Aquatic pain relief takes a giant leap forward

By Alan Lewis

Jessica demonstrating the

AquaStretch head hang

quaStretch is the newest hydrotherapy modality, and it's rapidly proving to be extremely important and effective in relieving pain - in fact, more so than all the other known hydrotherapies today. Dr Jessica Huss, DPT, Vice-President of Education for the American Physical Therapy Association's (APTA) Aquatic Section, has carried out more than 5000 AquaStretch sessions.

She presented her conclusion at the 2014 national APTA meeting, and found that: "AquaStretch appears to be clinically superior to all existing physical therapy modalities to reduce chronic pain and to restore flexibility in about 60 per cent of all rehabilitation patients."

Huss obtained her Doctorate of Physical Therapy (DPT) from AT Still University in 2002. She is also an APTA credentialed clinical instructor and serves as adjunct faculty in the Physical Therapy Assistant Program at Mohave Community College and in the physical therapy department of the Health Sciences University, a division within the Arizona Osteopathic School, where she has trained eight DTP candidates to do AquaStretch research.

their patients are returning and their clientele is exnot enough hydrotherapy pools available for this new industry to provide therapy for those who require it.

The first edition of the AquaStretch Specialty Certificate Manual was created in 2011 and has been used to train more than 600 aquatic therapists all over the United States. This manual was written by some notable aquatic therapists, including Huss, who had been practising and teaching aquatic therapy for years. These include:

- · Laurie Denomme, B. Kinesiology, the co-founder of Exercise Elements, and a Fellow of Applied Functional Science.
- · Connie Jasinskas, B.Sc., B.Ed., M.Sc. Certified Exercise Physiologist, AEA Certified ATRI Faculty Member, Can Fit Pro FIS AquaStretch practitioner and trainer.
- Terri Mitchell, BA, PTA, ATRIC, an AEA training specialist and physical therapist assistant in Austin, Texas. Mitchell was recipient of the 2010 Aquatic

Fortunately, the scientific research into AquaStretch is starting to build. Qualified practitioners are finding panding. The central problem seems to be that there are

Therapy Professional Award from the Aquatic Therapy and Rehab Institute (ATRI), the ATRI 2001 Dolphin Award and the Fitness Professional of the Year from AEA in 1992.

• Beth Scalone, PT, DPT, OCS, ATRIC, a licensed physical therapist with more than 20 years of experience in orthopaedic and aquatic therapy, and owner of North County Water and Sports Therapy Center in San Diego. Dr. Scalone has achieved certification and recertification as a clinical specialist in orthopaedic physical therapy and was honoured with ATRI's Tsunami Spirit award. She is also a master instructor for the Burdenko method and an AquaStretch trainer. AquaStretch has also attracted the interest of aquatic researchers including Lynda Keane, MA, at Middlesex

University, London, and Lori Sherlock, PhD, assistant professor in the West Virginia University School of Medicine. Keane has recently completed the first research comparing AquaStretch with land-based physical therapy for treatment of lower back pain, while Sherlock has many of her graduate students now undergoing AquaStretch research and has published an overview of AquaStretch principles.

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This outstanding group of aquatic therapy specialists has raised standards, collectively produced studies, teaching material, videos, and promoted this new modality to a point where AquaStretch is now the most clinically effective and cost effective technique for relieving pain without medication.

Pain relief

AquaStrech also provides a more accessible and pleasant means of putting a smile on the faces of pain sufferers, sportspeople, stressed people and those with physical handicaps.

Surely the aquatic industry should now rise to the occasion and do everything possible to provide adequate facilities and a supportive backing to this new proven therapy which does so much for so many.

AquaStrech can:

- Alleviate pain and discomfort;
- Improve quality of life, especially sleep;
- Restore posture and efficient movement;
- Return people to sport and an active lifestyle
- Maximise flexibility and endurance;
- Enhance sport performance.

There are many people, myself included, who have experienced severe pain that emanates from the spine due to pressure of calcified myofascial areas pressing on a nerve which runs down one or both legs. The large muscles that support the back develop a calcification of the fascia (outer layer) of the muscle tissue – and this exacerbates the pain (sciatica) to an unbearable point.



George Eversaul demonstrating arch forward

calcified hardened area (myofascial adhesion) so that the muscle returns to its normal flexible condition without pressing on nerves. The therapist needs to find the key sensitive point, and by stretching that area while pressing simultaneously on that "trigger" point, the hardened area of the fascia breaks up and disintegrates. The fact that the patient is floating in water during

this procedure allows the therapist to identify more readily where those facial adhesions are present, so that the excruciating pain often immediately dissipates, providing quick relief.

When this is performed on land – even if the patient is lying down – some parts of the body will still be affected by gravity, thus making the freeing of the treated area much more difficult.

A study comparing the two methods (land-based and water-based) has recently been completed by Lynda Keane in Middlesex University London. Her unpublished dissertation is entitled: "A study of the effects of AquaStretch and Land Stretching on people with Chronic Lower Back Pain (CLBP), looking at their pain, disability and fear of movement."

The aim of the study (from the abstract):

· CLBP is a debilitating condition affecting thousands of people. The aim of this study was to compare Land Based Stretching (LBS) with the new AquaStretch (A/S) technique, in subjects with CLBP; looking at effects on pain, kinesiophobia (fear of movement), range of movement and quality of life.

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