

SMTO CONFERENCE 2008 – TOM MYERS – CHANGE YOUR BODY ABOUT YOUR MIND...

By Jenny Greenwood

...because you can't change your habits and adopt a new posture you haven't experienced.

Fascial work enables people to experience a new more open posture & this gives them a window of opportunity to change their habits (habitual posture). Movement bodywork such as Feldenkrais and Yoga helps people to learn to move in new ways.

This weekend we were looking at releasing chronic tensions, which have been in the fascia for a long time. (There is also fascial work for acute situations, not the scope of this weekend).

Tom Myers trained with Ida Rolf in California in the 1970s. Many of Ida Rolf's students have gone on to develop her work in various ways – e.g. Kinesis Myofascial Integration (KMI), Tom's own brand of Structural Integration.

The Boston Fascia Research Congress last year (October 2007) brought together body-workers and scientists for the first time on such a scale. The scientists want to study isolated factors one at a time, and this is not possible in body-work so it is a challenge, but the conference was very worthwhile: scientists presented exciting findings so far, and body-workers & scientists held discussions & debates.

We need science as the basis for our work – Tom Myers said that if science is the 'floor' or the 'ground' we stand on, art is the ceiling or the sky; he said body-work is an art, we are sculptors redefining the shape of the body (more later).

Bodywork is about art and communication – the techniques are not so important, there are many styles and techniques, what matters is using the techniques to communicate more deeply with the client.

The 3 paradigms:

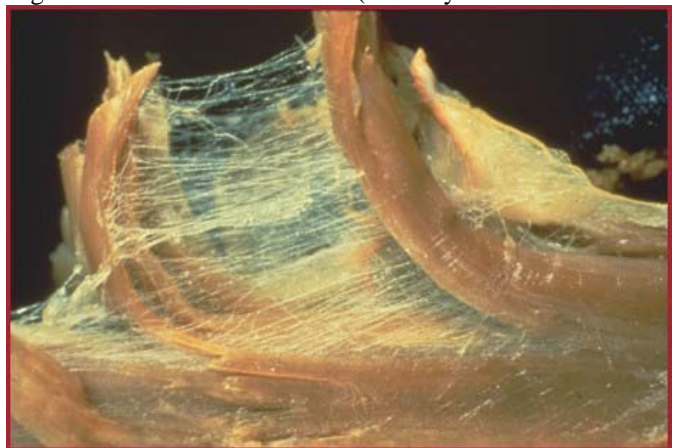
1. Massage as relaxation – giving the client a 'holiday' / rest from everyday concerns – valuable and often much needed. A "service" to the client.
2. Remedial Massage (called medical massage in USA) – addressing everyday aches & pains. More of a "doctor (i.e. expert) – patient" relationship.
3. Integrative bodywork: this is about looking for the patterns of tension which produce the symptoms and asking questions about what can we change by altering the spatial relationships within the body? A "working together" relationship.

This weekend was about Integrative Bodywork = Spatial Medicine = Relational Medicine.

Don't 'chase symptoms' – look beyond for the larger long-term patterns. When we work in the fascia we alter the relationship of networks one with another in space. We are sliding networks over one another.

Facts about Fascia

1. The fascia is an interconnected web throughout the body and works much more universally than individual muscles.
2. Fascia exists in layers: these layers are the pathways for transmitting strain (the 'lines' or pathways of strain distribution are what Tom Myers has called the Anatomy Train lines).
3. Fascia distributes strain – beyond muscle borders, longitudinally & laterally.
4. Fascia is the system of change & compensation for strain.
5. Fascia is the tissue of shape – tension in one place pulls the whole structure out of shape.
6. Fascia has elastic recoil as well as visco-elastic properties.
7. Fascia has the ability to contract under certain conditions.
8. Fascia is dynamically connected to the DNA
9. Many "neurological" conditions are actually pathologies of the fascial connective tissue around the nerve, e.g. Multiple Sclerosis.
10. The retinaculum is not discrete band but is actually a thickening of the overall fascial "sock" (anatomy book illustrations show the retinaculum as a band for convenience and to make the point that it binds or holds down tendons etc).
11. Fascia both glues the body together and allows it to move.
12. The colloid itself has structure (showed us film of electron-microscopy of the cells and fibres within the colloid – moving, including bubbles of gas - AMAZING to see it!)
13. The fibres are able to slide within the colloid. With fascial work we are not stretching the fascia, we are sliding the fibres apart within the colloid.
14. Myofibroblast (cells) actually hold the fibres together. We can "persuade" the myofibroblasts to let go when it is not (or is no longer) useful for them to be holding the fibres together.





Q: Doesn't all bodywork affect fascia?

A: Yes / No... it takes time to work IN fascia. If you work too quickly you're not altering the fascia. You must work slowly – there's no such thing as too slow. The thixotropic colloid has to be given time to change state (become more fluid / less "set" solid) in order for the fascial fibres to be able to slide within it.

Q: Where do you work? On the symptoms? (i.e. where there is pain?)

A: No – usually the cause of the symptoms is further up / down the line (the line of tension: the layers of fascia transmit tension from places where the fascia has become "stuck").

Muscles which are "locked short" (i.e. shortened muscles) need to be worked longitudinally because the fascial fibres are locked (bonded) together along the length of the muscle (so by working along the length of the fibres you are working across the bonds to break them).

Muscles which are "locked long" (chronically lengthened but tense) need to be worked across the muscle fibres because the fascial fibres are bonded together across the width of the fibres.

Get hold of an onion bag (red net bag) and stretch it one way and then the other way to see what happens to the fibres: the fascial net is a loosely woven net, with fibres running in both directions across each other.

Working in the fascia is about moving (sliding) networks in relation to other networks. The bonds, which have formed in the fascia as described above, have to be broken in order to be able to move the network about. A layer of fascia may become bonded to another layer of fascia above or below it, and again the (hydrogen)-bonds have to be broken in order to move the networks in relation to one another.

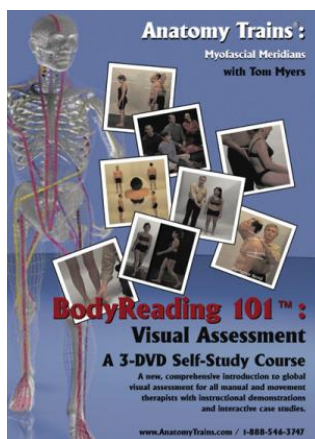
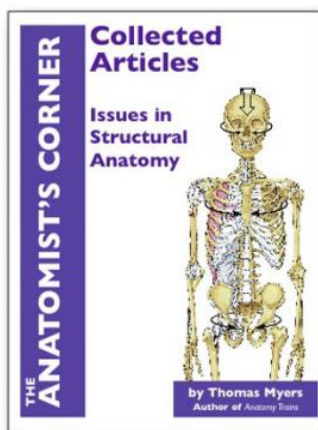
Q: How do you know which Anatomy Trains line to work with?

A: Postural Assessment using a real or imaginary plumb line: **Side View** reveals Superficial Front Line (SFL) / Superficial Back Line (SBL) issues – i.e. body bowing backwards or forwards / **Front View** reveals Lateral Line (LL) issues – i.e. right/left imbalances (e.g. Tension in the right LL will cause shortening on the right) / **Back View** is the best view of rotations – these are Spiral Line (SL) issues.

- To see a pattern more clearly, apply gentle pressure – e.g. press down on the shoulders - and a slightly tight (short) SBL will become more exaggerated so that the body "bows" forward to the front: the SBL is the "bowstring" and the SFL as the "bow" is also pulled tight though elongated.
- Use Postural Assessment to identify the issues, e.g. ask "how does the SFL affect this issue?"
- Generally, work first on the SBL / SFL issues, then on LL and SL issues before moving onto "deeper" issues of Deep Front Line (DFL), Arm Lines and Functional Lines.

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NOTE: Treatment INITIALLY takes a client from a position of “strength” (the postural habits and adaptations they have become accustomed to) to a position of “weakness” (new ways of being, unfamiliar ways of being).

Be ready for this. Guide the client through this. The “weakness” is transitory – they now have more room to grow and expand into their full potential, but this happens over time as the body (and the whole being) integrates the changes.

Q: How can we nourish fascia?

A: Good nutrition and hydration – essential. But also ... Behind a line of tension (in the fascia) there is an area of stasis: it is more difficult for substances in the colloid to pass through the lines of tension (the extra bonds between the fibres make the fascial net less permeable?). No cell is more than 4 cells away from a blood capillary but oxygen and nutrients and chemical messengers have trouble getting across to the cells on the far side of a line of tension, and waste products tend to be trapped instead of being able to leave the area. So releasing tension in the fascia is essential for the well being of the fascia.



Q: What if the client asks for work on their back (where it is painful) but you think they need work on the front?

A: Work on the back – let them know you’ve heard them and you understand what they want. That’s important. AND also work on the front, to get to the cause of the problem (e.g. kyphotic posture).

The “Locked long” muscles always hurt the most. The Trigger Points are most often found in the “Locked long” muscles. These need work BUT remember that the “victim” shouts – but you ALSO need to go after the “culprit” – otherwise the victim will end up shouting again!

The Cause of the “Locked long” muscles being in that state is that another (opposing, antagonistic) muscle is “Locked short” (i.e. shortened). The “Culprit” is the shortened (centrically contracting?) muscle. The lengthened (Locked long, eccentrically contracting?) muscle is the “victim”.

The “Pin and Stretch” technique for used on tight / short sections of a line seems to resemble Soft Tissue Release, only this is working in the fascia rather than the muscle.

Jenny Greenwood is a practising Complementary Therapist based in Hebden Bridge, West Yorkshire - 07815 917746 – her comments on the SMTO Conference 2008 with Tom Myers are as follows:

- This was a brilliant workshop / conference. It was the first time I’d been at an SMTO event and I was really impressed with everything – the organisation, the venue, the speaker and the content, the break-time networking, the bookstalls etc.
- The conference room was a big one and there were 120 people at the conference: massage tables were set out and used as desks as well as for doing bodywork on. The room was set out width-wise and there were several big screens along the front wall so that everybody could see what was going on (power-point illustrations to the talk, and camera-link for demonstrations of work).
- The whole programme was very lively and packed, and it was very impressive that it all ran smoothly like clockwork. Tom used a variety of visual teaching aids, which made some quite difficult concepts easy to grasp and remember – such as the tensegrity models, the yoga belt/strap held under the foot to demonstrate the spiral line stirrup, and the idea of a net onion bag to illustrate the fascial net being stretched in different directions. I found the film footage of the fascial plane dissection fascinating, and also the magnified images of the fascia and colloid structure. Marvellous.
- I went to this conference with a little prior knowledge of Anatomy Trains (I have been using the book to try to “teach myself” for a year or two) and some previous learning in working in the fascia and have been using this work in my practice for about a year. This two day workshop pulled everything I have been learning so far about fascia into place and took me further and taught me new things (facts, explanations) and gave me new ideas for practice. I have found that learning fascial work alongside learning sports massage is a great combination, each enhancing the other. The more I learn about the Anatomy Trains, the better it helps me to learn and understand and remember the anatomy for Sports Massage – and the more anatomy and physiology I learn, the more the “science” side of fascial work makes sense.
- This workshop with Tom Myers has really expanded my anatomical / structural understanding of the possibilities and applications of working in the fascia – and given me lots of food for thought as well as new ideas to try in my practice
- I thoroughly enjoyed the weekend, met some great people and found everyone very friendly: I’m definitely thinking of a return next year for the SMTO conference workshop with George Kousaleos in Myofascial Release for Sports and Performance Bodywork.

Resources / References / Websites

- SMTO Conference 2008 & Scottish Massage Therapists Organisation (SMTO) www.scotmass.co.uk
- Thomas Myers: Anatomy Trains – Myofascial Meridians for Manual and Movement Therapists, Churchill Livingstone, 2001
- Kinesis Myofascial Integration (KMI) – Tom Myers’ training in structural integration – Kinesis UK www.anatomytrains.co.uk
- Athletes Angels – they had a stall at the Conference – provides support, including massage therapists, for outdoor sporting endurance events in UK & Europe. Paid work, it says... Also provides further specialist training for therapists if needed www.athletesangels.com
- Jing Advanced Massage Training (courses in Brighton and now also around the UK) www.jingmassage.com
- Quantum Metta (APNT Sports Massage Diploma and other massage courses, in London) www.quantummetta.co.uk