



69b Myofascial and Fascia Techniques – Part I – Body Mechanics, Technique Demo & Practice



Classroom Rules

Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.



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Class Handouts

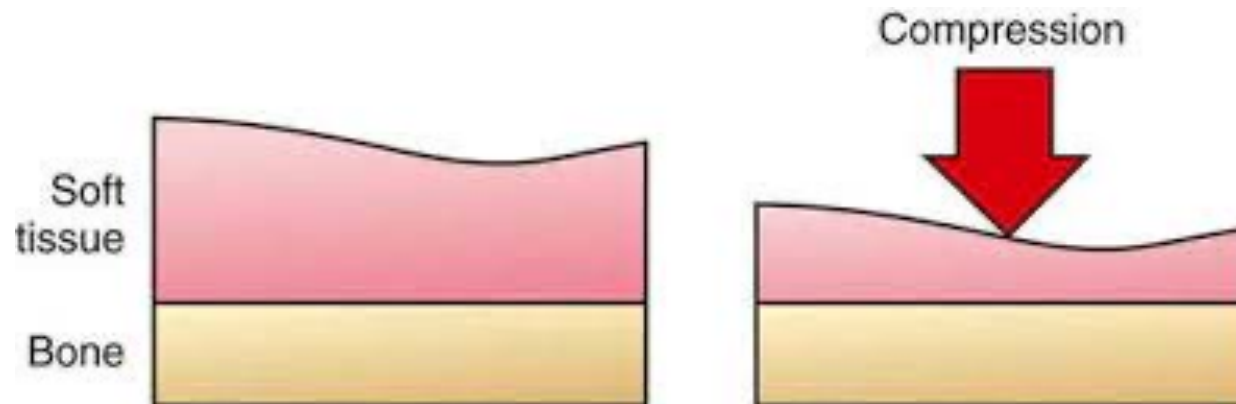
Myofascial Release Fundamental Principles

- **Absolutely NO lubricant is used in this technique**
 - The client's skin must also be free of any lotions prior to receiving work
 - A small cup of water or a spray bottle may be used to apply to the practitioner's working tool in order to give some extra traction



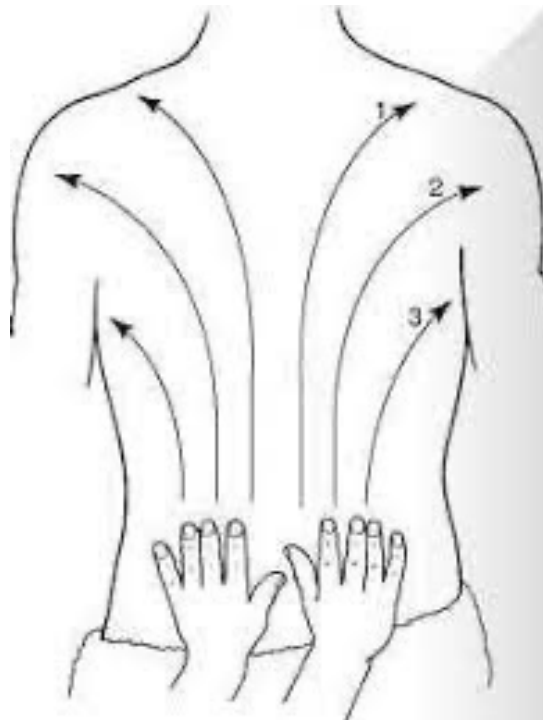
Myofascial Release Fundamental Principles

The direction of force is **not** vertical (compression)



Myofascial Release Fundamental Principles

The direction of force is not horizontal (effleurage)



Myofascial Release Fundamental Principles

The direction of force is OBLIQUE

- Only by working at an angle to the tissues can we attain the desired fascial stretch.
- Visualize working through the body, not into it or across it





Myofascial Release Fundamental Principles

Body Mechanics are crucial to success in the techniques
as well as the safety of the practitioner!

- The use of gravity and power from the legs are how we achieve the proper directionality.
- Distal working joints are stacked and supported by the more proximal joints and the axial trunk.



Myofascial Release Fundamental Principles

- Body Mechanic Basics which apply for every moment in MFR
 - Ground and relax your body
 - Choose and place your tool (Fingertips, Palm, Knuckles, Ulna)
 - Align – or “stack” – relaxed joints
 - Use gravity to apply force by leaning body weight and/or lifting your heels
 - Use an oblique angle to “hook in” to the fascia and stretch it
 - “Drop into” your hips when using a broader tool than fingertips to apply deeper pressure
 - Work in short excursions – this work is meant to be very slow and to be done without continuous “flow” as in Swedish Massage
 - When desired excursion is reached, disengage completely from contact to allow the work to take effect
 - If it hurts the client, reduce force and distance or choose a broader tool



Common Mistakes While Learning

- Moving too fast!
- Trying to cover too much distance in a stroke
- Not disengaging, thinking we're supposed to maintain contact.
- Not allowing the force to arise from the legs
- Improper client positioning
- Focusing on specific muscles, rather than on the surrounding fascia
- Not taking up the slack in the skin far enough
- Not taking adequate time to ensure proper alignment, breathing, and relaxed movement
- Working with a table too high

Tools of the Technique

Fingertips

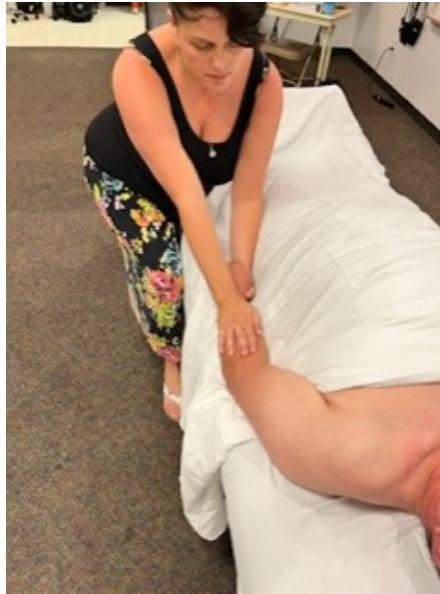
- Straight or slightly flexed fingers
- Good for use on: ribs, lateral neck, chest, dorsal surface of feet and ankles



Tools of the Technique

Palm

- Relaxed fingers to allow for force to translate through the full palm
- Do not hyperextend the wrist
- This tool is the most versatile and can be used virtually anywhere



Tools of the Technique

Relaxed Fist

- Open fist with force translating through MCP joint
- Elbow can be braced against your body for optional
- Can be used anywhere



Tools of the Technique

Knuckles

- Fingers stacked with wrist, elbow, shoulder, using gravity
- Great on suboccipitals, scalenes, upper traps



Tools of the Technique

Ulna

- Important to stack against your body so as not to strain the shallow G/H joint
- Check in with your own body to assess tension and make necessary adjustments
- Used everywhere! You heard that right.





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Today our tools will be:

- Fingertips
- Palm
- Knuckles/Middle Phalanges

General Procedure:

- Contact
- Position yourself
- “Hook In” to the fascia
- Engage with gravity to apply oblique pressure
- Disengage fully, allowing for effect

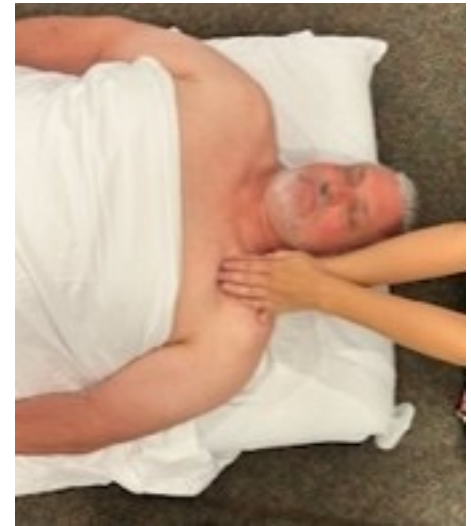


Basic Sequence

1. Contact the skin and palpate the fascia to feel for any restrictions.
2. Take out the slack in the direction of the upcoming stroke; This is known as HOOKING IN.
3. Adjust your position to create an oblique angle of force into the tissues.
4. Lean your body weight into the client, keeping your joints stacked but relaxed.
5. Using power from your back leg (extending the knee or plantarflexing the foot, which raises the heel) think of falling into the tissues, not pushing.
6. Move as one unit, not creating the stroke with arm movements.
7. Stretch the fascia *across* the underlying tissues.
8. Disconnect by taking your weight back on to your legs.
9. Relax by standing up & moving a little.
10. Palpate the fascia for change.
11. Repeat as needed.

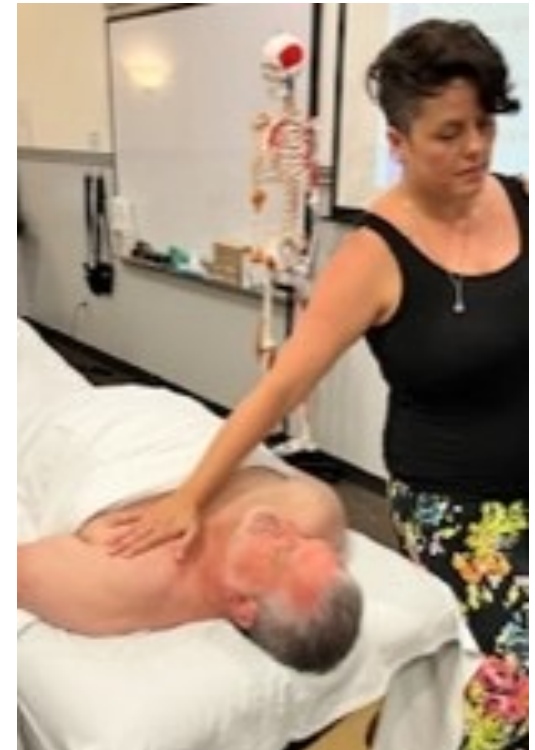
Myofascial Release: Chest 1

1. Kneeling at the head of the table (use a bolster or knee pad for comfort)
2. Place relaxed fingertip pads gently on the medial clavicle, at the sternum (hand over hand for support) with the direction of force at a 45 degree angle through the body
3. Straighten arms/stack joints
4. Lean gently forward, pulling the tissues inferiorly from the clavicle. This is called “hooking in”.
5. Keep spine and neck straight without strain in the neck. Soft focus.
6. When excursion is reached (usually about 1-2 inches), use core muscles to lean away from the table, and release hands from your client, allowing for hyperemia
7. Reposition body slightly laterally to repeat the process along the clavicle



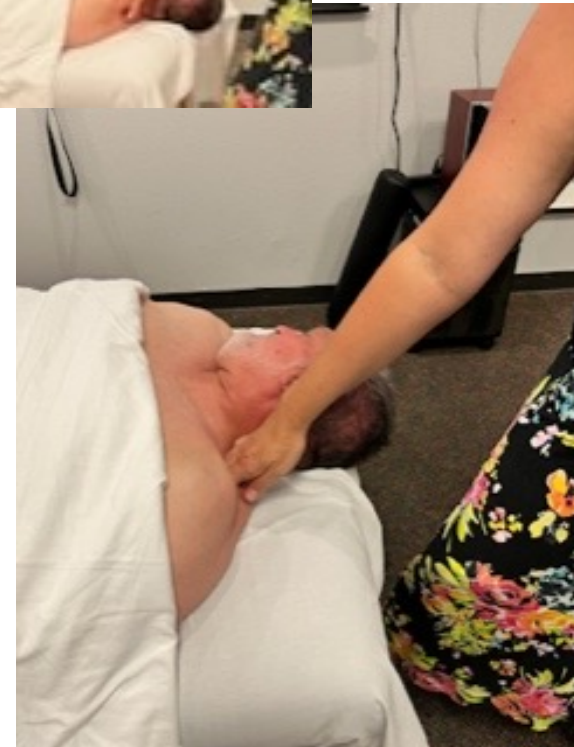
Myofascial Release: Chest 2

1. Standing at the opposite shoulder, body open.
2. Using the ulnar edge of the hand, place inferior to the clavicle, with the hypothenar eminence at the sternal attachment of Pectoralis Major
3. Pronate your hand so that the full palmar surface is in contact with Pec Major, maintaining tissue contact so that the skin and superficial fascia are stretched taut in an inferior direction. Hook into the fascia from origin toward insertion of Pec Major
4. Stack joints by turning your body toward the client's head (your arm should be braced by your torso, not shearing posteriorly)
5. Straighten your body at an angle
6. Using gravity, lean into the tissues at 45 degrees through the body. (The client's arm may laterally rotate)
7. When excursion is reached, use your inside leg to take your weight, and release your hand to allow for hyperemia
8. Reposition and repeat



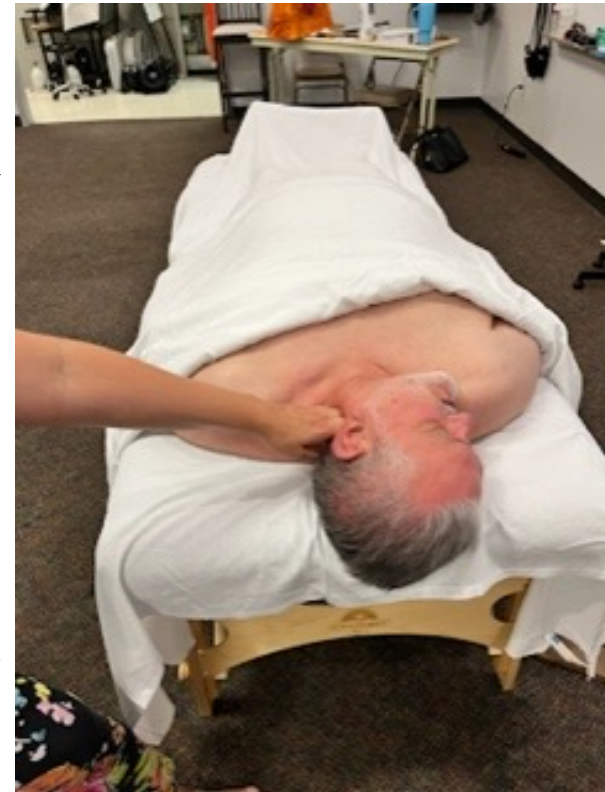
Myofascial Release: Upper Trapezius

1. Standing at head of table, apply gentle traction to the neck and rotate to the opposite side.
2. Place soft knuckles superior / posterior to clavicle and hook in to the fascia by moving the skin toward the table.
3. With a straight, relaxed arm, allow gravity to draw your hand down, stretching the tissue in a superior direction.
4. Release when excursion is reached to allow for hyperemia.
5. Adjust position and repeat



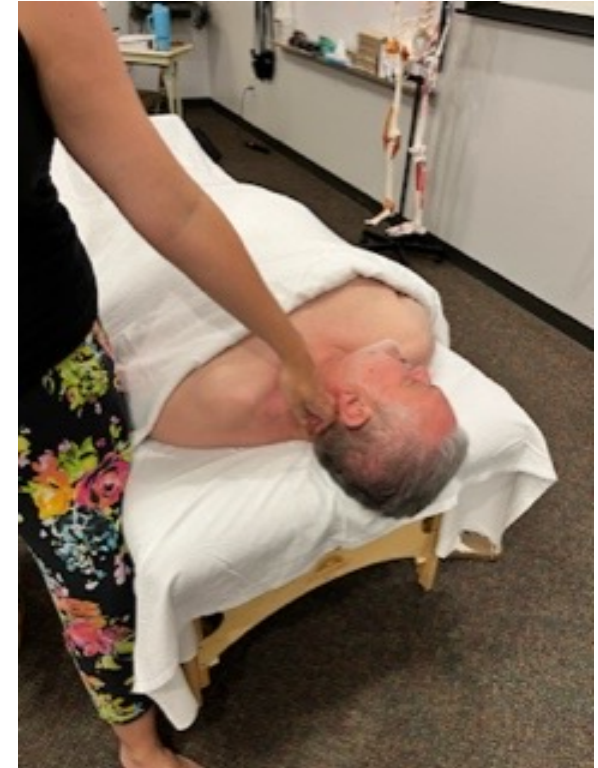
Myofascial Release: Lateral Neck

1. Apply traction and rotate the client's head/neck to the opposite side
2. Kneeling at the head of the table (use a bolster or knee cushion for comfort) or standing at the side of the table, place relaxed fingertip pads on the lateral neck, just posterior to the SCM at the mastoid process of the temporal bone
3. Stack joints so that you will not be tempted to laterally deviate your wrists
4. Hook into the fascia, and gently lean in an inferior direction, only about an inch in each excursion
5. When excursion is reached, release your contact, allowing for hyperemia
6. Reposition and repeat in one-inch segments until you reach the clavicle
7. Reposition laterally and repeat in the same manner as many lines as desired
8. For deeper work, switch to using the middle phalange (photo)



Myofascial Release: Suboccipitals

1. With the head and neck still rotated to the opposite side
 2. Stand at the side of the table, with your body facing in a superior direction
 3. With supported thumb or the middle phalange of digits 2 & 3, hook into the fascia just posterior to the mastoid process
 4. Sink into the soft tissues and allow gravity to guide you along the superior nuchal line of the occiput toward the spinous processes
 5. Release contact to allow for hyperemia
 6. Repeat as many times as desired, sinking in deeper to the suboccipital muscles as needed and tolerated by the client
- *This can be pretty intense for the receiver, so be sure to have full control of your center of gravity in order to release contact if needed.*





Myofascial Release: Supine Chest, Traps, Neck

■ Chest 1

- Fingertips
- Tissue is stretched inferiorly from the clavicle

■ Chest 2

- Palms
- Tissue is stretched laterally from the sternum

■ Upper Trapezius

- Knuckles
- Traction of the neck and rotation to the opposite side (optional)
- Tissue is moved posteriorly from the clavicle toward the table

■ Lateral Neck

- Fingertips or soft knuckles or soft fist
- Traction of the neck and rotation to the opposite side
- Tissue is stretched inferiorly from the head

■ Suboccipitals

- Supported thumb pad or knuckles
- Head rotated to the opposite side
- Tissue is stretched medially from the mastoid process toward the spinous processes



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