Academy of PHYSICAL MEDICINE

Transcript

Joining the Treatment Dots – Ref 243

Steven Bruce
Good afternoon. Welcome to the academy. Welcome to another of our lunchtime learning sessions. Hope you've had a good weekend. It's great that you can join us today. I'm actually looking forward to today because unusually for one of our lunchtime sessions, my guest has actually come all the way to join me in the studio for a chat about joining the dots in therapy. Her name is Christina Raven. She's an osteopath from Bulldog, which is not too far from the studio, fortunately. And Christina is great to have you with us. Thank you very much. Now I teased everybody today with the fact we'd be talking about joining the dots in therapy and communicating with and within your patient. And from our chat a few weeks ago, was a few weeks ago, it seems like you were saying that a lot of this is driven by your own personal experience. And part of what we're going to talk about is how your experience one's experience influences treatment. Should we start with learning a bit about you?

Christina Raven
By all means? Should I charge you that anatomical journey we were talking about first, or shall we talk about me?

Steven Bruce
Give us a little overview of your background. So

Christina Raven
I've been qualified now. Just so two years. B. So it was 1990. And I originally studied music at university at Goldsmiths. And it was while I was there that I decided to become an osteopath. And then I finished my degree and then went off to evening classes to get eight hours in biology and chemistry. And then I was in a very nasty car accident. This is the

Steven Bruce
bit that's really critical, isn't osteopathic?

Christina Raven
Well, that doesn't add up accident earlier when I was about six, which wasn't actually picked up until I was about 13. Which was when I first saw an osteopath. I've been having headaches for I mean, one headache for about seven years. Is one long hitting one long headache. Yes, had loads of tests, scans X rays mentioned they said, Oh, she's highly strong. She's got me great. And then it was a chance encounter with the mother of a girl in my class at school, who was a material student of osteopathy. And she said to my mother, or has your daughter ever had an accident involving her head? Oh, no, no, no. Oh, yes. And

remember that accident when I'd be knocked over in the playground, and basically smashed my forehead into the tarmac. And because I was doing my shoelaces at the time, and I was very proud. I just learned how to do with my shoelaces. So my hands or my feet, and I basically just hit the tarmac. And, and so she had a look. And about 13.

Steven Bruce
So your headaches actually, you know that they started at that point.

Christina Raven
I remember. I remember lying in my bedroom with the curtains drawn and it was summertime. I remember having blood pouring in my dress, and under lying there feeling sick. So I probably had concussion. But in those days, people said oh, just you should be fine. Didn't bother to do any hospital visit. I don't

Steven Bruce
think it's primary schools, even though they send you off for a head injury assessment at halftime.

Christina Raven
Anyway, certainly it was a few weeks or months after that, that I began to get headaches, and they gradually became more and more continuous. Until they became one headache kind of bridge called

Steven Bruce
direct connection without fault. Yes. And then

Christina Raven
with hindsight, yes. So she'd had a look. She recommended me to an osteopath and Harpenden Mark Flora who's now died. And he said, basically, you've had an undiagnosed whiplash for the last six, seven years. He worked structurally he also worked cranially. And he was explaining about you know, the cranial rhythm and how it should be expanding, contracting. So basically, yours is completely locked. So, but you've had this for several years in your formative growing up. So you'll probably always be prone to headaches. But with with a falling wind and treatment of no more accidents, you should be fine. So it was quite ironic that then when I was 22, I was in the big car accident, which really fractured everything. We're not quite everything but quite a lot. So my pelvis was broken in five places. My spine was broken in two places. So I'm incredibly lucky that I'm vertical and walking and working. sets that was although by then I was studying for my science, my biology and chemistry edible. But that was that almost knew I was heading towards osteopathy. But that didn't just begin On my love affair with anatomy, right? Because realising that this wasn't the body they'll find was fractured, which was his below the end of the spinal cord. And the T Pfc. Seddon was fractured. But it was a teepee and not the body. So that's why I'm not a quadriplegic, basically,

Steven Bruce
fully, isn't it? I find myself explaining on first aid courses, particularly to people. Yes, you can have a broken back. But I mean, osteopaths, chiropractors, dentists, something, people will say, all broken back. And, and but you know, it depends where the break is just how serious is likely to be MVC, they can be even in a dangerous position, they can still not cause serious damage, provided they're treated properly. And you were lucky to get away with a TP fracture.

Christina Raven
Yes, exactly. So it took a bit longer for me to start my course. But yeah, I started studying osteopathy in 186. Qualified in 1990. There is a point I was thinking about, as I was driving over here, not a clinical point, but a financial point. That after I'd been working, say, two or three years, beginning to think about a pension, being self employed. And the financial advisor said, you might want to think about income protection policy. And there's a fairly new policy called critical health insurance. And because of my experience of the accident, happening out of the blue, all right. I'm checking out both of those. And I was very grateful

Steven Bruce
for that. Did that critical health care and health insurance come into its own at some point?

Christina Raven
certainly did? Yes. So in 2006, I was diagnosed with breast cancer. And I've been in touch with the financial person, and he was in. If it's not metastasizing, then the policy won't play out. And I have to confess, obviously, it's might sound bizarre, but when I've had lumpectomy and axillary clearance, and they found that of the 16 nodes that were taken, he had metastatic change. And my first response was relief. But the policy would pay out, and therefore pay my mortgage. Yes, so I didn't have that worry. So it might sound bizarre, but it was a very bright silver lining.

Steven Bruce
There are probably people watching, you'll be fed up with me commenting on this. But we had a wonderful chiropractor on the show some time ago who came on specifically to talk about breast cancer. And she had a mastectomy and so on, but a bit she went to the to see the doctor, whether it was consultant whether it was just up, but she said that she didn't hear a single thing after the word cancer was mentioned. And if it weren't for the fact that her partner had been there, then she wouldn't have known what guidance she had been given or anything else. And as you were saying that I was just thinking that if your policy hadn't kicked in just because it hadn't been tested, doesn't mean the problem has gone away. Because

Christina Raven
I mean, there are there are cancers which still require treatment and major treatment such as mastectomy. But I wouldn't it income policy, income protection policy would have paid out. Right, but not the critical health. Right. Yeah. So.

Steven Bruce
So good lesson for any new graduates. Is because when you're self employed you also vulnerable. Setting? Absolutely. You asked me when we spoke, you said, what's the connection between your left big toe when you write big air? Yes. When I told you everything I had big ears, but you didn't say that to me, right. So take us through that journey.

Christina Raven
Maybe get a bit of the background. I did this when I was a tutor at the European School of osteopathy, Danny knightstone. And they didn't have a policy of a clinic tutorial. But I felt coming from the beer. So when we did have a clinic tutorial, I got in the habit of each week when I was there. Let's see if we can find Let's carve out even 15 minutes when we can just the students need to spend some time together talking about patients talking about anatomy. And so I would set them this exercise wasn't specifically this exercise. But I was like for

example, how would you get from your left big toe to your right ear? So I've already touched on some of the points so so a version would be coming up the flexor hallucis longus to the back of the knee. Average an excursion around the patella. Why has it been nasty for which cut through the periosteum anyway, the hamstrings, which of course attached to the skill tuberosity and it was both the inferior and superior scoring that were completely busted in my pelvic fractures

Steven Bruce
within minutes to get them back together and the right although

Christina Raven
not entirely, I still find if I sit on a hard surface, I can feel it. So I tend to take Christians with me. And, and lovely Frank wielaard. teaching us about that the hamstrings have a little slip comes across to the tip of the coccyx, which is such a useful little snippet of information to explain the magnification save patients or fall on their bottom.

Steven Bruce
So he's he's a master of anatomy. Oh, he's a superb lecturer, superb lecturer. We've, we've had a number of times when he's been in the country to get him on the show. We should try again. Oh, the country.

Christina Raven
Yes, he's. I remember once he was at another conference, and he talked about the wrists, the bones and the wrists. I said that the squirmy bones you can't call them Scott any bones. I'm a New anatomist. discone owns it. Anyway. So coming up the hamstrings to the skull tuberosity. A little excursion across to the pubic symphysis because I had had a fracture just to the left of the pubic symphysis round to the crest of the ionic crest, I had a fractured just just lateral to the SI joint. Going across to the sacrum, the left a that the sacrum was fractured up to the body of Il five, which was fractured. Coming up through the spine. We'll have a little detour, roundabout T for five to come round that rib that comes round up the sternum, round the first rib on the left to the up to seven where the tip was broken off. Never united, it's just kind of got absorbed. Which might possibly link with my chest infections because of the ligaments support to the lungs. And then we'll come back round to the sternum and across clavicle, taking in the carry petrol fashion. And of course, I have the lymph nodes removed. And it was upwards of quite an asteroid to to the so that's a very personal route.

Steven Bruce
I've expected them to have a similar route themselves.

Christina Raven
At one student would give one route, great, like give me a different route, give me a different route. So really to get them thinking about the anatomy and how everything connects. And yeah, they could have come up via the viscera, or the service, which is a wonderful connecting muscle. And so as diaphragm muscles tight pieces, there's so many routes. I mentioned the rib because with my surgery, so I had the axillary clearance, which was coming from right into the armpit. And it's amazing how much space breast tissue takes up. And then they couldn't get a clearer margin. So they had the chemotherapy, and then a mastectomy, and then the radiotherapy. So I've got a point here, where it's kind of a different scars, join up and crossover. And I had a chest infection. I was recovering from a chest infection. And I was in clinic, about Ginsey, a patient had a coughing fit. And I felt my rib

break at that junction point. So I had couldn't see the patient. But that was an interesting exercise and being professional. And it still catches it still, it's still a tethered point. I think that it was that more than anything else that taught me helped me throughout my concept of glide, that tissues need to glide. This doesn't glide. And most of my mastectomy scar doesn't glide. I work on it. It's a case you've worked on by other people, but I'm aware that that's a massive tethering point. So when I'm looking sensation

Steven Bruce
is adhesions, or is this a new tether for one single part of the tissue?

Christina Raven
And I think it's pocket adhesions kind of within the scar and the soft, the underlying soft tissue. But also, I think there was some adhesions to the periosteum.

Steven Bruce
I only ask because in the dissections that we've run and the best seconds of all of all are on fresh materials which usually animal dissections because you can only the best you can hope for with humans as frozen as a rule, but in those fresh animal cadavers, when there are adhesions, it's absolutely clear that no amount of rubbing and stretching is going to separate them and I think there's a misconception that certainly what I came out of my training with a misconception, adhesions that you can you can free those off when actually you can't. So how did you approach this yourself?

Christina Raven
I do lots of stretching. It's I'm driving I quite often what kind of hitch my fingers around the headrest, just to kind of feel all that. Because that kind of fixed position isn't like that. So doing that I have had some work. It hasn't quite hit the spot, I think I would need to take lots of pink and then say to someone just really just lay into it. And then kind of

Steven Bruce
prep might wonder how effective those I can't remember the name of the tool that chiropractors particularly in terms of differential know that they're sort of metal blades. So you might be physios that are more used to use? I can't remember the name of the tool. Obviously, they're a little bit more robust. Yes, I mean, that might be someone's fingers. Yeah, and save you from a bit of arthritis, which I believe you've got quite, you've got plenty

Christina Raven
of us. Yes, I was diagnosed with severe osteoarthritis in my lower back, and my neck and both hips when I'm searching. So that was 10 years after the accident. Basically, I'd had a very nasty slip disc, and had an urgent referral, see the local or the port, six months later. Anyway, he was taking x rays and the scan with a view to surgery. And that there's actually no point operating because it just riddled with arthritis. And instance, that was a beginning of another journey for me. Because I coped by not coping, I kind of just imploded into place being very fearful. I did fearful and protective, my husband was very protective. And my life became very small. I was too fearful to do much exercise or to go for long walks. And, but sometimes you have to hit hit rock bottom, before you can come back up again, if you're just waiting around in the sludge, there's nothing to push against. And sometimes you actually have to hit rock bottom, to be able to push off against it. And it was partly my marriage, paying for the rocks, and finding a very good personal trainer who was able to take on genetics, as fragile as I was. But with her encouragement and my knowledge of anatomy, I was able to get stronger. And also, once I moved back to Hartfordshire, after my cancer to

be near my mother dancing, because ballroom dancing, wearing a back support. And then folk dancing and then realising, oh, my back's got strong enough that I don't need the back support. Pack was a very special moment. And then on to syrup, Argentine Tango. But having been in that dark place, when patients come to me, and there's in so much pain, they can hardly bear to be pumped up on the treatment couch, or they're so fearful of moving or stretching or pushing themselves. I can share a bit of my story with them and reassure them that there is hope. And that they can come through and that they can they can turn around.

Steven Bruce
Instead of commenting from Nikki Nikki says, one could try using an ortho stim or adjusted to I've been struggling, which is much easier on the body. And Nick has said Graston question mark or is Tia STM tools. So I guess we have to look those things up. We've had somebody on the show rooms a few years back now who's actually demonstrating the use of one of these?

Christina Raven
Okay, yeah. It's good to me those references. That'd be great.

Steven Bruce
So what about bone strength with you? I mean, are you osteoporotic? osteopenic? Do

Christina Raven
you suppose I know I'm not. I mean, I haven't had a scan for quite a while. And when I did, which was I would guess in mid 90s. I think it was a conference. I was above the average. I suppose there are average. There are advantages to being slightly overweight.

Steven Bruce
To doing Ciroc and Absolutely. Other things because it's a weight bearing and it's

Christina Raven
and it's part of dancing. And that's I mean, it's having a booty around the disco is great. But it's the part of dancing where you're holding hands with someone and you're matching them. It's a perfect dancing, spin your partner grant chain, and you're having to match the person. And that's hugely helpful. They get Mr. Rock tango and tango in particular is very good for balance. So I've been doing a pivot. Why is that matching so important? Because if you don't either they'll pull you over or you'll pull them over. And then one of you or both of you will end up on the floor.

Steven Bruce
So, really, it's about body control,

Christina Raven
body control, and core strength in a really fun, joyful way.

Steven Bruce
So can we get some more detail on how this actually influences treating the patient and communicating with the patient as well as within

Christina Raven

this? So it's, it's picked up listening to their story. And I've, even though as a student, it was really important to me to get the background. How have people arrived at this place of being in pain? And what are the other stress factors going on in their lives, that the piling the straws onto the camel's back? And helping them helping them learn that they are not helpless? Sometimes patients expect us to do all the work. I'm a great believer in getting patients to do exercises. And I can tell when I look at them, whether they have or haven't, I didn't say you hadn't been doing your exercises have you? And again, no,

Steven Bruce
but again, this crops up so frequently, doesn't it that we do live in a society where people have been cultured to believe that they go to the doctor and they get a pill that fixes whatever it is they perceive to be wrong with them. And that translates to coming to osteopaths, chiropractors, physiotherapists, where they expect you and your half an hour session once a fortnight, or whatever it might be to fix their physical aches and pains and address the psychological aspects as well. And it's very hard to get patients to comply with eye exercise regime. Most people would say,

Christina Raven
I find that patients tend up to my page, they tend to choose to come to see me, because I'm not a doctor and a lump and to give them a pill. I might discuss supplements with them. And certainly I look at diet and how what they eat can make a difference. Sorry,

Steven Bruce
no, I think that applies to most of us. And I think many doctors are grateful that this happens. But the the the thought processes were that they expect to get a one stop answer for their problem when they go to the doctor. And they kind of expect it all to happen in a 30 minute treatment when they come to us and not go away and do these exercises, which is so hard to get them to comply with.

Christina Raven
I think most of my patients I found quite good.

Steven Bruce
I had you Margaret was a bully when I first met you Oh,

Christina Raven
shucks he seen through me.

Steven Bruce
So what's your technique for getting patients to comply with exercises? Obviously, you're going to ask them next time and say, Well, you haven't been doing them? Do you use an online system? Or do you just give them printed copies of Excel just demonstrate,

Christina Raven
I demonstrate and get them to do them. I do have a YouTube channel, which is a little bit neglected at the moment, because I've been busy moving house and Facebook pages. So I do sometimes post exercises, perhaps to the face. One of my Facebook pages. I have one for each practice as I can send patients there. And when they come back, I'd say let's just check your exercises. And and sometimes people say Oh, I forgotten that one. So and sometimes they remember a few of them, but not all of them. But I didn't maybe it's just the way I teach them.

Steven Bruce
Nikki sent in a suggestion that emotional freedom technique. Yes. Some people wouldn't be aware I think of it as tapping as many people do. Can you explain in more depth what he does how he does it?

Christina Raven
Yes. So Emotional Freedom Technique or EFT? It's isn't just I didn't say don't use a tapping technique. So you start. This is the starting point. So you start the and I've never quite got my head around why, but you start with a phrase that's a problem. Such as I'm really nervous about being on camera. I'm really nervous about going on camera. I'm really nervous. And then you go through. And then you can go through a sequence of tapping points on the face. Thank you and then under your arms, and it can help to shift blockages, right? I did that you can see someone who was studying it. So she needed the guinea pig. And that was fascinating kind of doing it with someone else guiding me through the process, rather than me just doing it on my own. So in terms of overcoming fears and phobias of patients, sort of. I'm really frightened of, of walking more than a half an hour or more walking more than 10 minutes. I'm really frightened to walk in more than 10 minutes but as He repeat the phrases, little extra bits of information can come out and be frightened of more than tendency. So because, you know, I was tripped over when I was a child, but who knows what

Steven Bruce
the opposite of what many people would have suggested you in years gone by and maybe still do affirmations instead you're saying, See, what's the problem is I'm frightened of walking as opposed to affirmations, which is I can walk in and begin to struggle, whatever they might be, yes.

Christina Raven
I'm not an EFT expert, but it's always intrigued me that they're starting with the problem or I want I want to drink less whiskey or I want not to get angry with my partner, whatever it is, and then it's almost it's it's uncovering extra baggage, if you like.

Steven Bruce
So with your emotions, would you be saying I want to drink less whiskey or I drink too much whiskey.

Christina Raven
You could do either doesn't matter.

Steven Bruce
I personally I can't understand the concept of drinking too much.

Christina Raven
Quite. But just things that the examples that patients have have used

Steven Bruce
the refer patients for EFT I certainly

Christina Raven

tell them about it. One practice in southeast London one's in Hartfordshire. So with a Hartfordshire. I know that there are local EFT practitioners that I can refer people to, I don't know about practitioners in London, so I would need to look that up. I certainly do recommend people might see me say reflexologist homoeopaths, acupuncturist counsellor and LP CBG. So we're all we all have different gifts to offer.

Steven Bruce
Yes. And I've gone through a cycle myself of feeling very, very sceptical about homoeopathy, because I'm a great fan of Ben Goldacre is writing and of course, he is very openly anti, not homoeopaths. But the claims for homoeopathy because he says there is no evidence for these claims. And he's quite right. There is no reliable evidence for the claims. Other than the fact that I speak to so many people, my wife included, who reported effects from homoeopathy, which just couldn't be attributed to anything else, which is rather strange. And EFT, I imagine has a similar bad press because I doubt that there are any clinical trials. I

Christina Raven
don't know. I mean, it was developed by some psychologists in America

Steven Bruce
question raised the sceptics.

Christina Raven
American psychologist, yes. Well,

Steven Bruce
sometimes we do good reason because so many things that we've seen come out of America are they're good money making exercises and if you can, if you can get that social media vibe going so that the public suddenly decides that whatever your big thing is, is that is the answer to their problem,

Christina Raven
which is the fact that homoeopathy I remember years ago, there was a documentary on the BBC about it. Given the pros and cons, and there were two herds of cows in which both there were cows that had mastitis, one herd was treated with homoeopathy in the water trough

Steven Bruce
concern from it, I thought you said they were going to be treated with cognitive behavioural therapy.

Christina Raven
Right. So with one hertz they put homoeopathic drops into the water, and the other day treated with conventional methods. That must mean three hertz must be one hertz with no treatment. The herd that did best was the one with the homoeopathic water by the cows. statistically significant, and the cows didn't know. It'd be tough. Wouldn't even if they were going through CBT at the same time.

Steven Bruce
Yes, yes. So you have three herbs, herbs, ones one new treatment,

Christina Raven
I believe so this is a long time ago. But yes, I think there was there must be a control group with no treatment, one with conventional medical, creams, tablets, whatever, and one with homoeopathy in them. We're

Steven Bruce
just guessing that a placebo would be utterly irrelevant in these cases. But yes, that was just a control few comments for you. Julia says you start with a negative with emotional freedom technique, and it's to start clearing out the problem before you put in the positive. Julia tells us okay, thanks. Good. Lots of people talking about dancing Gemma says that she encourages her patients with Parkinson's to dance. He says it's very helpful.

Christina Raven
There has been a lot of research done into that showing the Parkins dancing is very good for Parkinson's certainly

Steven Bruce
has weighed the outcomes or quality of life.

Christina Raven
There has been research done specifically with Tango for Parkinson's, perhaps because balance and control is even more key with Tango, perhaps more min syrup. And

Steven Bruce
with I don't know how to tango and sadly we once had to cancel a course where one of the students was going to teach us all to tango and Danieli I hope you're watching. But I imagine that Given the intention is one of the problems with Parkinson's, you can't afford to have that delay in dancing you if you're if you need to catch up on time, you've got to do it. So because it just becomes subconscious, and

Christina Raven
I don't I remember I used to go to a tango lesson where there was someone there with Parkinson's. I think maybe it's kind of just the music and the movement and the physical contact with other people. It's kind of overriding some of that lack of dopamine.

Steven Bruce
Is the effect lost after the dance?

Christina Raven
I don't know. I think they haven't when people do it weekly, that there is a noticeable improvement over the months, how long it lasts, once they stop that, I don't know. But it was because part of Tango is that you have connection through your wrist bones. Basically, your resting breastbone to breast bone. Right. So that's, that's where the interaction is happening.

Steven Bruce
I always thought it was side of the chest or side of the chest.

Christina Raven

We start with press chest, the chest and then you can take it in other other directions and lose hold and so on. But

Steven Bruce
she does have a lot to learn. Another comment, this time from Carrie about dancing, she's got a patient with several debilitating conditions, which she doesn't specify, and a difficult history. And she's convinced that the main reason that this patient is still upright and walking is because she's always been instilled as a dancer. I suppose there's maybe many reasons for that, right. And there's perhaps that just the positive of doing something that you've always enjoyed. Maybe that translates to your overall well being I would expect it to but I don't like to make claims.

Christina Raven
I think it's that was one of the problems with COVID. And locked down is that people couldn't go dancing. There were online dancing, things happening. Even online bond dances, which is great if you've got your husband or wife or partner dances, but if you're on your own it, it's a bit hard. And for me part of the joy of going social dancing, is that you are meeting other people. And I think the combination of physical activity, plus music, plus learning, plus having to listen to instructions. It's kind of feeding to so many of your senses. And then you get the smell of sweat. Touch the smell, there's sound, there's

Steven Bruce
well interesting. I mean, we are making some inroads into mental health work here at the academy at the moment, in the sense that we're running a MENTAL HEALTH ESSENTIALS course at the end of this month, I think it's Sunday, the 24th or 25th of July. And that will be an online course. And we're hoping to do a lot more I'm hoping we can develop into doing something for PTSD, again, addressing mental health, but it's going to be online. And I remember during COVID When we were broadcasting every single day, it was quite it was unanticipated on alcohol. But it was quite clear that that contact with people, sadly without the sweat was was very valuable. There were people who were very, very stressed, of course, and still are about the whole COVID situation probably getting more stressed again, now that it's resurging, who benefited even from the online contests. And there was a there was a report in heard on radio for some week ago. I think that they have found that online therapy for PTSD is every is more effective than conventional current conventional therapy for PTSD. But I suspect is I don't know whether that's live online therapy because again, I think the interaction or at least people watching us here are not looking at a PowerPoint slide with a voice. They're looking at two people talking and they can send their questions in and in fact, I don't think we can do it today but on most of our shows they can also phone in now and have their video up on the screen and talk to us that way. So you've added something to it. I'm getting off the off the point here how Yes, especially with me. We'll get back to how you treat your patients but Nikki sent in another couple of observations. Arthur asked him a while through stim is an American adjusting to littling Swing well with current specific technique about which I know nothing. Ted Coren, a chiropractor lost the hand lost hamstrings due to an accident involving a garage door hitting his head and it gives flexibility to adjust anyone in any position. She I think it's the same Nikki's it also says there are great free resources for EFT and tapping with background science via Dawson church. He's written a great book on latest science of the brainwaves and how to easily access highest resources of gamma waves. And his book is called bliss brain recently published to be used as acupuncture and acupressure points to reset the nervous system. That's interesting because I always got the impression that the tapping was a little bit random. But then the

person who taught me dry needling said that acupuncture points don't really exist. He said you get acupuncture zones

Christina Raven
are the points I got the impression that they were kind of tapping into them. Some of them are aliens. So which again links with acupressure and that coupon?

Steven Bruce
What do you think of Tony chi Mark says he's found that very good for improving balance?

Christina Raven
Absolutely, yes, I'm a big fan of Tai Chi. Sadly, my knees are not so keen on Tai Chi. So I did it for 1015 years. So I occasionally do a little bit and then I think I comment on what happens next. So

Steven Bruce
once upon a time, in the mid 80s,

Christina Raven
when I tried it wonderful. But it Tai Chi is very good for balance.

Steven Bruce
So what is your approach to treating AI? Obviously, patients are all different do your typical approach to handling a patient.

Christina Raven
I don't crack. Partly because I learned how to do HVT when I was a student, but because of my spinal injuries, I never felt I could get enough leverage coming over to really, it was, it was very hard work for me to physically get myself into the right place. So I always knew that I was heading towards a more gentle approach. I do use quite a bit of cranial. And I've taught on various, of course, it's all at the space schools, I do a lot of muscle work. So working into muscles working with fascia, stretching of joints, again, coming back to my idea of glide, helping helping them soft tissues glide over each other. So the patients can understand that concept that you know, the body works better when things glide, and things flow. Whereas if things are too creaky, if your joints get too stiff, and they can't blind, so encouraging patients to drink more water, have healthy fats in our diet. But certainly from a hands on point of view. muscle energy techniques, so I will use a muscle energy wind up, for example, rather than doing going to the full thrust, but least getting that counter rotation going on. Right. And that can be surprising. Number row position yet so sideline, stretching your top leg, bring your underneath arm forward, rest your top hand on your hip, all that kind of and then getting them into this the one that position, but then with muscle energy, push forward the shoulder back with a hit him with their breath and my breath.

Steven Bruce
Would you say you track a particular type of patient?

Christina Raven
Probably anyone that had my locum when I was off for my 364 days, I was allowed off the treatment. He said, your patients are completely different to my patients, your patients talk to

me about everything and anything. Is it well, don't yours? I said, No. So I think getting patients talking is really important. I think what your original question was,

Steven Bruce
I think we started off with your approach to treating patients.

Christina Raven
Yes. And then we kind of wandered around a bit. So there's two, yes, I used the windup techniques.

Steven Bruce
This was your attractive disorder.

Christina Raven
So I think perhaps, because my website talks about the fact that I seen and I do think to my patients, not only the babies, but the grownups as well,

Steven Bruce
we wouldn't wouldn't help my patients if I did actually

Christina Raven
do it therapeutically. So I said, we'll see if moving a shoulder joint is this kind of it's quite a slow low frequency. And then doing some functional work is a higher more subtle frequency. And then working with inventory mechanism is higher frequency still find it? Sometimes, I still need more. And I think I use I use my voice and use sound. And I think it's a bit like WD 40. So I'll have a sort of head pelvis hold something getting both ends of the cranial rhythm. And then I'll just sing to the patient.

Steven Bruce
I just want to choose.

Christina Raven
Often it's kind of almost like a plane chanting, improvising. Sometimes if they say, Oh, what have you been singing recently that might seem that often it's consort of improvised,

Steven Bruce
but nothing removed from your Sirach library.

Christina Raven
No, no, no. I have a patient who loves Thomas Tallis. So it might seem some Thomas canister and you can just feel their whole body going. Which is lovely. And it's gonna fast tracks. Okay. I can get get we don't

Steven Bruce
have a musical intro or an outro. I might ask you to sing us out at the end of the show. Okay. Julia has said that EFT is happening and is amazing for PTSD. So,

Christina Raven
again, Have you have you ever had an EFT practitioner on?

Steven Bruce
You know, I thought you're gonna say in my clinic we did once upon a time we had an EFT practitioner in the clinic who did not get very busy. And I don't think we've had one on the show. So maybe we should that might exist, what, what I find challenging, and I suspect, particularly new entrants to our professions, whichever provision it might be, we'll find challenging is that there are so many bloody things we can do to help patients, you could sing to them, I could apply laser therapy, the lady down the road could give them interferential someone else might go for shockwave therapy and somewhere along the line, I suspect you've got to decide where your own particular Avenue is going to be your

Christina Raven
Yes, I mean, I've always been. These are my tools. I do use some massage oil occasionally. But genuinely, I don't use gadgets or equipment. electrical stuff, I just found that they be slightly old fashioned respect that I just use my hands and listening. It's creating safe space for patients.

Steven Bruce
Similarly, Simeon, Neil Asha, we run a number of courses with simulate I'm sure you know, most of our viewers will know who Simeon is, if they don't, you know, he's an osteopath. He was a clinic user when I was going through training, but he's developed his own particular approach to treating the shoulder and the hip, particularly frozen shoulder. And he's now specialised in trigger points. And also dry needling with trigger points. But I can remember what why am I going to industry simulator. When he starts his course, he started many of its courses. I said, one of the things that's so important about video is just to touch because it's not something that happens in many other therapies. If your doctor doesn't touch you, unless he or she is going to do a reflex test or something like that. Most of the times they do touch them, it's through the stethoscope or whatever tool and it's very tempting to believe and I'm prepared to believe, again, where's the evidence, evidence, evidence, but actually people like in the right circumstances and in the right way to be touched, they like that connection, whether it's through dancing, whether it's through healthcare, and that contributes possibly as much to the psychological psychological components of their healing as the yanking the gliding the rubbing, the cracking the all the other things that we can

Christina Raven
do, and also I think it's we are creating a safe space for patients to attend if you're a chatting osteopath, or a silent osteopath. Just to be able to bounce ideas around or share concerns they have. Remember, years ago, I was seeing an osteopath, who was very silent osteopath. And it was just after I'd started my chemotherapy, and in the first session of chemotherapy, it gave me a cold cap to where have you ever come across a cold cat? And it's the theory is that it will shock your scalp so that you don't lose hair. Oh, it didn't work. But anyway, imagine if you will. Something like a third trappers cap made of solid ice in the sort of wine chilling plastic covering and the pop this on my head. I mean, it's just about drips and things were going into me. And I'm just gotten used to it when they took it off and put another one on. And there is a square alerts coming up everyone went Yay. I guess. Yeah, absolutely. That if you don't habitually swear that if you do occasionally swear when you're in pain, it does help reduce the pain. But if you're always effing and blinding then it won't make any difference. When makes a blind bit of difference. Anyway, I went to see this colleague a day or two afterwards. And she was very silent, but she was muttering to herself. And I said, you might like to know that this is what's just happened. Ah, that explains it. We're out of time, but it's been absolutely

Steven Bruce
zoomed past. There were a number of observations. I'm gonna just quickly run through them. Alex has said he quite liked to see an EFT treatment and Volantis said, can we get you back on the show with the show is a treatment like we did with Lori Hartman and explains EFT which I should put out in the follow up email and so on. Jr. Expensive as well. We had over 200 people watching for some reason we can't be specific today. But assuming people take those watching at the moment, which means there are more than that when they sort out the tagging problems. That's that's a good number for lunchtime. actually thank you for that. Thank you for your kind. Thanks, man. Maybe we'll respond to this. And we'll get you a demonstration at some point shortly just down the road. Yeah,

Christina Raven
I can get you in my no t cancer treatment.

Steven Bruce
Yeah, thank you. That's all we have time for today.