

What is NMT?

The letters NMT are used in Europe to describe 'neuromuscular technique', while in the USA it is the abbreviation for 'neuromuscular therapy'. NMT was developed in Europe in the 1930s, primarily by Stanley Lief ND DO, as a derivation of a form of Ayurvedic massage then practised with great success by Dr Dewanchand Varma in Paris and, subsequently, in London (Varma, 1936). Lief evolved a dual use of neuromuscular technique (his name for the method), one with a diagnostic and the other with a therapeutic intent.

In its diagnostic mode, pressure applied by a palpating digit (usually thumb, sometimes fingers) searched through 'suspect' tissues seeking evidence of altered structure (induration, fibrosis, hypertonicity, oedema etc.). In this search Lief and co-developer of the technique, his cousin Boris Chaitow DC, used what they described as 'variable pressure', with the objective of meeting and matching tissue tension/pressure so allowing an accurate recognition of deviations from what could be considered 'normal' tissue texture.

In its therapeutic application early (European) NMT aimed to treat whatever abnormal soft tissue states were revealed by the assessment NMT – utilizing deep tissue work, cross fibre and inhibition/ischemic compression tactics. The objective

then was preparation of joints for subsequent osteopathic or chiropractic manipulation, or avoidance of the need for active manipulation, by mobilizing restrictions via the soft tissue alone.

In the 1940s and 1950s transatlantic influences gradually became apparent as the research of many workers indicated the nature and influence of myofascial trigger points. In particular, the work of Janet Travell MD (Travell & Rinzler) and Raymond Nimmo (1970) resulted in the evolution of what has become American NMT (neuromuscular therapy). This knowledge led to the use of NMT evaluation as a means of 'combing' the tissues for trigger points, and the use of the therapeutic aspect of NMT as a means of deactivating these.

Nimmo, independently of Travell, described his work as 'receptor-tonus' technique and was enormously influential in the USA in directing the attention, initially of groups, of his fellow chiropractors and subsequently of other professions, towards a focus on the soft tissue component of the body as a primary source of pain and dysfunction.

He offered, via his intimate analysis of what we now know to be myofascial triggers (and which he termed 'noxious pain points'), a means of relieving pain and restriction.

Dr Nimmo conducted a series of lectures in the UK during the late 1960s at the British College of Naturopathy and Osteopathy (London). His approach at that time

had strong echoes – although clearly was not derivative – of the pioneer work in neuromuscular technique as developed in the 1930s and 1940s by Lief. What Nimmo presented complemented Lief's approaches and was well received in the UK. The similarities between the methods of Lief and Nimmo became apparent, and the advantages of combining elements of the methodology, clear. Currently NMT is taught as a part of the 'soft tissue approaches' curriculum of some British osteopathic colleges and forms a module on a BSc Health Sciences course at the University of Westminster, as well as being widely employed in training of massage and sports therapists in the UK.

In the USA the evolution of NMT after Nimmo's death has followed two distinct pathways, a continuing and growing recognition of the value of the ideas promoted by Nimmo within the chiropractic profession, and a burgeoning NMT 'industry' within the massage therapy profession. Many thousands of NMT therapists are currently establishing this discipline as a major force in North American bodywork. Recently some of its key US training programmes (such as that taught by Judith Walker DeLany) have been sought out by both American and European (Swiss, German and others) practitioner groups (dentists, hygienists) working in the field of TMJ dysfunction in particular and cranial/ facial pain in general.

Walker DeLany takes a broad view and described NMT objectives as

'incorporating a systematic approach towards pain relief, involving attention to ischemia, trigger points, nerve compression/entrapment, postural distortion (biomechanics), nutrition and emotional wellbeing (stress reduction).' American NMT differs in technique rather than objective from the European version based on the work of Lief.

To add slight confusion, in Europe, 'NMT' has also has other meanings, for example in their book *Manual medicine: therapy* (Dvorack 1988), the author assigns the title 'NMT 1' to methods which mobilize joints by 'contracting the appropriate agonistic muscles which leads to movement beyond the pathological barrier' in a stepwise manner.

'NMT 2' is used by these authors to describe muscle energy technique

(MET) procedures which rely on postisometric relaxation following a controlled contraction of the agonists against unmoving resistance. Finally they use the designation 'NMT 3' for MET utilizing antagonist muscles (relying on reciprocal inhibition to achieve mobilization of tissues).

All NMT approaches aim to either relieve pain, and/or enhance function in dysfunctional conditions, primarily utilizing soft tissue methods which influence both the nervous system ('neuro') and the myofascial component of the body ('muscular'). NMT methodology rests on the bedrock of the research of Nimmo, Travell and Simons into myofascial pain, but awaits definitive research to validate its excellent clinical results.

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