

## Emmett Technique and Deep Tissue Pain

*The great thing about this technique is that it is extremely flexible. It may be used on its own or as a valuable addition to any other therapy.*

Ross Emmett

[http://www.naturaltherapypages.com.au/article/Emmett\\_Technique\\_Outback\\_Therapist\\_with\\_A\\_Vision](http://www.naturaltherapypages.com.au/article/Emmett_Technique_Outback_Therapist_with_A_Vision)

*These two (The Bowen Technique & EMMETT Technique) relatively new therapies will allow you to discover a faster way to ease pain and improve your treatment with results you may not have achieved before.*

<http://www.rossemmett.com.au/About/AboutRossEmmett.aspx>

Many case studies focus on musculoskeletal issues as these are "visible" in terms of client disability and in pre-therapy and post-therapy assessment. Internal injuries and deep pain are not as readily visible, are just as debilitating and perhaps less well understood by the client, with consequent emotional effects. Having recently attained EMMETT Technique full practitioner status I was keen to test my new knowledge and skills with a client who experienced persistent post-operative abdominal pain and increasing anxiety as to the effectiveness of his surgery.

### Client's background and presenting symptoms

The client is male, age 65 and a self-employed graphic designer. For 10 months prior to major abdominal surgery he complained of constant pain, initially in the upper right quadrant and then across and to left of abdomen. At first he was prescribed antacids which didn't help and subsequently various tests including endoscopy, colonoscopy and ultrasound scan were negative. During this time he saw me for The Bowen Technique (I hadn't started my EMMETT Technique training at this time) which provided temporary relief. The client did not permit any other type of bodywork due to the "gnawing" pain and discomfort.

10 months later, he was rushed to hospital by ambulance after the sudden onset of severe abdominal pain and vomiting. He was given pain-relieving and anti-emetic medication while further tests and a CT scan were carried out, seemingly revealing a diverticulum causing blockage in the small intestine.

Surgery discovered and removed a large gallstone and repaired the diverticulum. However the main cause of blockage was the gallstone which, unusually, had penetrated the intestine from the gallbladder and gradually travelled through the intestine to the point where it became blocked. This explained the constant pain over the 10 months prior to surgery. Standard procedure with enlarged gallstones is to remove the gallbladder but this could not be done as the gallbladder had fused with the intestine during the slow passage of the stone into the intestine.

Six weeks after surgery, the client still had pain in lower left quadrant and at times across the abdomen in a way similar to pre-operation symptoms and he became worried that the surgery had not completely solved the problem. Twelve weeks after surgery he had a follow-up appointment with his surgeon, who said he didn't know why the client still experienced such pain. He said that recovery time from major surgery does vary and that pain can accompany nerve recovery & repair. The surgeon proposed a CT scan if pain persisted until a further check-up in 3 months i.e., March 2016.

## **How the person was treated**

I saw this client shortly after his first surgical follow-up appointment and he agreed to try the EMMETT Technique.

I did the sacrum push assessment and the client tested positive. I did not carry out any further assessments and proceed straight to the EMMETT Technique to address abdominal pain (superficial and deep), tight abdominals (tension) and post abdominal surgery.

The moves I chose to use at the first session were:

- Abdominal Release
- Rhomboid 45 X Inguinal Psoas
- Sacral Notch/Lower Abdominal Point
- Iliacus/Oblique
- Diaphragm.

I performed all with the client lying down.

The client indicated he felt “something change” at the sacral notch/lower abdominal point move.

As I am a reflexologist, I also suggested the client support his own system between sessions by working the abdominal reflexology points.

## **How the treatment works**

It is suggested that the EMMETT Technique may interact with the body as described in the science of Critical Point Analysis which identifies that: “In any highly complex system there is a specific, critical point at which the smallest input will result in the greatest change”. For example, a light touch on a small cog can halt the largest engine.

The EMMETT Technique therapist can be compared to a “body electrician” who has the knowledge to locate these critical points and re-set them with the correct stimulation. The stimulation is registered by the receiver’s nervous system and the brain responds by sending new instructions back to affect the physical state of the localized area. The result is often instantaneous physical change. Special language skills are incorporated to reinforce and anchor the positive physical changes greatly enhancing the outcome.

## **How I measured progress**

The client contacted me the morning after his first EMMETT Technique session to say that he had a good night’s sleep and that the pain seemed to have stopped. We were both surprised and somewhat astonished at such a speedy outcome. He continued to keep in touch and reported that the pain had gone and hadn’t returned.

He saw me for a second session a fortnight later and I went through the same routine. Still pain-free, he saw me for a third session a month later. On this occasion, I did a full body, lying, EMMETT

Technique maintenance session. The client has decided to continue with these monthly maintenance sessions.

### **Feedback from the client**

Paracetamol was not helping with the pain and he did not wish to return to the tramadol he had been given to control post-operative pain. Therefore, though sceptical, he was persuaded to see me on a “*what have you got to lose*” basis. Nevertheless, when he contacted me after the first treatment he was clear that the pain had stopped and subsequently, he maintains, has not returned.

At a recent hospital appointment and still pain-free, my client explained to his surgeon how he had benefitted from the Emmett Technique with regard to the post-op pain that had caused them both concern. The surgeon was very pleased with his recovery progress and my client was finally discharged from hospital care. He remains convinced that the Emmett Technique helped him and is determined to continue his monthly maintenance sessions with me.

### **Comments about the training experience**

I had intended doing just Modules 1 & 2 of the EMMETT Technique Practitioner course as I was curious about a therapy technique that was reputed to achieve so much with minimal physical effort from the practitioner. I liked the way the EMMETT Technique course was structured and my tutor, Sue Gassick, was inspirational.

I am 61 years old and facing the challenge of continuing to work with physical therapies. I am finding the EMMETT Technique to be a most valuable addition to my therapies portfolio at Body in Balance Clinic.

I have now enrolled on the advanced EMMETT Technique Practitioner workshops which guarantee to take the EMMETT Technique to a whole new level as they incorporate the latest developments from Ross Emmett.

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