Nose **(3)**



Quick Sniff Via Nose **(1)**



Extended 'Sigh' Exhale with
Pause Via Mouth **(7)**

Li, Peng & Yackle, Kevin. Quick Guide: Sighing. Current Biology 27, R83–R102, February 6, 2017

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Breath Stack



Position - Supine/Prone

Application:

- Frame the Target Area
- 2-3 Intentional Sighs/Minute:
 - i. **Normal Inhale** through nose
 - ii. **Short Sniff** (HyperInflation) through nose
 - iii. **Long Exhale** (Sigh) through open mouth

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Explore Movement

Explore

- ▶ Safe (Low Risk) Patterns
- ▶ Develop New Contingency Plans
- ▶ Reduce Threat



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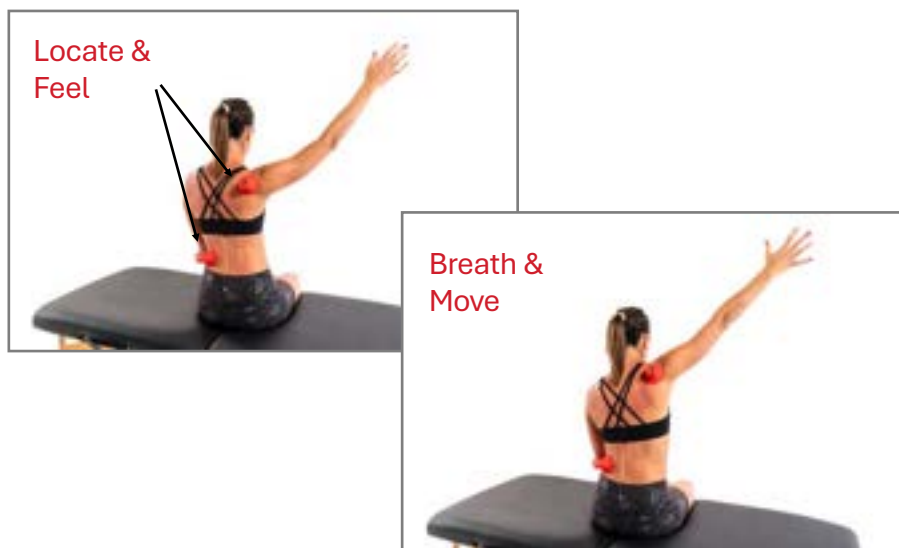
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Meaningful Movement



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Movement Rehearsal



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THERAPEUTIC ADVANCEMENTS



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Gaining Attention

How do we acquire adoption?

- Play
- Reduce Friction
- Convenience
- Reward
- No Consequence
- Fresh Start Effect - Pivot their Identity
- Fun
- Autonomy



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Immersive Treatments

- **Virtual Reality (VR)** as a non-medical intervention for managing pain has been studied for over two decades
- The Reducept Method **trains the brain** to reduce pain
- VR technology enables users to **fully and harmlessly immerse** themselves into a **simulated 3D world** where users are **given multi-sensory stimuli**.



www.reducept.com

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Virtual Reality



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Immersive Environment



...and Nerves

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Immersive Treatments

A critical aspect of VR is the **Sense of Embodiment (SoE)**.

- The **sense of agency** – control your own actions
- The **sense of self-location** – situated within a body
- The **sense of body ownership** - results from the integration of efferent and afferent information, creating the sensation that the body is the source of experienced sensations.

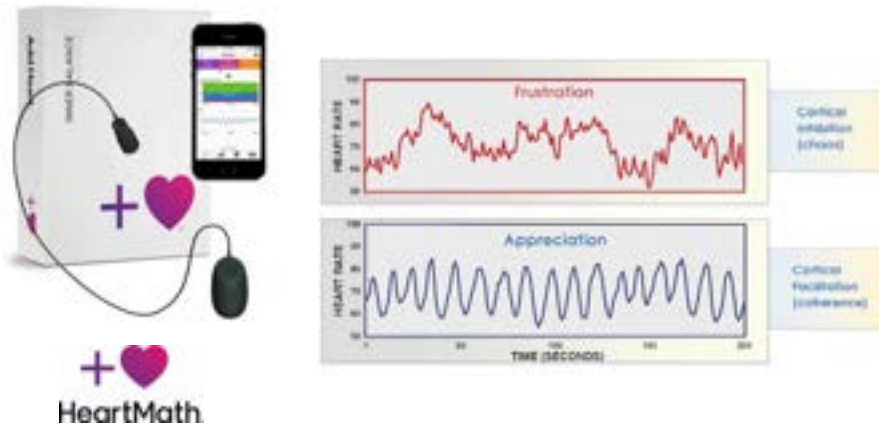
Wenk et al. **demonstrated that BOI (Body Ownership Illusion) was stronger** in an **immersive 3D** setting compared to a 2D setting.

Research by Chen et al. demonstrated that the **sensorimotor cortex (M1-S1) was significantly connected with the hippocampus** in long-term virtual conditions, a phenomenon not observed in real conditions.

This is notable as the **hippocampus** is involved in the transition of short-term to long-term **memory, decision-making**, and the **integration of sensory and motor information** during motor behavior

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Real Time HRV



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Journaling/Mindfulness

- Fostering **awareness and acceptance**
- Awareness of the present - **Here and Now**
- Expression of emotions – **release negative emotions**
- Helping to **NOT react**
- Strengthening ability to **shift focus – positive affirmations:**
 - "I love and respect what my body is trying to tell me"
 - "I treat my body with kindness and compassion"
 - "My pain does not result in suffering"
 - "I actively use self-care to soothe me when I'm in pain"
 - "I breathe light into my pain"



Curable App

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Curiosity for the Win

Be an integrator vs. operator



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Q/A

Thank you

steve@rocktape.com

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