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Myofascial Release
Rob McAlister, PhD, OTR/L

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.
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/

Why is MFR so Popular?

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

\[E = mc^2\]

- 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
Brief Sensing Exercise

- Sense the energy between your hands

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
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

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
Layers of Fascia

- Superficial ➔ Soft tissue mobilization
- Deep ➔ Myofascial release

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.
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.

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
## 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

## Animals and MFR

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

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

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
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

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.
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

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
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

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!
Key Point

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

Key Points

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

Cross-hand Technique

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

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

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.
Cross Hand Technique

continued

continued

Cross Hand Technique
Not Cross-Handed
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

References:

Questions?

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