

PREPARING THE NECK AND SHOULDERS FOR DEEP WORK MYOFASCIAL TECHNIQUES FOR THE SUPERFICIAL FASCIA

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Intro

Welcome to *Massage and Bodywork*'s new "Myofascial Techniques" column. In the coming issues, I'll describe specific techniques that work with some of the most common client issues. I'll draw on the work taught in *Advanced-Trainings.com*'s popular "Advanced Myofascial Techniques" workshop series, which for the last 25 years, has been attended by over 2000 practitioners in over a dozen countries. Although the *Advanced-Trainings.com* faculty are Certified Advanced Rolfers, and I teach at the Rolf Institute®, rather than writing about structural integration per se, my emphasis in these articles will be on specific and practical techniques that would be useful to any hands-on practitioner. We'll start by looking at the superficial layers of the neck.

The Importance of the Superficial Layers

What are the most common complaints you see in your practice? Chances are, neck pain and discomfort are high on the list. Although cervical issues can have many causes, you'll often see better results if you begin by addressing restrictions in the superficial layers of the neck and shoulders. Whether caused by deep articular fixations, posture and misalignment, habits, stress, injury, or other reasons, neck issues respond quicker and stay away longer when the outer wrappings are released first. As with other parts of the body, many seemingly deeper neck issues resolve when the external layers have been freed. In this article, I'll describe how to work with these superficial but important layers in order to prepare the neck for working with its deeper structures.

The neck's superficial tissue layers have a great deal of influence on its alignment, mobility and health. These "outer wrappings" encircle the neck and shoulders like an over-large turtleneck sweater, or a surgical collar (Figure 1)



Figure 1: The superficial fascia of the neck surrounds the deeper structures like a sleeve or cowl. (Illustration courtesy and copyright Primal Pictures Ltd.)

Anatomically, these layers include the superficial and deep cervical fascias, as well as the muscles within those fascial layers, such as the Trapezius, Sternocleidomastoid, and the Platysma (Figure 2). Together, these cowl-like outer layers extend from their upper attachments on the occipital ridge and lower face, to their lower connections with the outer layers of the shoulders, chest, and upper back. Like a sleeve, they encircle the deeper musculoskeletal and visceral structures of the neck's core.

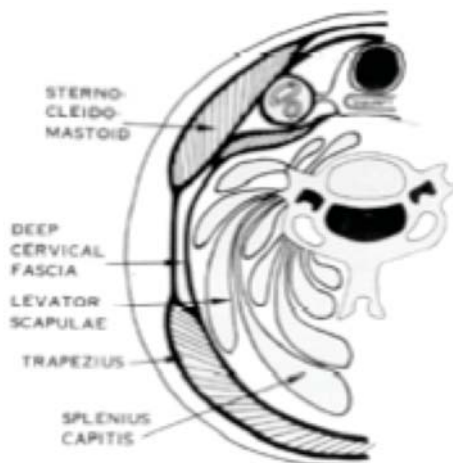


Figure 2: The superficial layers of the neck, in cross section. (Illustration courtesy estate of John Lodge.)

The superficial layers of the neck have a surprising thickness and resilience. When, because of injury, postural strain, or other reasons, they have lost pliability or are adhered to other layers and structures, the outside layers have the ability to restrict movement range, disrupt alignment, and bind the structures they surround. Imagine trying to move in a wetsuit that is a size too small—the outer layers of the neck can bind, distort, and constrain movement in the same way.

Seeing Superficial Restrictions

Try this: watch a friend turn his or her head from side to side. Watch what happens with the superficial layers of the neck, shoulders, chest, and back. Are there areas of the torso’s fascia that move along with the head and neck? Or, do you see lines of tension and pull appearing in the skin and outer layers? Often, these signs of fascial restriction will be most visible at the extremes or end-range of the movement. Look from both the front and the back; compare left and right sides for any differences. Then, look again as he or she gently looks up and down (being careful, of course, to avoid any posterior cervical compression when looking up). Your friend might feel different kinds of restrictions when moving, including pulls in the deeper musculature, or catches involving neck articulations or the upper ribs. For now, we’re going to leave these aside and focus on the outer layers first.

Sometimes superficial fascial tension will be visible as linear patterns “tug” in the skin (Figure 3). In other cases, a whole sheet of fascia will move or creep along with the rotating or nodding head. Linear “tug” patterns are more commonly seen in the thinner layers of the anterior neck and chest, while the “creep” of whole fascial sheets is seen more often when looking at the thicker posterior layers of the back. If it is difficult to see restrictions in the superficial layers, you can use your hands to feel for tugs and pulls in the outer layers while your client rotates his or her head. Whether watching or feeling, note any areas that don’t have smooth, even lengthening of the dermis and superficial fascias when the head moves.



Figure 3 Fascial strain visible as "tugging" of the outer layers with movement.

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We are constructed like onions: layered, from superficial to deep. When testing for fascial tension with movement, don't confuse movements of deeper structures for movement in the superficial fascia. For example, you'll sometimes see the ribcage turning along with the head, or a shoulder roll forward, etc. Some of this movement is normal; if you see exaggerated or asymmetrical movement of the ribcage or shoulder, this might be because of deeper restrictions. Make a note to check for and address these patterns later, but remember that since these deeper movements might be caused by restrictions in the outer layers, releasing the superficial layers is the logical first step. Unless you're working with a scalpel and are cutting right through, you need to gently peel away the outer layers to get to the core.

Releasing Superficial Restrictions

Once you've seen or felt where your client/friend's outer layers are tugging or creeping along with head and neck movement, you can go to work. A word about sequencing your superficial work on the upper torso: in most cases, you'll begin by releasing the posterior restrictions of the upper back, and end by working the anterior restrictions. This is the order we're using in this article. Why this back-to-front progression? Since most of us tend to have our heads forward of the coronal midline, and be narrower across the front of our chest than across our upper back, the anterior fascial layers of the chest and shoulders tend to be shorter than the posterior layers of the shoulders and back. Ending by lengthening the shorter anterior restrictions balances the earlier work on the posterior side, and leaves the client with a greater sense of anterior width, length, and freedom, and so helps with overall alignment. A possible exception to this ordering: if your client has a very flat upper thoracic curve, you may want to reverse the sequence, and end with work on the back to encourage more spinal flexion.

Article continued on page 22

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1. Over the Edge Technique

Ask your client to lie face down on your table, arms at the sides, with his or her head and neck just over the top edge of the table. The edge of the table should fall an inch or two below the top of the sternum. Your client may need to adjust upwards or downwards a bit so that the edge is comfortable. You won't want to leave your client like this too long, but you'll usually have at least two or three minutes to work before his or her head starts to feel too full.

Once your client is comfortable, ask him or her to turn the head from side-to-side as you again watch or feel the outer tissue layers, in order to re-check your findings. Look again at the up-and-down movements too, again using care to avoid any neck compression with extension. Often, this prone position will make the superficial restrictions even more obvious.

The tool we'll use to release these restrictions is the flat of our forearm; specifically, the first few inches of the ulna just distal to the elbow. Use this tool to gently anchor the inferior margins of the places you saw or felt superficial restrictions. We don't use oil or cream, as we'll be using friction more than pressure to contact the layer we want to release. Also, we won't be sliding much—our client will provide the movement needed for release.

Once you have the outer layers gently anchored with your forearm, ask your client to slowly turn his or her head away from the side you're working. Feel for a direction of your pressure that gently lengthens the superficial layers being pulled by the head movement. Imagine that you're helping your client lengthen and free herself inside the wetsuit-like outer layers of superficial fascia.

Alternatively, you can ask your client to lift and lower the head (extend and flex the spine) as you lengthen the layers of the back inferiorly. You'll find that most release will happen on the eccentric phase of the motion, that is, while your client is lowering his or her head.

Remember, your client will get uncomfortable you leave them in this position for more than a few minutes. Although relatively safe, head-down positions are probably contraindicated for clients with uncontrolled high blood pressure, a history or risk of strokes, vertigo, or acute sinus issues.

2. Anterior Neck/Shoulder Differentiation Technique

After releasing the posterior restrictions of the back and shoulders' superficial layers, you'll want to broaden and continue this release by addressing any surface restrictions in the upper chest and anterior shoulders.

To release these anterior restrictions, we'll use either our palms or fingertips to anchor the superficial fascia of the shoulders, chest, and anterior neck (Figure 5). Then we'll use our client's movement to release the restrictions we saw or felt earlier. The palm is especially useful where you saw fascial layer "creep" with head movement. When using your palm, don't be tempted yet to rub, slide, or massage the deeper layers of pectoralis, etc. Instead, use the broad surface of the palm to catch and gently anchor the outer layers of the chest while your client moves his or her head.



Figure 4: The "Over-the-Edge" technique for releasing the superficial layers of the upper back and shoulders.

Although relatively safe, head-down positions are usually contraindicated for clients with uncontrolled high blood pressure, a history or risk of strokes, vertigo, or acute sinus issues.



Figure 5: An open palm or the tips of curled fingers may be used for the Anterior Neck/Shoulder Differentiation technique.

→ In contrast to the broad tool of the palm, your fingertips will allow you to work specific areas, and so are useful where you saw the local “tugs” in the outer layers when your client was moving. When using the fingertips, the fingers are slightly curved rather than straight, and are sensitively “hooking in” to the outer layer you saw or felt moving with the head. Push with your fingertips, as if straightening out your curled fingers, to encourage superficial release away from the direction of movement.

Whether you’re using palm or fingertips, don’t slide along the surface, and don’t dig down to the ribs or intercostals—you want to feel a tug in the outer layers, the layers of dermis and superficial fascia that lie between the actual surface of the skin, and the muscles or bones beneath.

Movement: as in the “Over the Edge” technique, ask your client to slowly turn his or her head away from the side you’re anchoring. Find a direction for your pressure that gently releases the superficial layers being pulled by the head movement. Imagine that you’re helping your client lengthen and free him or herself inside the wetsuit-like outer layers of superficial fascia.

A further option is to have your client tighten his Platysma muscle, which lies within the superficial fascias that we’re working. Try it yourself as you’re reading this—turn your head, and then grimace or snarl until you feel a tug from your lower lip into the pectoral fascia of your chest. By anchoring the lower end of this tug in the chest, you can snarl and relax repeatedly to release any constriction in the anterior fascia. Having your client tighten and relax the Platysma in this way while you anchor its inferior attachments can help your client focus the release into the tightest areas.



Figure 6: Active contraction of the Platysma, as in grimacing, can aid in releasing the superficial fascia of the anterior thorax.

Finishing

Once you’ve released the outer layers of the neck and torso from the back, and front, look again as your friend turns his or her head from side to side. If you’ve been both patient and thorough, you’ll see fewer pulls and tugs in the outer layers, and more than likely, smoother and greater range of motion. Clients report that their movement feels easier, freer, or that their head is lighter and more upright.

Now that you’ve released the outer layers, the next step could be deeper work with the neck, ribcage, or spine, either in the same session as these techniques, or the next one. The deeper work will now be easier, more effective, and longer lasting. Or, instead of working deeper right away, first you might want to continue the theme of superficial release by adapting the techniques we’ve just done here to other, complimentary regions of the body, such as the lumbar, limbs, or hips. I’ll write about more about these possibilities in other articles. In the meantime, keep investigating what happens when you take time to release the outer layers of the body.

Bullet Points: Tips for Effective Work

- **Keep everyone comfortable.** You and your client should both be comfortable and able to relax. The pressure, position, or movements you use should never be uncomfortable for either of you.
- **Stay superficial.** Even though the tools shown here—forearm, soft fist, palm, finger tips—can be used for deep work, stay in the outer layers of the body at first. You’ll be surprised at how much easier the deeper work will go, and how much longer its effects will last.
- **Use your client’s movement.** Instead of pushing tissue around, use your client’s slow, conscious movement to release and re-educate habitual movement patterns.
- **Touch the person, not just the tissue.** Remember that you are asking for change from a living, breathing being; not from inanimate compounds like “tissue” or “myofascia.”
- **Balance and integrate.** Most clients will feel more balanced if you end with work in the front to counterbalance the back length of the first technique. Be sure to incorporate your local work into an entire-body perspective, rather than just focusing on parts.

Bio

Til Luchau is the director and a lead instructor at Advanced-Trainings.com Inc., which offers continuing education seminars and support services for practitioners and schools throughout the USA and abroad. The originator of Skillful Touch Bodywork (the Rolf Institute®’s own training and practice modality), he is a Certified Advanced Rolfer® and a Rolf Institute® faculty member. He welcomes your comments or questions at info@advanced-trainings.com