

MYOFASCIAL RELEASE: TOOLS OF THE TRADE

By Ruth Duncan

MFR has certainly become more popular in the last couple of years than it was when I first started practising yet we are still far behind our colleagues in North America.

Like massage there are so many different approaches to MFR. Some use the muscles as handles to access the connective tissue whilst the approach that we teach works directly into the entire fascial matrix as working with fascia is very different to working on muscle alone. We encompass the energy and mind of the human body, bringing the physical and emotional together in order to facilitate healing on a very deep level.

Fascia like muscle has the ability to contract and relax but unlike muscle fascial restrictions creep insidiously throughout the entire network affecting the tension and function of many anatomical structures eventually creating the pain that we call symptoms.

It takes a very long time, even years, for fascial restrictions to 'creep' throughout the network, but as they grow they affect the normal daily function and movement of the entire system so slowly that we don't even recognise they are there. It is the last straw that breaks the camel's back, the slight fall, lift, strain or twist that creates the pain that brings clients to us for treatment. By that time we not only have to work with the recent injury but also any previous injury and medical history as well as overuse, underuse and poor posture that will also be harbouring dysfunction.

When we work directly with fascia, opposed to muscle, we must work slowly following the fascia as it releases layer upon layer. If we push too hard the fascial network will literally push back as one of its properties is to meet force with force in order to protect. So therapists must be taught to gently lean into the body in order to feel the fascial network and by using the heat and pressure of their hands they can treat the unique restrictions that are harbouring pain.

Here are some great ways to use this myofascial approach in order to effectively treat chronic pain and dysfunction.

The workhorse of this amazing approach, pioneered in the USA by John F. Barnes, is the cross hand release technique. Hands are laid gently on the client's skin, with no oil or lotion and with hands crossed. Fingers are pointing away from each other. The reason that we cross our hands is that it is far easier for our hands and wrists to move the direction that our fingers are pointing otherwise we will just hurt our wrists.

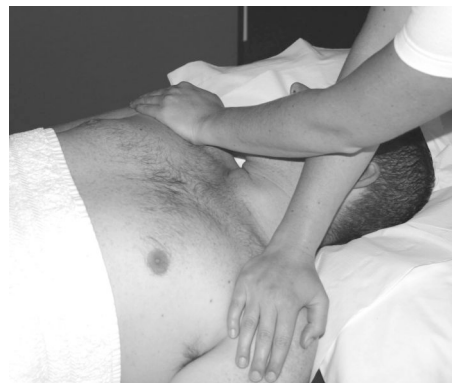
The fascial network takes approximately 90 seconds to begin to release, which is not a stretch as you do when doing MFR on muscle. When we are working with the subtlety of the fascial network we have to wait for the fascia to yield before we can gently move and take up the slack to the next fascial barrier. The total release can take anywhere from three to five minutes and sometimes even more to obtain an effective release and this is dependent on the tension within the area. This work is also not muscle specific as we are working the entire three dimensional fascial network and in doing so will affect all the structures under our hands as well as alleviating tension on the entire body wide system.

Cross hand release for the anterior hip to restore pelvic alignment, leg length discrepancy, back pain, urogenital and abdominal pain. Client supine. Hands crossed, skin on skin, with the upper hand just inside the ASIS pointing diagonally across the abdomen with the other hand pointing towards the foot on the medial thigh.



Allow your hands to slowly sink into the tissue without slipping. Gently lean your body weight into your hands slowly and feel for the gently yielding of the tissue like your hands are melting into butter. Follow the inwards release. Gently take up the slack between your hands whilst maintaining the inwards pressure and again wait for a yielding sensation. Follow the releases in any direction that may be offered. Continue following all the releases for about three to five minutes.

Cross hand release for the upper chest area to alleviate the symptoms of shoulder and arm pain, thoracic outlet syndrome, head forward posture, headaches, jaw and face pain, shoulder trigger points and shoulder girdle asymmetry. Client supine. With hands crossed, skin on skin, one hand on each glenohumeral joint with fingers cupping the shoulders Follow the same instructions as before.



Cross hand release for the lateral trunk to alleviate the symptoms of back and hip pain, pelvic imbalance, leg length discrepancy and sacroiliac joint pain and dysfunction. Client sidelying with the side to be treated facing upwards. Ask the client to lie in a comfortable slightly diagonally position across the treatment table with their lower leg flexed at the knee slightly in front of them and their top leg straight and behind their body, slightly off the table. Place a pillow under their lower hip to support their back and a pillow under their head. With hands crossed, skin on skin, one hand cupping the iliac crest with fingers pointing to their feet and the other hand cupping the lower ribs with fingers pointing to their head, sink into the tissue and follow the same instructions as before.

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