Mission possible

Wounded Warriors Find Relief with Massage
A Salute to Those Who Serve

David’s Heroes
Luck might have played a part in bringing Lance Corporal Paul Shupert (left) and massage therapist David Kupferschmid (below) together earlier this year. David reached out to the 23-year-old and told him he might be able to help with his pain.

Photos by Shy Shorer

Wounded Warriors

Find Relief with Massage

By Karrie Osborn
They come to him battered, sometimes broken, yet their strength is immeasurable. Some come with legs. Some don’t. Some are learning to walk again and some are in the throes of postinjury healing. Some are still waiting to see if their shredded limbs can survive. These wounded warriors come to find relief and reprieve from the pain of having their bodies torn apart.

They come to be whole.
Meet David Kupferschmid, the Maryland-based licensed massage therapist who works to help repair the wounded bodies of these military men and women and give whatever respite he can deliver. He’ll tell you this is not work for the faint of heart. But it is work for the heart-full.

Clients in all stages of their injury recovery come to see David. His expertise is working with those who’ve lost limbs while in service. He offers them a chance at pain relief, eased mobility, and somatic reintegration. As a therapist, the reward is immeasurable, he says.

It’s at the Walter Reed National Military Medical Center in Bethesda, Maryland, and through the organization Comfort for America’s Uniformed Services (CAUSE) that David meets these clients. Thousands of military personnel wounded in the line of duty come to Walter Reed to start their healing process. This is the medical gateway home. CAUSE, a nonprofit which serves military personnel, tries to bridge a therapeutic gap by offering massage and reiki to Walter Reed patients during biweekly events at the hospital.

Since 2011, David has volunteered his time at CAUSE events each month. Early on, though, he knew he had to help these recovering heroes more than once a month. With the blessing of CAUSE, David invites these warriors to his home massage clinic on his day off and works on them—pro bono. “I can work on them a longer time and start really addressing their issues,” he says. “These young folks have given so much to us; they deserve everything we can give them in return.”

Each client takes away something different from David’s massage table. Relief from the unrelenting pain of recovery. Relief from muscle stress as a limbless body figures out how to move again. Relief from the rehab process. Relief from the world outside.

Here, let them tell you.

“This is Not How I’m Going to Go Out”

With the blast still ringing in his ears, Lance Corporal Paul Shupert pulled from his US Marine Corps training where everyone is taught how to tourniquet a leg and plug a gaping chest wound—the most common injuries on the battlefield.

He didn’t miss a beat when he went for the tourniquet in his pocket to tie off what was left of the mangled limb in front of him. He knew he had to proceed quickly before shock kicked in or the wound bled out. As the puddle of blood quickly grew, others stoically took over the effort as they waited for the medevac helicopter to arrive. It was November 25, 2013, on the battlefields of Afghanistan, and Paul’s right foot was no longer on his leg.

When Paul recounts his story, there is no pity in his voice, no woe-is-me in his words. The loss of his lower leg to an improvised explosive device (IED) is a matter-of-fact event in his life. This is how it is.
“I’m what’s known as a BK: below-the-knee,” Paul says of his amputated right leg. “In the amputee life, below-the-knee is considered a paper cut.” With the knee joint intact, he explains, “the only thing you’ve really lost is your ankle mobility.”

Paul says learning to walk again was a “pretty easy” process because of that. “They basically throw a cup and a stick on the bottom of my leg and I’m walking around,” he says. “It does seem abnormal in the beginning, and you’re now feeling your balance through your mid-shin, but [even with a broken right knee and left leg] it wasn’t extremely difficult for me.”

For amputees who lose their knee along with their leg, a mechanical ball joint takes its place, and the thigh has to learn to do what the knee and ankle used to. Paul considers himself lucky to have only the BK designation.

Luck might also have played a part in bringing Paul and David together at Walter Reed earlier this year, when David reached out to the 23-year-old and told him he might be able to help with his pain. With a recommendation from a fellow wounded warrior, Paul decided to give David’s work a shot.

Seven months later, Paul continues to make his way to David’s massage table. It is here that his body finds a way to unwind and renew, and for his tattered limbs to heal. Between the massage, acupressure, and trigger-point therapy, Paul says he leaves the session not only more relaxed, but more mobile. “When I come out, I feel light, more moveable, and not so stiff. My back works hard to carry around my weight, but when I leave David’s, it’s all loose.”

Paul says the greatest impact of the massage work is the progress it’s made on softening the scar tissue, not just on his amputated right leg, but on his left leg that was badly broken, peppered with shrapnel, and held together with metal rods.

Reflecting back to the day of his injury, Paul says he was never ready to give up. Even as he watched his companions fill out his “kill card”—the information about a battlefield injury that is passed along to the medical team—and even as the pain seemed abnormal in the beginning, Paul was never ready to give up. Even as he watched his companions fill out his “kill card”—the information about a battlefield injury that is passed along to the medical team—and even as the pain

The scar tissue
David Kupferschmid addresses on Lance Corporal Paul Shupert is not just on the amputated leg, but also on the surviving leg that was badly broken and peppered with shrapnel. Photo by Shy Shorer.

“Paul is one of the luckier amputees I’ve ever seen. He had one of the best orthopedic surgeons at Walter Reed. I work the bottom of his stump and help him open his range of motion, release the muscles in his upper body, and give him relaxation. He has to wear a compression sock most of the time because his venous return is not very strong; after a massage session, the pain dissipates quickly.
started searing through the shock, Paul knew he was going to be OK. “I told myself this is not how I’m going to go out. I’ve got other stuff to take care of. This is not going to do me in.”

And it didn’t. He’s living his life for tomorrow, and seeing David is part of that process.

“It Wasn’t Worth Saving Any More”

Marine Corporal Gaven Eier was searching for Taliban supplies in Afghanistan’s Helmand Province in May 2013 when he accidentally triggered an IED. Bits of metal, wire, and other fragments tore through his right leg; a chunk of his left calf was also torn away. His platoon mate, despite suffering a traumatic brain injury (TBI) in the blast, immediately ran to his side and applied tourniquets to Gaven’s limbs.

Fully conscious, and not yet in shock, Gaven saw the severity of his injuries as soon as the dust cloud settled. Without any way to dull the pain, it was a long 30 minutes before the medevac helicopter arrived. “It wasn’t fun,” the 23-year-old quips of this unexpected end to his second deployment.

For five months, doctors worked to save Gaven’s right leg. The first month included surgeries every two to three days to clean out the wounds and scar tissue. At some point, Gaven says, “It wasn’t worth saving any more.” He’s forgotten how many surgeries he’s undergone, both before and after the leg was eventually amputated. “I’ve lost count—20 is conceivable.”

With his leg now gone, pain remains the devil Gaven has to contend with. “The pain stays in my right leg, in the stump,” he says. “Random pain will pop up; shooting pain. There’s really no predictor for it. The nervous system is still expecting there to be a leg there and doesn’t know what to do about it.”

Massage became an option for Gaven’s pain once he met David at Walter Reed in February 2014. “David’s work has helped me cope with my injury,” the South Carolina native says. “Massage therapy’s greatest impact has been softening the skin grafts on my left leg [that were used to repair missing skin on the right leg]. The grafts are fused to my leg muscles, which limits my range of motion.” He says with massage, there has also been a gradual increase in his mobility, as well as a lessening of the pain and muscle tension. “The pain is much more manageable following the therapy, which allows me to push myself further when I work out the remainder of the week.”

With one more surgery to go before hopefully taking a medical retirement at the end of this year, Gaven says massage has made a huge difference in his recovery. “I’ve seen more help from David than from the whole time being in the hospital. They have laser softening and other things at Walter Reed, but I didn’t see much progress with that. If Walter Reed offered massage as part of their rehab, I’d do it!”

David Kupferschmid applies generous amounts of lotion onto Corporal Gaven Eier’s amputated limb before starting to work on his scar tissue.
"He Takes Me Apart and He Puts Me Back Together"

The godfather of this group of wounded warriors who come to see David is Major Richard Burkett, Jr. He's the reason so many from Walter Reed have found their way to David's doorstep, and he is David's biggest advocate.

“As far as I’m concerned, there is no better massage therapist on the planet,” Richard says. “He takes me apart and he puts me back together.” Which is no small feat.

Richard’s injuries were extensive after surviving a military plane crash in April 2012 while supporting a mission in Africa. “We hit the ground, nose down. The control panel slammed into my chest and crushed it, and my legs were almost completely severed. All the ligaments across my left knee were cut. The artery was still attached and the tendons were still intact, but all the rest of the soft tissue was gone. There was a lot of bleeding and a lot of things were not where they were supposed to be.” His copilot also survived the crash, but two other crew members did not.

Richard, the aircraft commander, remained conscious as he was pulled from the wreckage. He told the Marine who was tending to him, “If I wasn’t in shock, this would hurt like hell.” The Marine replied, “Well, sir, if you can’t feel it, I want you to know it’s killing me.”

After four days of intensive care in Germany, Richard was transported to Walter Reed, where doctors told him there was a good chance he could keep both legs. “Initially, I was doing really well.” But the vascular system in one of the skin flaps used to reattach the right foot did not heal. “The leg just started breaking down and the doctors said, ‘There’s really no more we can do.’”

Richard’s game plan changed. By the time he got through the medical and psych evaluations as a precursor to the amputation, this 15-year Marine admits he was suffering. “My leg was in so much pain, I was ready to cut it off myself. My foot was dying from the inside out. It was agonizing, crushing pain.”

David was there for Richard before, during, and after the amputation, visiting his hospital room and offering whatever hands-on work he could. David was also there for him when a surgeon performed a total knee replacement on the left leg months later, and when doctors went back into the knee two more times to tackle a MRSA infection.

With more than 30 surgeries under his belt, Richard has had to start over each time as he deals with his new body. “It’s painful, it’s humbling, it’s kind of scary, it’s aggravating. To know that not long ago I could run to the moon and back and still have the energy to beat up 10 Taliban, and now, just dangling my feet over the side of the hospital bed is killing me. I went through limb salvage for 14 months, then a leg amputation, then a knee replacement, and then another. I’ve had to learn how to walk three different times. I don’t wish it on anybody. But to have a guy like David come to my hospital room and give me massage—well, they just don’t make guys like David.”

It was David’s willingness to address the pain with deep-tissue work and trigger-point therapy that had Richard singing his praises. “The relaxation part of massage is fine, but as far as applying pressure and really working the knots out, these other therapists I’ve tried couldn’t do it, or chose not to.”
Richard says he needed someone who wouldn’t be afraid to work on his battered body. “David was up for that challenge. He’s the only person powerful enough, or daring enough, to get in there and work on me.”

However, the relaxation component remains a pretty good benefit as well. “When I sit up after a massage with David, it’s like I can see better [because] I’m so relaxed.”

Despite all his best efforts, doctors are telling Richard that the health of his left leg remains uncertain. “They’ve told me there’s no guarantee. We’re waiting for me to come off this next round of antibiotics [for the MRSA].” By then, a third knee replacement might be ordered, or something more drastic.

Whatever the outcome, it won’t stop this career serviceman. He’s rekindled a passion for archery since his accident and is training to qualify for the US archery team for the 2015 Paralympic Games. He and his family will continue to call Walter Reed home for the time being, until they can return together to their real home in Jacksonville, North Carolina. Until then, Richard will make his way to David’s table every chance he can.

**Wounded Warrior Testimonials**

**Navy Staff Sergeant Taylor Morris, 25**
Taylor is a quadruple amputee—he has a double above-the-knee amputation, his right hand is amputated at the wrist, and his left arm is amputated above the elbow. The massage therapy he receives from David has made a difference in his everyday life. “He’s helped me immensely with nerve pain and my lower-back issue.”

**Navy Sergeant Bo Reichenbach, 26**
For Bo, who lost both legs above the knee in an IED blast in Afghanistan, and also suffers from scarring on his right arm, massage helped him reduce his use of pain medications—and finally stop them completely. “Massage decreased my nerve pain from 8–9 to an average of 2,” he says.

**Army Sergeant Lucas Oppelt, 31**
Lucas says he’s a different person when he leaves his massage appointments. “I feel like I can walk better right away.” In addition to a moderate brain injury, Lucas lost his right leg below the knee and lacerated the back of his left leg when he stepped on an IED in Afghanistan. “I could tell after that first treatment there were a lot of benefits from massage,” he says.

**Army Sergeant David Bixler, 29**
While trying to prevent an Afghan soldier from stepping onto a minefield, David himself stepped onto a pressure plate that detonated two mortars. “Both of my legs were lost; shrapnel to my left arm, abdomen, sacrum, spine, and so forth. My tailbone was later removed, and much of my rear and sacral areas were lost.” David says massage helped him be happier and healthier. “Massage helps me dramatically with my back pain, leg pain, and helps release a great deal of tension in my shoulders.”

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**David’s Treatment Notes**

“I worked on Richard immediately after the amputation. Lymphatic drainage is a big component of what I do for him, as well as work on his knee replacement area. My protocol with Richard is similar to the massage progression I give all my clients: stretching of the tissues, acupressure, opening up of the energy lines from a shiatsu point of view, passive stretches. I get the moisturizing properties into the scar tissue and work it; it’s extremely painful for him.”

Massage not only softens an amputated limb’s scar tissue, but also eases pain caused by the prosthetic.

*Photo by Shy Shorer.*
CAUSE Bridges Treatment Gap
While more military medical facilities are exploring alternative therapy programs, there remains a significant gap in the delivery of this work to those who need it most. Outside programs often help bridge that gap—and Comfort for America’s Uniformed Services (CAUSE) is one of them.

Founded in 2003, CAUSE was the brainchild of four Vietnam veterans from the West Point class of 1967. The initial program provided clothing, toiletries, books, and movies to wounded warriors and their families through nearly a dozen military medical centers across the country. Today, the mission has evolved to include free biweekly massage, reflexology, and reiki treatments at three of those facilities, including Walter Reed National Military Medical Center.

“It became clear that pain and stress relief programs were needed,” says retired Air Force Chief Master Sergeant Pam Derrow, CAUSE’s executive director. “With the help of licensed massage therapists and reiki practitioners, we joined forces with hospital care managers to ensure this program complements the treatments wounded service members are receiving from the hospital.”

The signup sheets for massage and reiki always fill up fast, and Derrow admits they could add a lot more time slots if they had the funding and the volunteers. “We would love to be able to expand the program to more locations if we are able to secure the funding needed,” she says.

As of May 2014, CAUSE has provided more than 9,400 massage and reiki treatments to recovering veterans. The results have been staggering: “Our results show an average of 37 percent decrease in pain and 44 percent decrease in stress,” Derrow says. “More recently, 96 percent of participants are reporting that their sessions allow them better quality and duration of sleep.”

To see if CAUSE operates a program in your area, visit www.cause-usa.org. The website also lists requirements, guidelines, and applications for volunteers. If a CAUSE program is not offered near you, consider reaching out to your local Veteran’s Affairs facility, or to local programs serving active and retired military, to offer your services.

A Therapist’s Challenges
Working with wounded warriors is really no different in its physiological approach than working with any client, but it can require a shift in mind-set. Therapists must be straightforward anatomists who appreciate each muscle, each tendon, each bone—regardless of its history, its condition, or its appearance.

“You have to get over the psychological hurdle of working on somebody’s amputated limbs and learn what you can and cannot do,” David says. “Scar tissue will be a huge factor in the work you do and the pain they feel. You can’t imagine the scar tissue until you’ve seen it. Understand the way they’ve sealed off the circulatory system, the musculoskeletal system—it’s pretty amazing stuff.

“You also have to bring open-mindedness to the table if you are going to be touching these people. You have to open your mind to working on limbs that are not there, or that are terribly scarred or broken. And sometimes, you can’t see the wounds.”

A guiding principle is to show compassion, David says. “It can take a lot of psychological help for some of these people to see their own bodies in a new light,” he says. In the meantime, remember the courage it took them to reach out for help at all.
There is undoubtedly a lot to learn before working with this clientele. “Talk with healed veterans, research the potential injuries. Start looking at pictures of wounds to get used to what they look like. I’ve seen wounds, lacerations, scar tissue, loss of limb, burns, hip fractures, vertebral destruction, arms and legs ripped out of sockets, blindness, deafness, PICC lines, colostomy bags, bandages, metal rods running through their bodies … oh yeah, you’ve got a lot to learn.”

While from a practical perspective the work is really no different from what other MTs traditionally deliver to their clients, there are certainly some nuances. For instance, it’s important to deliver massage to the missing limb. “You need to visualize the full limb being there,” David says. “You literally give that energy to that limb. “If you hit a spot that’s scar tissue, go into it. If it’s too painful, go lighter. Don’t be afraid of getting into that tissue. If we make it different, then it becomes different. And they don’t want to be different,” he explains.

David says it’s critical to do an exhaustive intake, talking with clients for 30–60 minutes before touching them the first time. Some clients may still be on high doses of pain medications—have them list all their medications, making sure you understand the effects of each one, and check in frequently when they’re on the table.

Find out if their doctors have cleared them for massage, but don’t turn away those who haven’t yet asked. Do, however, use common sense. If the client has a PICC line, you obviously stay away from it. The same goes for an open wound or freshly formed scar. However, David has worked on several of these clients the same day as their surgery. Instruct clients to speak to their medical case managers and ask if there are any contraindications for them receiving massage or bodywork. “When Paul was shish-ke-babed with metal rods going through his left leg, I didn’t go anywhere near it until the rods came out. His entire left leg was rebuilt. Not until the rods came out and he got permission from his doctors did I start working with it.”

**Satisfaction Unlike Any Other**

Working with wounded warriors provides a satisfaction unlike any other, David says. “It satisfies my passion for helping people. And it’s one of the most fulfilling, rewarding, and enriching activities I do in my life.”

What you get back in return is tenfold. “There is an amazing camaraderie,” David says of his wounded warrior clients. “I’m humbled by these people. It’s an amazing feeling to know that you’ve helped them.”

The wounded come and go from David’s client list as they transition out of Walter Reed and make their way back home. “Their main task is to get done at Walter Reed and get back home,” David says. “My job is to help them do that.”

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**Get Involved**

- **VA Facilities Directory**
  www.va.gov/directory/guide/home.asp?isflash=1

- **National Center for PTSD**
  US Department of National Veterans Affairs
  www ptsd.va.gov

- **CAUSE**
  www.cause-usa.org/

- **Wounded Warriors Project**
  www.woundedwarriorproject.org

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David Kupferschmid, shown here assessing Lance Corporal Paul Shupert’s scar tissue, says his job is to help these heroes get home. *Photo by Shy Shorer.*