Joining the Treatment Dots - Ref243

with Christina Raven

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TRANSCRIPT

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Steven Bruce
I'm actually looking forward to today because unusually for one of our lunchtime sessions, my guest has actually come all this way to join me in the studio for a chat about joining the dots in therapy. Her name is Christina Raven. She is an osteopath from Baldock, which is not too far from the studio, fortunately. And Christina, it's great to have you with us.

Christina Raven
Thank you very much, Steven.

Steven Bruce
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 it a few weeks ago, seems like it to me, 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 do that anatomical journey we were talking about first, or shall we talk about me?

Steven Bruce
Give us a little overview.

Christina Raven
Okay, so I've been qualified now 32 years at BSO, as it was 1990. And I'd 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 a doubles in biology and chemistry. And then I was in a very nasty car accident.

Steven Bruce
This is the bit that's really critical, isn't it, in your osteopathic journey.

Christina Raven
Yes. I had an 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'd been having headaches for, I think one headache, for about seven years.

Steven Bruce
One long headache?

Christina Raven
One long headache. Yes. Had loads of tests, scans, X rays eventually they said, oh, she's highly strong. She's got migrane. And then it was a chance encounter with the mother of a girl in my class at school, who was a mature student of osteopathy. And she said to my mother, oh, has your daughter ever had an accident involving her head? Oh, 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 up my shoelaces at the time, and I was very proud that I just learned how to do up my shoelaces, so my hands are on my feet and I basically just hit the tarmac. And, so she had a look when I was about 13.

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

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

Steven Bruce
I don't think it's primary schools, even now they send you off for a head injury assessment at halftime.

Christina Raven
Anyway, so 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.

Steven Bruce
So it's a pretty direct connection with that fall.

Christina Raven
Yes, with hindsight, yes. So she'd had a look. She recommended me to an osteopath in Harpenden, Mark Floor 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 the cranial rhythm and how it should be expanding and contracting. So basically, yours is completely locked. But you've had this for several years in your formative growing up. So you'll probably always be prone to headaches. But with a falling wind and treatment and no more accidents, you should be fine. So it was quite ironic that then, when I was 22, I was in a big car accident.

Steven Bruce
You fractured everything then?

Christina Raven
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. Although by then I was studying for my science, my biology and chemistry degree, but that almost, and I knew I was heading towards osteopathy. But that interest began my love affair with anatomy. Because realising that the body of L5 was fractured, which of course is below the end of the spinal cord and the TP of C7 was fractured, but it was a TP and not the body. So that's why I'm not a quadriplegic, basically.

Steven Bruce
Funny, isn't it, I find myself explaining on first aid courses, particularly to people that yes, you can have a broken back. But I mean, osteopaths, chiropractors, people will say, oh, broken back. But you know, it depends where the brake is, just how serious it's likely to be. And obviously, 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 86. Qualified in 1990. There was 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, I was, right, I'm taking out both of those. And I was very grateful for that.

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

Christina Raven
It certainly did. Yes. So in 2006, I was diagnosed with breast cancer. And I've always been in touch with the financial person. And he was saying, what if it's not metastasizing then the policy won't pay out. And I have to confess, this might sound bizarre, but when I'd had a lumpectomy and axillary clearance. And they found that of the 16 nodes that were taken, 8 of them had metastatic change. And my first response was relief that the policy would pay out. And therefore, pay off my mortgage. 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 who will be 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 she went to the to see the doctor, whether it was a consultant or whether it was just a GP, 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'd 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 metastasized, doesn't mean the problem has gone away. Because it's just a stressful experience.

Christina Raven
I mean, there are cancers which still require treatment and majour treatment, such as a mastectomy. But it's the income policy, income protection policy would have paid out, but not the critical health.

Steven Bruce
So a good lesson for any new graduates, because when you're self-employed you're also vulnerable.

Christina Raven
Absolutely.

Steven Bruce
Anyway, you asked me when we spoke, you said, what's the connection between your left big toe and your right big ear. And I told you off for saying I had big ears. But you didn't say that to me. So take us through that journey.

Christina Raven
To give a bit of the background, I developed this when I was a tutor at the European School of Osteopathy down in Maidstone. And they didn't have a policy of a clinic tutorial. Coming from the BSO 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 and me spend some time together, talking about patients talking about anatomy. And so I would set them this exercise, it wasn't always specifically this exercise. 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 a version would be coming up the flexor hallucis longus to the back of the knee. A little excursion around the patella, where I had a very nasty fall which cuts through the periosteum. Anyway, the hamstrings, which are of course attached to the ischial tuberosity and it was both the inferior and superior ischial ring that were completely busted in my pelvic fractures.

Steven Bruce
Did they manage to get them back together in the right orientation?

Christina Raven
Well, not entirely. I still find if I sit on a hard surface, I can feel it. So I tend to take cushions with me and lovely Frank Willard teaching us about that the hamstrings have a little slip that comes across to the tip of the coccyx, which is such a useful little snippet of information to explain the ramification of patients who have fallen on their bottom.

Steven Bruce
He's a master of anatomy. He's a superb lecturer and we've had a number of times when he's been in the country to get him on the show. And we should try again when he's next in the country.

Christina Raven
Yes, he is. But I remember once he was at another conference, and he talked about the wrists, the bones in the wrists. So there's the squirmy bones. You can't call them squirmy bones, I'm a new anatomist, there's squirmy bones. Anyway, so coming up the hamstrings to the ischial tuberosity. A little excursion across to the pubic symphysis because I had had a fracture just to the left of the pubic symphysis, round the crest of the iliac crest, I had fractured just lateral to the SI joint. Then across to the sacrum, the left ala of the sacrum was fractured up to the body of L5, which was fractured, coming up through the spine. We'll have a little detour, roundabout T4, 5 to come round that rib that comes the front, up the sternum, round the first rib on the left up to C7, where the TP 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 the clavicle, taking in the clavipectoral

fascia. And of course, I had the lymph nodes removed. And then it was up the sternocleidomastoid to the ear. So that's a very personal route.

Steven Bruce
You couldn't have expected them to have a similar route themselves.

Christina Raven
One student would give one route, great, now give me a different route, give me a different route. So we need to get them thinking about the anatomy and how everything connects. And they could have come up via the viscera or via the psoas, which is a wonderful connecting muscle. Psoas, diaphragm, latissimus dorsi, trapezius, there are so many routes. I mentioned the rib because, with my surgery, so I had the axillary clearance, which comes right into the armpit. And it's amazing how much space breast tissue takes up. And then they couldn't get a clear margin. So I had the chemotherapy, and then a mastectomy, and then the radiotherapy. So I've got a point here, where it's kind of the 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 to go and see a patient, I had a coughing fit. And I felt my rib break at that junction point. So I couldn't see the patient. But that was an interesting exercise in being professional. And it still catches, it's still a tethered point. But I think it was that more than anything else that taught me, helped me develop 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 occasionally worked on by other people, but I'm aware that that's a massive tethering point.

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

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

Steven Bruce
I only asked because in the dissections that we've run and the best dissections are all on fresh materials, which usually animal dissections, because the best you can hope for in humans is frozen. 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 I came out of my training with the misconception, oh, adhesions you can free those off when actually you can't. So how did you approach this yourself?

Christina Raven
I do lots of stretching. As I'm driving, I quite often will kind of hitch my fingers around the headrest, just to kind of feel all that because that kind of fixed position, it really doesn'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 pain killers, and then say to someone just really, just lay into it. And then kind of prep myself.

Steven Bruce
I wonder how effective those, I can't remember the name of the tool, chiropractors particularly use them.

Christina Raven
Interferential? TENS?

Steven Bruce
No, they're sort of metal blades, it might be physios that are more used to using these things as well, I can't remember the name of the tool. Obviously, they're a little bit more robust in working tissues than someone's fingers, can save you from a bit of arthritis, which I believe you've got plenty of.

Christina Raven
Yes, I was diagnosed with severe osteoarthritis in my lower back, and my neck and both hips, when I was 32, that was 10 years after the accident, basically, I'd had a very nasty slip disc, and had an urgent referral to see the local orthopod 6 months later. Anyway, he was taking x rays and a scan with a view to surgery. And said, there's absolutely no point in operating because, it just riddled with arthritis. And since 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 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 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 heading for the rocks and finding a very good personal trainer who was able to take on someone 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. That was a very special moment. And then on to Ceroc, Argentine Tango. But having been in that dark place, when patients come to me, and they're 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 turn around.

Steven Bruce
I just had a comment in from Nikki. Nikki says, one could try using an arthro stim or adjustor type instrument, which is much easier on the body. And Nick has said Graston question mark, or IASTM tools. I guess we'll have to look those things up. We've had somebody on the show a few years back now who was actually demonstrating one of these.

Christina Raven
Okay. If you could send me those references that'd be great.

Steven Bruce
So what about bone strength? Are you osteoporotic, osteopenic?

Christina Raven
As far as 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 the mid-90s. I think it was at a conference. I was above the average; I suppose there are advantages to being slightly overweight.

Steven Bruce
There are also advantages to doing ceroc.

Christina Raven
Absolutely, and it's part of dancing. And that's I mean, it's having a boogie around the disco is great, but it's the part of the dancing where you're holding hands with someone, and you're matching them. It's a folk dancing, spin your partner, grand chain, and you're having to match the person. And that's hugely helpful. They get ceroc, tango and tango particularly is very good for balance.

Steven Bruce
Why is that matching so important?

Christina Raven
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.

Christina Raven
So it's 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 their...

Christina Raven
So it's listening to their story and I've, even when I was 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 they're piling the straws onto the camel's back? And 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 can say, you haven't been doing your exercises have you? And they go, 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 in 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 exercise regimes, most people would say.

Christina Raven
I find that my patients tend to choose to come to see me, because I'm not a doctor, and I'm not going 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.

Steven Bruce
Sorry, no, I think that applies to most of us, doesn't it? And I think many doctors are grateful that this happens. But 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 are quite good.

Steven Bruce
I had you marked out as a bully when I first met you.

Christina Raven
Shucks he's 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 or you 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 one of my Facebook pages. I have one for each practice. So I can send patients there. And when they come back, I'd say, let's just check your exercises. And sometimes people say oh, I'd forgotten that one. And sometimes they remember a few of them, but not all of them. But I don't know, maybe it's just the way I teach them.

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

Christina Raven
Yes. So Emotional Freedom Technique or EFT, it's known as a tapping technique. This is the starting point. So you start there and I've never quite got my head around why, but you start with a phrase, it's a

problem, such as, I'm really nervous about going on camera, I'm really nervous about going on camera. I'm really nervous. And then you can go through a sequence of tapping points on the face. And then under your arms, and it can help to shift blockages. I did actually see someone who was studying it. So she needed a 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 walking more than a half an hour or I'm really frightened of walking more than 10 minutes, and then as you repeat the phrases, little extra bits of information can come out, I'm really frightened of walking more than 10 minutes, because I was tripped over when I was a child.

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

Christina Raven
I'm not an EFT expert, but it's always intrigued me that they're starting with the problem, or 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 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.

Steven Bruce
Doesn't matter. I personally, I can't understand the concept of drinking too much whiskey.

Christina Raven
Quite. But that's just examples that patients have used.

Steven Bruce
Do you refer patients for EFT?

Christina Raven
I certainly tell them about it. One practice is in southeast London, one's in Hartfordshire. So with 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 a reflexologist, homoeopaths, acupuncturist, counsellor, NLP, CBT. So we all have different gifts to offer.

Steven Bruce
Yes. And I've gone through a cycle myself of feeling very, very skeptical about homoeopathy, because I'm a great fan of Ben Goldacre's 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, isn't it? And EFT, I imagine has a similar bad press because I doubt that there are any robust clinical trials.

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

Steven Bruce
Well, sometimes with 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 get that social media vibe going so that the public suddenly decides that whatever your big thing is, is the answer to all their problems.

Christina Raven
I think that the homoeopathy, I remember years ago, there was a documentary on the BBC about it, looking at 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
For a minute, I thought you said they were going to be treated with cognitive behavioural therapy.

Christina Raven
Right. I love that. So with one herd they put homoeopathic drops into the water and the other they treated with conventional methods. It must have been herds; it must have been one herd with no treatment. The herd that did best was the one with the homoeopathic water.

Steven Bruce
By a statistically significant amount?

Christina Raven
Statistically significant. And the cows didn't know.

Steven Bruce
It would be tough for them to know.

Christina Raven
It would be, even if they were going through CBT at the same time.

Steven Bruce
Yes, yes. So you have three herds, one no treatment.

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

Steven Bruce
I'm guessing that a placebo would be utterly irrelevant in these cases.

Christina Raven
Yes.

Steven Bruce
A 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.

Christina Raven
Okay, thank you.

Steven Bruce
Lots of people are talking about dancing, Gemma says that she encourages her patients with Parkinson's to dance. She says it's very, very helpful.

Christina Raven
Yes, there has been a lot of research done into that, showing that dancing is very good for Parkinson's.

Steven Bruce
In what way, do you know what the outcomes are or is it just quality of life?

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

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, Danieli, I hope you're watching. But I imagine that given, that intention is one of the problems with Parkinson's, you can't afford to have that delay in dancing, if you need to catch someone's hand, you've got to do it. Does it just become subconscious?

Christina Raven
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
Does the effect last after the dance?

Christina Raven
I don't know. I think 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 also because part of Tango is that you have connection through your breast bones. Basically, your resting breastbone to breastbone. So, that's where the interaction is happening.

Steven Bruce
I'd always thought it was side of the chest to side of the chest.

Christina Raven
We start with chest to chest and then you can take it in other directions and lose hold and so on.

Steven Bruce
It is a lot to learn. Another comment, this one 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 and still is a dancer. I suppose there may be many reasons for that. There's perhaps 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 I can't back up.

Christina Raven
I think that was one of the problems with COVID and lockdown, is that people couldn't go dancing. There were online dancing things happening. Even online ball dances, which is great if you've got, if your husband or wife or partner dances. But if you're on your own 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. There's touch, there's smell, there's sound.

Steven Bruce
Well, interestingly, 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 unanticipated on our part, but it was quite clear that that contact with people, sadly without the sweat, 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 contacts. And there was a report, I heard it on radio 4 some week ago, I think, that they have found that online therapy for PTSD is more effective than current conventional therapy for PTSD. But I suspect it's, 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 it adds something to it. I'm getting off the point here.

Christina Raven
That's what conversations do.

Steven Bruce
Yes, especially with me. We'll get back to how you treat your patients, but Nikki sent in another couple of observations. Arthrostim is an American adjusting tool, it links well with Koren specific technique about which I know nothing. Ted Koren, a chiropractor lost hand strength due to an accident involving a garage door hitting his head and it gives flexibility to adjust anyone in any position. I think it's the same Nikki, 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 brain waves and how to easily access highest resources of gamma waves. And his book is called Bliss Brain, recently published. Tapping uses 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 told me dry needling said that acupuncture points don't really exist. You said you get acupuncture zones rather than points.

Christina Raven
I got the impression that they were kind of tapping into them. Some of the meridians. So you can mix it with acupressure and acupuncture.

Steven Bruce
What do you think of Tai 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. I did it for 10, 15 years. So I occasionally do a little bit and then I think, I can't remember what happens next.

Steven Bruce
I did it once upon a time, it must have been in the mid-80s, when I tried it.

Christina Raven
It's wonderful. Tai Chi is very good for balance.

Steven Bruce
So what is your approach to treating, obviously, patients are all different, 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 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 courses or various 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 the soft tissues glide over each other. 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, then they can't glide, so encouraging patients to drink more water, have healthy fats in their 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 going to the full thrust, but at least getting that counter rotation going on. And that can be surprisingly effective. So side lying, straighten your top leg, bring your underneath arm forward, rest your top hand on your hip, all that kind of and then getting them into the wind up position. But then with muscle energy, so, push forward with the shoulder, back with the hip. And then with their breath and my breath.

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

Christina Raven
Probably anyone that had my locum when I was off for my 364 days that I was allowed off the treatment. He says, your patients are completely different to my patients, your patients talk to me about everything and anything. I said, well, don't yours? And he says, no. So I think getting patients talking is really important. I forget 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 yes, I used the windup techniques.

Steven Bruce
This was whether you attracted a sort of patient.

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

Steven Bruce
Well, it wouldn't help my patients if I did that.

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

Steven Bruce
Any choice of song?

Christina Raven
Often it's kind of almost like a plain chanting improvising. Sometimes if they say, oh, what have you been singing recently? So I might sing that. Often, it's sort of improvised.

Steven Bruce
Nothing from your Ceroc library.

Christina Raven
No, no. I have a patient who loves Thomas Tallis. So I might sing some Thomas Tallis to her. And you can just feel their whole body going, aaah, which is lovely. And it's gonna fast Tracks.

Steven Bruce
We don't actually have a musical intro or an outro. I might ask you to sing us out at the end of the show.

Christina Raven
Okay, I can do that.

Steven Bruce
I can't believe you said you would. Julia has said that EFT, tapping again, is amazing for PTSD.

Christina Raven
Have you ever had an EFT practitioner on?

Steven Bruce
Do you know, I thought you were gonna say in my clinic, one 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.

Christina Raven
That might be good, because that would be getting a lot of interest.

Steven Bruce
What I find challenging, and I suspect that particularly new entrants to our professions, whichever profession it might be, will find challenging is that there are so many bloody things we can do to help patients, you can 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 own route.

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

Steven Bruce
Simeon Neal Asher, we've run a number of courses with Simeon, I'm sure you know who he is.

Christina Raven
Great chap.

Steven Bruce
Most of our viewers will know who Simeon is. But if they don't, you know, he's an osteopath, he was a clinic tutor 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, Simeon, when he starts his course, he started many of its courses, he said, one of the things that's so important about what we do is just touch. Because it's not something that happens in many other therapies, 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, if they do touch you it's through the stethoscope or whatever, through a 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 or whether it's through healthcare, and that contributes possibly as much to the psychological components of their healing as does the yanking, the gliding, the rubbing, the cracking, all the other things that we can do.

Christina Raven
And also, I think it's that we are creating a safe space for patients to, I don't know if you're a chatting osteopath, or a silent osteopath.

Steven Bruce
Chatting.

Christina Raven
Yes, just to be able to bounce ideas around or share concerns they have. I remember years ago, I was seeing an osteopath, who was a very silent osteopath. And it was just after I'd started my chemotherapy, and in the first session of chemotherapy, they gave me a cold cap to wear, have you ever come across a cold cap?

Steven Bruce
I haven't.

Christina Raven
The theory is that it will shock your scalp so that you don't lose hair. It didn't work. But anyway, imagine if you will, something like a fur trappers cap made of solid ice in the sort of wine chilling, plastic covering. And they pop this on my head. I mean, it was just drips and things were getting into me. And I'm just getting used to it when they took it off and put another one on. A swear alert's coming up. And I was like, fuck. And research shows 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. Anyway, I went to see this colleague a day or two afterwards. And she was very silent, she

was muttering to herself. And I said, you might like to know that this is what's just happened. Ah, that explains it.

Steven Bruce
We're out of time. It 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 Vlad said, can we get you back on the show, with the show as a treatment like we did with Laurie Hartman. Anne explains EFT, which I shall put out in the follow-up email and so on. And Julia explains it as well. We had over 200 people watching, for some reason we can't be specific today. But there's 200 people tagged as watching at the moment, which means there are more than that when they sort out the tagging problems. That's a good number for a lunchtime show. So thank you for that. Very kind.

Christina Raven
Thank you.

Steven Bruce
And maybe we'll respond to this, and we'll get you in a demonstration at some point. You're only just down the road.

Christina Raven
I can do an MOT kind of treatment.