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Intramuscular Stimulation

By Diana Hughes

It all started with my hairdresser...

There he was one day, in the waiting room, with an appointment to see me. His problem was right scapula pain. Much to my chagrin I didn't manage to fix it, although I do think he could have been a *little* more diligent with his exercises. Two years later, having seen orthopaedic and sports medicine specialists, he still had the scapula pain. At that point he went to the Institute for the Study and Treatment of Pain (ISTOP), to have intramuscular stimulation (IMS). Six visits later he was pain free and five years later he is still pain free. I was intrigued!

IMS, a system developed by Chan Gunn, uses acupuncture needles to relax tight bands of muscle. The theory behind IMS is based on Cannon and Rosenblueth's law of denervation, which essentially says denervated structures become super sensitive, including the muscle spindle. As a result, tight bands are found in muscles supplied by nerves that are not conducting 100 percent. Neuropathy is most commonly caused by spondylosis.

At the time my hairdresser went for treatment, I had never heard of ISTOP, although I certainly knew of Chan Gunn. In fact I had been on a course given by Dr. Gunn in the late seventies where one of the

participants had restricted elbow flexion with a hard end feel. "Muscle spasm," said Dr. Gunn. (It felt like a bony end feel to me.) One or two acupuncture needles in the triceps and the person had full range of elbow flexion with a normal end feel.

The problem was the effect only lasted half an hour. Unfortunately I was not impressed. I think now Dr. Gunn would say the reason for the relapse was because he only treated the

"IMS borrows its needle technique from traditional Chinese acupuncture, but updates and enhances it with anatomy and neurophysiology."

Chan Gunn

peripheral structure and not the spine. Every time I had my hair cut I remembered that someone could fix a scapula pain that I couldn't. A year ago I was doing a locum at Burrard Physio Associates when Lynn Chapman came back from the IMS course. "Look at my shoulder," she said. "I haven't had this range in years!" (Unfortunately it had temporarily ruined her tennis game, as she had not had a chance to gain strength in her newfound range.) I asked her several times over the next few months if she still had the range and yes, she did. I hadn't realized until then that there were any IMS training courses, let alone ones available to physiotherapists. Soon after, PABC sent out an email about an IMS lecture by Chan Gunn

at G.F. Strong. I signed up for the course that night.

The most frustrating thing was the time between signing up and taking the course.

When you sign up they send you four videos on IMS examination and treatment. It shows how to identify signs of neuropathy: trophic skin changes (peau d'orange), skin temperature or color changes, increased sweat, goose bumps or hair loss over the affected dermatome.



Once I started looking for these signs, I noticed them frequently. At the same time I started palpating for and finding tender, tight bands in muscle. I knew these signs could probably be dealt with fairly quickly with a needle but was as yet unable to do it, and that was frustrating.

In order to fully explore this interesting technique, I have decided to partially give up my nomadic life as a locum and settle down to a regular part-time position providing IMS. ♦

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Don't Miss

- **Physio and The Arts** 6
- **Member Profile** 9
- **Expertise in Practice** 13
- **I am Physiotherapy** 16