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# Myofascial Release

Rob McAlister, PhD, OTR/L

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## Learning Outcomes

After this course, participants will be able to:

- Identify the basic theory, anatomy, and physiology of the myofascial system.
- State the general process for performing myofascial release, including duration and intensity of practice.
- Recognize basic terms and definitions associated with myofascial release.
- Identify indications and contraindications for myofascial release treatment.

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## Historical background

- Relationship to massage--Romans
  - Key Developers
    - Osteopathic Physicians
      - Andrew Still
      - William Sutherland, D.O. —Craniosacral
      - John Upledger, D.O. —Craniosacral Therapy
      - <https://www.upledger.com/>
    - John Barnes, P.T. —Myofascial Release
      - <https://www.myofascialrelease.com/>

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## Why is MFR so Popular?

- No Drugs
- No surgery
- No hospital stays
- Not as expensive
- Relatively easy to learn

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## Why is MFR So Controversial?

- Subjective quality
- Appears “non-scientific”
- Not much Research
- Threatens traditional medical institutions and therapy services
- Practically anyone can do it, with practice (massage therapists)

## Theoretical Assumptions

$$E=mc^2$$

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- Newton AND Einstein
- The paradigm on which MFR is based views the human body as biomechanical as well as energetic
  - Thoughts, emotion, past trauma matter on multiple levels; somatoemotional
- At advanced practice levels, MFR incorporates more than the biomechanical frame of reference
  - Energetic paradigm emerges
  - Touch becomes lighter

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## Brief Sensing Exercise

- Sense the energy between your hands



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## Fascia

- Fascia: Slightly mobile connective tissue composed of an elasto-collagenous complex
- Ancient Greek: “Glue Producer”
- Composed of collagen, elastin, and a polysaccharide gel complex (ground substance)
- Collagen: A protein consisting of fibrils that align to promote tissue strength

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## Fascia

- Elastin: Rubber like fiber laid down in parallel with excess collagen—tendons
- Ground Substance: Manufactured by fibroblasts, assists with metabolic transport & reduces friction between fibers
- Creates a three-dimensional web that connects every cell, nerve, vessel, organ, muscle, and bone in our bodies
- Fascia supports and protects structures

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## Fascial Properties

- Has the propensity, through trauma, inflammatory processes, and poor posture to become solidified and shortened
- Will organize along lines of tension and then produce seemingly unrelated clinical results in adjacent areas of the body

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## Layers of Fascia

- Superficial  Soft tissue mobilization
- Deep  Myofascial release

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## Key Concepts

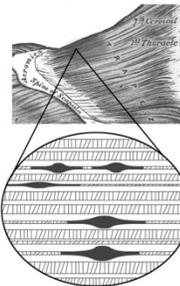


- Repetitive trauma limits the fascia's ability to disperse forces.
- This causes forces to be focused on a small area, creating injury.
- Trigger points develop at the location of highest biomechanical stress.

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## Trigger Points

- Identified clinically as a localized spot of tenderness in a nodule or palpable taut band of muscle fibers (De Sousa & De Matos, 2014).
- Can be active or latent.



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## Some Typical Causes of TPs

- Sudden trauma
- Excessive exercise
- Chilling
- Immobilization
- Acute emotional stress

## Referral Zones

- Referral zones exist for every muscle in the body.
- The significance of these zones is that they introduce the idea that a local pain site can have a profound biomechanical impact on adjacent, or even distant, structures.

## MFR Indications

- For OT: Used as an adjunct to enhance ADL performance
- Chronic Pain
- Plantar Fasciitis (Kumar, Sarkar, Saha, Equebal, 2017).
- Adaptive shortening
- Headache (De Sousa and De Matos, 2014)
- Scarring
  - Big topic
- TMJ
- Lateral Epicondylitis (Kumar R, Jetly, 2016).
- Decreased AROM and PROM (Marshall-McKenna, Paul, McFadyen, et al., 2014).
- Postural Imbalances
- Pediatrics—CP

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## MFR Contraindications

- Malignancy
- Cellulitis
- Fever
- Infection
- Osteomyelitis
- Aneurysm
- Acute RA
- Open wounds or sutures
- Obstructive edema
- Hematoma sites
- Healing fractures
- Anticoagulant therapy
- Advanced Diabetes
- Hypersensitive skin

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## Animals and MFR

- Animals can benefit from MFR!
- Horses seem especially well suited
  - Equine MFR
  - Dogs also respond
- Try it out

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## Hysteresis

- Heat and energy loss that occurs while changing a material's form
- This occurs during myofascial release



Oscar [CC BY-SA 3.0 (<https://creativecommons.org/licenses/by-sa/3.0/>)]

## Vasomotor Response

- Therapeutic sign
- Area of heat and/or redness that can occur at distant sites
- Serves as an indicator of what needs attention
- May treat at this session or in the future

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## The Breath

- Respiratory patterns may change
- It is common for the breath to slow, and the client to enter an altered state of relaxation
- The body will not bring anything up that it is not ready to deal with

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## Before You Begin: Clothing

- Try, whenever possible, to have skin on skin.
- If not possible, do what you can – this is obviously not ideal, but results can be obtained.
- Denim is difficult.
- Notify patients about dressing appropriately.

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## Technique

- Position the client comfortably—may use pillows
- With relaxed hands, slowly stretch the elastic component of the tissue until you reach a barrier
- At that point, maintain sufficient pressure to hold the stretch
- Do not try to force through this barrier
- Hold this position for 2-5 minutes

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## Technique

- As barrier releases, you will feel motion under your hands
- As tissues release, you get a sense of softening, of taffy stretching
- Go with this motion

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## Technique

- Continue pressure as long as motion persists
- The key is sustained pressure over time
- Use skin as a handle: do not slide on the surface
- Getting better at MFR is not getting faster: the techniques take time
- Always release your pressure slowly

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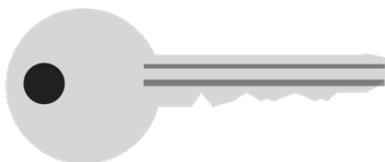
## Technique: MFR Mindset

- Turn off the left brain
- Intuition will develop over time
- Do not rush or try too hard
- Accept what you sense as real
  
- Before Charging—Practice on friends!

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## Key Point



Whatever position is comfortable, and which allows you to “pull in the slack,” is okay.

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## Key Points

- Sustain your pressure over time 2-5 minutes
- Tune into what you feel proprioceptively
- Follow the tissues
- Don't back up!



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## Direction of Resistance

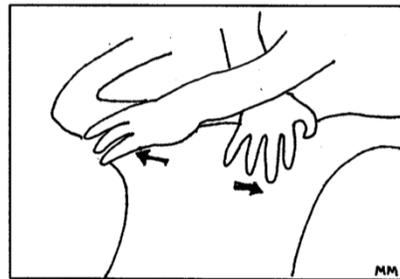
- Fascial restrictions can occur in any direction. Therefore, it is necessary to be prepared to resist in any direction. The use of good body mechanics is important.



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## Cross-hand Technique

- The poster child of Myofascial Release
- But please, not directly on the spine!

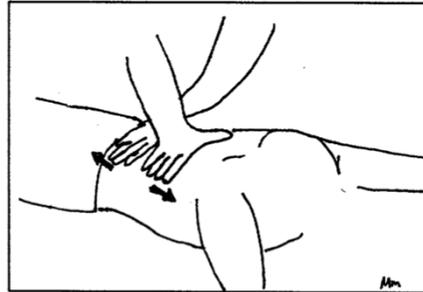


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## Cross-hand Technique

- Can orient longitudinally (vertically) along the body or horizontally across the body



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## Cross-hand Technique

- Why are hands crossed?
- This is not the only way to position the hands, but it is comfortable over time.
- Proper body mechanics are important to observe when performing MFR.

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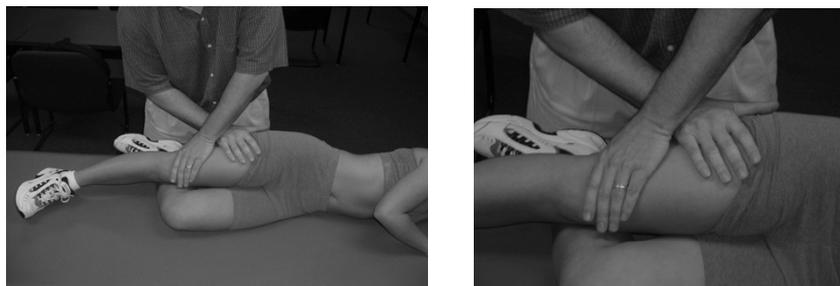
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## Cross Hand Technique



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## Cross Hand Technique



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Not Cross-Handed



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## Prepare Your Client!

- Prepare clients for soreness that may last up to 3 days
- Inform them that decreased pain & increased ROM should result afterwards
- Have them drink lots of water to clear any toxins that are released into the bloodstream

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## References:

- De Sousa R.c., De Matos L.K. (2014). The myofascial release and the treatment of tension headache induced by trigger points. *Manual Therapy, Posturology & Rehabilitation Journal*. 2014;12(1):73-77. doi:10.17784/mtprehabjournal.2014.12.169.
- Kumar R, Sarkar B, Saha S, Equebal A. (2017). Efficacy of Myofascial Release Technique in Chronic Plantar Fasciitis: A Randomized Controlled Trial. *Indian Journal of Physiotherapy & Occupational Therapy*. 11(1):118-123. doi: 10.5958/0973-5674.2017.00023.5.
- Kumar R, Jetly S. Comparison between Myofascial Release Technique and Cyriax Manual Therapy on Pain and Disability in Subjects with Lateral Epicondylitis. (2016). *Indian Journal of Physiotherapy & Occupational Therapy*. 10(3):12-17. doi: 10.5958/0973-5674.2016.00075.7.
- Marshall-McKenna R, Paul L, McFadyen AK, et al. (2014). Myofascial release for women undergoing radiotherapy for breast cancer: A pilot study. *European Journal of Physiotherapy*. 16(1):58-64. doi:10.3109/21679169.2013.872184.

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Questions?

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