

"Thuy is my medicine," Peggy Evans declares of Thuy Bowyer and her Medical Restorative Massage Therapy (MRMT) approach to chronic pain. "She teaches me how to take care of myself so I don't have to rely on her."

It's quite a statement, given Evans' decades-long road toward healing and recovery.

Evans, who is nearly 70, first began her search for relief after a serious fall in her 40's.

"It was the end of life as we knew it," Evans said.

After slipping on a freshly waxed floor landed her flat on her back with a broken tailbone, her life changed dramatically. She went from someone who loved her job at a nursing home and so enjoyed the interaction with the patients to plummeting into a downward spiral of debilitating pain and depression.

"It felt like a hot knife all over my body."

Unable to work, Evans struggled to receive workers' compensation for her injury and later for her diagnosis of fibromyalgia related to her fall at work. It took nearly 10 years for her request to be granted.

In all this time, she continued to try different medications, special food regimens, and many other approaches to heal her injury and manage her pain. She worked tirelessly with her general practitioner looking for relief.

During this search, Evans began working with a licensed massage therapist who she says helped her quite a lot but she had to keep going week after week and the benefits were not cumulative.

But, when she moved to the Columbus area her massage therapist referred Evans to his colleague, Bowyer.

While Bowyer was also trained as a licensed massage therapist, she continued to research and grow her technique into what's today known as MRMT, a patient-centered and patient-focused discipline.

"MRMT is a discipline evolved from intense focus on the 'whole' patient. Early in my career as a Licensed Massage Therapist (LMT) I was trained to focus upon the "issue" as reported to me by the patient. Thus, I was focused upon dealing with the patient's shoulder, hip, arm, leg, or whatever particular piece of his/her body they informed me was bothering them."

But over time she realized her approach started to change and so did her patients' results. "Suddenly I was getting more physician-referred patients. These people realized before I did that my treatment methods were producing better results for their patients than they had previously seen. It was then that I realized that 'how' I was practicing in my day-to-day dealings with patients was different, but I still had yet to articulate exactly how that difference manifested itself."

Bowyer said one of the most critical elements of proper treatment of any patient suffering from severe physical dysfunction or pain is in the proper upfront assessment of that patient's "entire condition." Having created a systematic and clinical approach to the assessment led to the ability to develop a personalized plan of care for each patient's condition. She said the important connection between the patient's mind and body and gaining the patient's collaboration are also central to the plan of care and its execution.

While the hands-on therapeutic technique is important, it is the combination of a personalized plan and the patient's own willingness to improve that move the process forward. Learning to apply manual therapeutic techniques using a comprehensive medical model of assessment, analysis, and planning was an important moment for MRMT.

She said, "When I learned to 'stop rubbing patients' and began 'treating patients' in a disciplined process, MRMT was born!"

Bowyer had fully integrated her MRMT process by the time Evans became a patient. Even though Evans was using an electric wheelchair when she had to be on her feet for long periods, Bowyer was confident she could help: "When MRMT is applied in a disciplined manner in collaboration with the patient, it will be effective in reducing pain and restoring physical function."

But, as Bowyer says, it's a partnership and she wasn't yet sure if Peggy would be willing to expend the time and effort it would take. "Since each patient is unique, I did not yet know how far we could improve Peggy's quality of life, but I felt certain we could make progress," Bowyer recalls.

It turns out Evans was ready and through her perseverance and work, she hasn't used the wheelchair in nearly three years.

Her work with MRMT has only continued to grow and improve.

But it was a process.

"I had to meet Peggy where she was and lead her to where she wanted to be. Initially, Peggy was hyper-focused on pain and she was not functioning because she was not taught how to use her body at all."

"After her work-related injury, Peggy's challenges were compounded; she gained weight and experienced pain-related injuries ranging from surgery, to a fall, to developing fibromyalgia - all of which resulted in fear of pain and fear of movement," Bowyer commented.

A significant difference in the application of the MRMT process, Bowyer said, is "We understand from the beginning that we must win the patient's trust and respect. We understand that we must convince the patient that the only path forward to an improved quality of life involves his/her cooperation and commitment to the plan of care. Thus, the willingness of the patient to 'do their part'... is absolutely critical to the long-term success for the plan of care. The understanding of this cooperative element of the MRMT discipline is why we teach communication techniques to our students. It is why we expose our students to an understanding of the mind-body connection element of patients. It is why we do not expect our patients to instantly trust us, but only to allow us the opportunity to earn their trust while we are applying our plan of care and our therapeutic techniques."

Instead of managing her symptoms, Evans today is moving out of the chronic pain spiral. She sees Bowyer twice a month for maintenance and continues to increase what she does on her own.

She's even working toward increasing her weekly walking.

Under MRMT care, Evans has learned how to use her "new" body, learned how to respond instead of react to her pain, and learned how to create rituals for her care, Bowyer said.

Evans has been committed to that process. Having achieved such breakthroughs with chronic pain, Evans now has started putting her energy into other interests as well.

She read an article about how having a dog could encourage her to be more active. After finding her dog, Teddy, who is a "gift from God," he is now on his

way to becoming a service dog.

Something that would have seemed impossible even a few short years ago, now with Teddy by her side and fibromyalgia flare-ups at a minimum, she said she is "free."

And Bowyer doesn't want to keep her technique and processes a secret. Later this year she's opening an MRMT school for therapists to learn her approach. MRMT is a medication-free manual therapy option, which has already helped thousands of patients over the last 17 years of Bowyer's practice. She believes MRMT is new and growing because the need for this type of care has far greater demand than there is supply of trained and certified therapists.

For licensed massage therapists considering entering the training, MRMT is a new environment, which is allied with the health care industry, collaborates with physicians and other medical service providers, and is financially rewarding to them personally.