

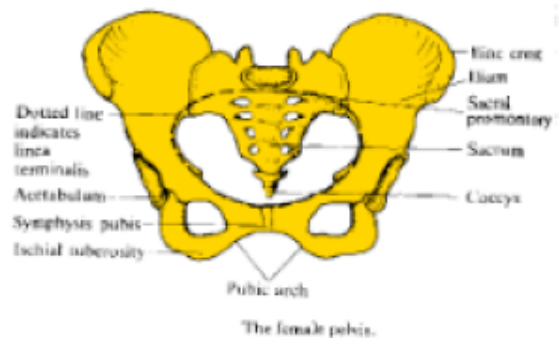
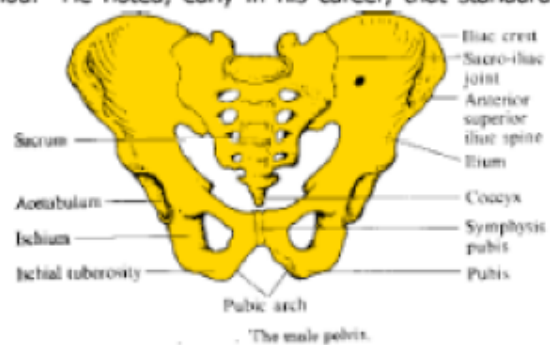
Barnes' Method of Myofascial Release

John Barnes, a Physical Therapist working in the USA, developed his system of whole-body therapy for the treatment of pain and dysfunction over a forty year period. He noted, early in his career, that standard treatment protocols were not bringing about the desired outcomes for both patient and practitioner and that patients were re-presenting with similar symptoms on a regular basis. So he began his deeper search into bodily injury. Fascia was the subject of his study. Fascia is an integrated, totally-connected, uninterrupted sheet of fibrous tissue so any injury to the body must involve it.

Strain patterns in the structure of fascia - ground substance, elastin and collagen - evolve out of injury. Fascia is colloidal in nature, making it visco-elastic. It will conform to its shape from the normal pressures on it but is not compressible. Its fluidity gives an elasticity allowing it to withstand deformation when abnormal pressure is applied but this pressure needs to be released. The load must be unloaded, otherwise deformity will set in. To achieve this through applied therapy is the aim of this method.

Fascial deformity through unrepaired injury becomes a real problem when left too long. It tends to creep. A slow, somewhat delayed, but nonetheless continuous deformation occurs in response to a sustained load slowly applied to it. Creep is noted when an office worker with a previous history of bodily injury turns quickly to pick up a cup of tea and then collapses with a back spasm. The patient will swear blind that nothing of note was done to warrant this spasm. Picking up the tea cup, though, was the mere catalyst. The problem is an old, unresolved injury, kicking in via fascial creep.

The body is examined in the usual manner, looking for points of strain and deformity. Pelvic tilting, leg length differences, shoulder tilting, neck restriction, etc are all noted. But the treatment of an Osteopathic Lesion could be delayed as a possible final measure because we might wish first to go directly to the fascia involved in this recurring pattern of problems.



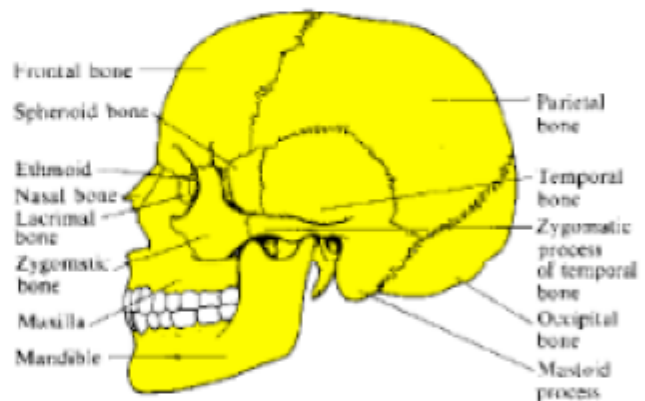
Addressing the fascia we can follow a routine of, say, normalising pelvic tilt first. Wedges and blocks are only used for pelvic work and for balancing the pelvis with the sphenoid. The patient lies in a prone position with wedges placed at strategic points – one wedge under the lower iliac crest and, on the opposite side, one under the greater trochanter. A cross-hand position – one hand on the lower gluteals and one on the posterior crest of the upper pelvic area - is adopted. Wait for around 90 seconds using firm pressure to allow piezoelectric polarization to start with thixotropic changes in fluidity. Palpate for a definite softening and bounce in the superficial tissues. Feel for give in the tissues by applying stretch in opposite directions but this must not be forced. The tissues will always give feedback under the practitioner's hand and some stretching will be more marked than others.



This cross-hand technique is aimed primarily at stretching the collagen fibres of the fascia but can be applied to any area of the body where tension patterns are observed and felt. Deformed collagen fibres are thought to be the ground base of a whole variety of body illness and long term deformities. Returning these to as near a natural state as possible will bring great benefits to body and mind. The heat of the hand combined with stretching has a liquidising effect on the fascia allowing the re-shaping to take place and fluids to flow uninterrupted through their medium. This can then trigger a major unwinding of body fascia in areas not yet treated due to fascial 'anatomy trains' connecting the release to that area.

Many other techniques fall within the MFR range. Some are drawn from MET, some from CST, some from trigger-point therapy. The beauty of the approach is that it does not rule out anything you care to use to help patients. The emphasis is on removing deformities of the fascia, in particular collagen. If you feel the need to HVT a joint, it is better done after the MFR techniques

Patients often feel much worse after treatment than before it. They need to be reassured that their discomfort is a normal part of the healing crisis from the release of bracing and holding patterns of bodily tissue which brings previously supported tissue back into unsupported activity. This 'therapeutic chaos' can last for weeks as tissue adjusts and the emotional aspect of tissue memory locked into the collagen is exposed to conscious awareness.



The bones of the head.

The Barnes method is a useful addition to any orthopath's or osteopath's repertoire. Check out the website on www.mvofascialrelease.co.uk or ring 0845 602 6274. Ruth Duncan teaches the course in the UK in a pleasant manner. The course is on three levels, each level requiring a weekend to complete. There is a competency test in MFR at the final weekend after which the name and logo can be used and your name can go on to the UK website as an approved practitioner.

Alan Borthwick