Manual Therapy Benefits SLP Patients, an Intro — BLOG POST

By Walt Fritz, PT / September 8, 2019

With my first post here on the nicespeechlady.com website, I want to take a moment to introduce myself and the work that I teach. My name is Walt Fritz, and I am a physical therapist with a manual therapy physical therapy practice in the Rochester, NY, area. I see patients with the wide-ranging diagnoses one might expect for a PT, and over the past 15 years, I've received an increasing number of referrals from SLPs and ENTs. Why are SLPs referring to a PT who uses myofascial release/manual therapy? I'm careful not to tread beyond my scope of practice, but having been challenged by SLPs in the Rochester area to help them with their patient care has been a tremendous growth experience. In addition to my practice, I teach manual therapy to professionals, including SLPs, around the world. While allowing a physical therapist to be a source of information and education for the SLP may seem a bit incongruent, the goal of my "Foundations in Manual Therapy: Voice and Swallowing Disorders" (formerly-named "Foundations in Myofascial Release for Neck, Voice and Swallowing Disorders") is to create a bridge between what I've experienced using manual therapy for nearly 30-years and the patient needs of the SLP. With regards to adding manual therapy in the SLP setting, there is considerable evidence to support such work, both within the more commonly accessed SLP resources and as well as in the more general medical literature. I draw from this wide range of evidence to support the work I teach and, using this platform, I hope to give you a peek into that world. If you care to read through the evidence that I use to support the work that I teach, please refer to https://waltfritzseminars.com/wp-content/uploads/2018/08/References-Foundations-MFR-Seminar-NVS-July-1-2018.pdf

Manual therapy, of which myofascial release (MFR) is a described subset, offers the clinician a wide range of application models. Included in such manual therapy interventions are the more commonly accepted versions of manual circumlaryngeal treatment (MCT) as studied by Nelson Roy and many others. This form of manual therapy utilizes a firmer pressure, often applied in a shorter duration intervention. It relies heavily on the skill of the practitioner with regards to knowledge of the protocol and is more commonly associated with treatment in cases of muscle tension dysphonia. There are continuing education lines that teach a similar form of intervention for dysphagia, this time with the title, "myofascial release," using quicker strokes or stretches to address the perceived muscular holding patterns thought to be at issue in dysphagia. The version of myofascial release that I use and teach is quite different than the previously described form, in that I use very slow, steady stretches or holds that are accompanied by a strong patient-directed model of care. While many forms of manual therapy, MCT and other forms of MFR included, rely on the experience and training of the therapist to determine appropriate intervention, I share the decision-making process equally with my patients. While not a typical arrangement in manual therapy, I see such a model as more in keeping with the core principles of the evidence-based model and the broader concepts of a biopsychosocial intervention strategy.

The goal of any intervention, manual therapy/myofascial release included, is to improve function. Manual therapy/myofascial release is to many directed to reduce/eliminate soft-tissue tightness/tension, thereby allowing improved ability to swallow, speak, etc. As an intervention, manual therapy should be coupled

with functional skill training. A patient may come to see me to help reduce their pain, which is certainly a reasonable goal, but I will challenge them to think about what they could do better/more if they had less pain. I try to involve them in movement facilitation and use my intervention to guide them back into more normal movement patterns. Exercise, often dosed as strengthening, can be useful but is often ineffectual if not creatively prescribed within the lifestyle needs and interests of the patient.

So why might you care about myofascial release or manual therapy in general? Given the wide-ranging evidence to support its use in issues of dysphagia, dysphonia globus, trismus/TMJ disorder, and many other of the diagnoses facing the SLP there would seem to be ample reasons to look into how adding another tool to the toolbelt might allow you to reach a wider range of your patient population. Over the next few months, I hope to share with you more in-depth ways that the work I've taught to and with SLPs has made a difference. As a short example, I want to share with you a post that Tanya Hornbuckle-Freeland, MS, CCC-SLP shared with me on Facebook. Tanya took my seminar last year in Texas and permitted this post to be shared.

"Just wanted to share a patient win. I was referred to a patient as a last resort to help with oral phase dysphagia. She had an awful automobile accident two years ago and survived but now has facial palsy due to damaged nerves. Over time that facial palsy has also grown into significant tightness and pain that made her favor that weak side when chewing which then lead to pain in the opposite side of her jaw as well from compensating. She loses food and drink on the damaged side and generally did not enjoy eating (especially socially) because she was embarrassed at how much work it was and how slow she is and that she "leaked".

I was very explicit with her that nothing I do MFR with her will restore her nerves or fix the weakness and asymmetry in her face. She was disappointed about that, but wanted some kind of relief so did her 3 weeks trial with me. She ended up doing a full 6 weeks and discharged today. During treatment she learned to do intraoral work on herself as well as using the Dycem for exterior jaw stretching which she would do before meals for pain relief. I personally could not tell week to week any difference in her performance just by sight or feel, but every week she came back pleased and telling me what she was now doing at home that she couldn't before – for example she can now eat an apple without cutting it.

I used the Mandibular Function Impairment Questionnaire (MFQI) to measure outcomes and she went from a severe to moderate rating over 6 weeks – moving from "4" on almost all questions to "2" on all but two items.

This was an unusual patient for me honestly and I'll admit I was skeptical that I could be of any service to her or even that I should try because in the strictest sense her swallow was functional. It seems that in the end her oral dysphagia symptoms are improved with less pain and better control of the food than before. She perceives better performance and participation in social eating activities, and she was very pleased to now have the skills to help herself at home too. I'd call that a win."

Thanks for reading and please let me know if you have topics or questions that you might like to see addressed in future articles.

For now,

Walt Fritz, PT

"Foundations in Manual Therapy: Voice and Swallowing Disorders" (formerly-named "Foundations in Myofascial Release for Neck, Voice and Swallowing Disorders")

Walt Fritz, a guest nicespeechlady.com blog contributor, is a physical therapist in the Rochester, NY area who has been using manual therapy as a primary intervention since 1992. He has been an educator since 1995, and his work has evolved from "myofascial release" into a more accurate term: "manual therapy." He teaches his Foundations in Manual Therapy: Voice and Swallowing Disorders seminars to a variety of health professionals, including SLPs, across the globe. You can learn more about his work through articles and videos, along with viewing his introductory and advanced seminars at www.waltfritz.com. Coursework that Fritz teaches are ASHA-approved seminars for speech-language pathologists.

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