

## IT'S TIME TO LOVE OUR CLIENT'S BELLIES

*By Marty Ryan*

Massage and manual therapy training in the last 35 years has focused beautifully on the musculoskeletal system and orthopedic treatments for pain and soft tissue injury. I propose now that we have an opportunity and a responsibility to include the abdomen in our work. Yes, I mean the belly.

With the impressive rise in gastrointestinal and reproductive system issues, the surprising number of belly surgeries, and the generalized notion that the abdomen somehow holds unfinished emotional and energetic "business," it is time for manual therapists to become more fluent here.

Belly massage is frequently not included in a standard 60 minute full body massage, or a clinical treatment session even when tremendously indicated for low back and pelvic pain, postural distortions of the hip, and ambulation difficulties. Also, the efficacy of belly work is not in every massage or physiotherapy consumer's mind as an area of the body that can be changed by manual therapy.

How many of you currently avoid diving in here? How many of you ask about your client's digestive and reproductive system status? How many of your clients suffer here and know that they can get relief with manual therapy?



### What Does Palpatory Fluency Mean?

Fluency with the belly means you can skillfully differentiate layers and structures, feel fluid and energy congestion, re-position organs, and work with scar tissue. A practitioner fluent in the belly can work with acid reflux, IBS, constipation, and reproductive system complaints. Fluent belly workers can also enhance their full body relaxation practice because the abdomen is a great window of access to the breath, the nervous system, and the lymphatic system. In other words, touching the belly is a great way to relax!

Of course, we cannot skillfully work where we are not comfortable or well trained. A palpatory quality difference exists between working with the skeletal myofascia and working with the guts. The palpatory skill set needed to work in the abdomen is different than working with muscles. Just like when we all began to work with the musculoskeletal system, details came slowly but eventually showed up. With training and practice you will be able to differentiate connective tissues, edges of organs and changes in density so the entire belly does not feel like soft pudding.

With greater anatomical knowledge of visceral connective tissue structures, you will be able to feel contracture and laxity – by the way, why don't all the belly organs lie on the bladder? How does surgery or chronic inflammation change the palpatory experience of the belly? What does stress feel like in the belly?

Skillfully knowing which layer of the belly you are working with helps immensely – is this fat, muscle, connective tissue, a hollow or solid organ? Are you working at the level of the belly wall, the peritoneum and suspensory ligaments, or a specific organ? How far do you have to compress to reach the anterior spine?

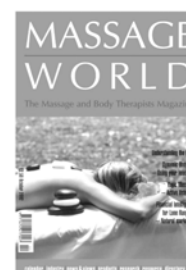
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Can you work to the level of the retro-peritoneal structures with ease – kidney, psoas, and the large vessels? Can you differentiate the sub-peritoneal structures - uterus and bladder and their suspensory ligaments? What kind of changes could you create for your clients if you knew how to do this?



### Call to Action

For the next 3 weeks, make a commitment to touch the belly on 10 different people each week for 10 minutes. Don't apologize or anticipate objection. Don't give in to the mind chatter that says stop. Instead, invite ease and success here. Be inquisitive and open to anything that happens. Enjoy! Your clients certainly will!

Week 1 - belly wall. This means skin, fat, and the superficial muscle layers. Stay still at first and get to know these layers. How does the breath affect these layers? What does this soft tissue feel like here? What does this layer have to say?

Week 2 - organ layer. This means penetrate past the belly wall and palpate actual organs. Find a hollow organ and a solid one. Notice the edges of the small and large intestine. Strum over the densest pieces of these tubes.

Week 3 - retro-peritoneal. This means move past the intestines and feel the spine and the psoas. Stay grounded in your feet and soft in your hands. How close is the spine to the belly wall? How wide is the psoas? How much can you find at this layer?

Discovering the vast universe of the belly can be fun, challenging and greatly serve your clients. Be brave. Your clients need this!

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*Marty Ryan, LMP is the massage therapy director at the Tummy Temple in Seattle, WA. His practice specializes in digestive and reproductive system health care.*

*He also founded and directs Love Your Guts Seminars, currently a 3 weekend training series teaching palpatory anatomy and treatment techniques for the belly. Look for more info on this work at [www.loveyourguts.net](http://www.loveyourguts.net). Marty is running the complete certification programme in England and Ireland throughout 2009 & 10 contact [info@anatomytrains.co.uk](mailto:info@anatomytrains.co.uk) or call +44 (0)28 90481267 if you want more details.*

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