

SET TALK

By Don McCann, MA, LMT, LMHC

MA3267 MH705 MM3717

(*Massage Message*, November/December, 2002)

RELEASING ADHESIONS AND SCAR TISSUE

Therapists have been asking questions about treating scar tissue from surgeries or injuries. Therefore, I would like to share some information and a few techniques I use to successfully release the restrictions and pain associated with adhesions and scar tissue.

One area that has presented itself is working with scar tissue after back surgery. Oftentimes, the areas where scar tissue and adhesions have formed are considerably more painful than they were before surgery. Nerves can be entrapped within or between the adhesions and scar tissue causing painful inflammation, and the affected areas are prone to strain injuries due to lack of flexibility.

When working with scar tissue surrounding back surgery sites, my first concern is the normalization of the structural imbalance involving the spine. Normally, I can successfully work to improve the spinal balance by working muscle groups and fascia that are not close to the site of the surgery fairly soon after surgery before the area is fully healed. Pelvic balancing provides a balance base for the spine, promotes a lessening of the curvature of the lumbar spine, and thus reduces the tension in the soft tissue that is supporting the spine. Spinal surgeries have cut through this soft tissue. When there is significant tension and strain within this soft tissue during the healing process, there tends to be a substantial formation of adhesion and scar tissue at the surgical site. Thus, normalizing the spinal curvatures by balancing the pelvis as soon as possible after surgery, working away from the surgical site while it is healing, you can very effectively minimize the degree of scar tissue and adhesion and reduce the rehabilitation time.

If the surgical site has already healed, you will usually find a significant build up of adhesion and scar around the site. Again, if I want to successfully release that scar tissue, I will be much more effective if I first balance the pelvis which balances the spine and takes the pressure off the soft tissue around the surgical site. Even when the surgeries are years old, this is my first step in successfully treating the chronic pain surrounding the surgical site associated with scar tissue and adhesions.

Whether it is a recent surgery that has healed or an old surgery from years in the past, once the pelvis has been balanced and the spinal curvature has been decreased

reducing the strain and tension on the adhesions and scar tissue at the site of surgery, I am now ready to address the scar tissue and adhesion around the surgical site. If the surgery heals while the spine is in a severe curvature, the adhesions running from the scar tissue will extend out a considerable distance from the actual site of the surgery. This is due to the strain that transfers into the surrounding tissues and the body's natural instinct to bind as many tissues together as possible to support the weakened area of the surgery. When this is in the low back, these adhesions may extend from the sacrum into the lower to mid thoracic vertebrae. They also may be internal to the spine involving the psoas, iliacus, and quadratus lumborum. When they are this extensive, they almost always entrap nerves creating pain in and of themselves. Thus, if these muscles and areas are involved, the pelvic balancing protocol will need to include working these deep muscles.

It is also important to note that as scar tissue forms, it fans out like a web binding and adhering to all layers of fascia to stabilize the weakened areas. These need to be released. I have found the most successful approach after pelvic balancing is to work the peripheral bound tissues first, and then work towards the core of the scar tissue. It is best not to overwork this scar tissue. Sometimes it may take a few sessions of releasing several layers at a time in each session until you are able to easily work into the core.

Those of you who have been following SET TALK probably already have guessed that the approach for working into the body and into the scar tissue and adhesions is going to be the one that I have explained and mentioned extensively in the past – THE THREE STEP APPROACH. In this approach the first strokes will be to release the fluids and toxins and relax the surrounding tissues to reduce the pressure on the scar tissue and adhesion and release some of the sensation from the area. The second step will be directed myofascial unwinding strokes that will involve slow, constant, steady pressure that only move as the tissue releases. Due to the multi-directional aspect of scar tissue and adhesions, these strokes should be applied in any direction that adhesions are able to be felt. Sometimes the stroke directions may cover as many directions as the lines found in an asterisk. Make sure you stroke both across and along each tightened fiber to accomplish the release. If the fiber is a long one, there should be several strokes across it at various places allowing the strokes to overlap, followed by several strokes along either side and right on top of the adhesion. Often times I will use two hands with the hands working in opposite directions in what I call counter strokes that create the maximum degree of stretch between the two hands. I find it most effective to

first do the directed myofascial unwinding strokes on the scar tissue across and then along the fibers.

After the tissues have spread and no longer pull either into the scar site or bind and hold the area immobile, I now will apply very specific individual fiber strokes – the third step of the THREE STEP APPROACH. These are applied with fingers or thumbs. As in the directed myofascial unwinding strokes, these strokes are very slow and only move with the release of tissue. I will usually work along the fibers since the directed myofascial unwinding strokes have already spread the fibers apart. Sometimes, when I find an area that is very thickened, I will find it necessary to work across the fibers also using individual fiber strokes. It is absolutely necessary to be patient with these strokes because too much specific pressure on scar tissue or adhesions can cause tearing in the soft tissues which results in the reformation of scar tissue in the healing process afterwards. Therefore, I find it best to do less, rather than more, in the first couple of sessions. Then, as the tissues soften and normalize from the preceding sessions, I can apply more fiber strokes in subsequent treatment sessions. This avoids the possibility of actually aggravating the condition during the early sessions. It's like peeling an onion - we take several layers off in each session until there are no layers blocking the core.

Sometimes even with the best techniques there will be a reformation of adhesion in the fascia after we have released it. When this happens we will need to come back to this area weekly to release this tissue before it becomes hardened and more extensive. What you will find is that after several treatments on a weekly basis, there will be less and less reformation of adhesion. Usually, a point will be crossed where the body will quit forming adhesions in the area. Scheduling treatments a week apart allows the treated tissues to heal and normalize. Working too frequently may only aggravate the symptoms and could adversely affect the healing process.

There are many occasions with back surgery where the scar tissue is right next to the bony process of the vertebrae, and the scar tissue and adhesions cause significant entrapment of major nerves coming from between the vertebrae. Again, the three-step approach used along with pelvic balancing is very effective. The final individual fiber strokes will release the adhesions closest to the osseous matter of the lumbar vertebrae and thus, release the nerve entrapment.

I hope this discussion has been valuable for you. Before you work extensively on these surgical sites, it is my wish that you will take some advanced training with

some hands on supervision so you will be efficient and gentle in treating your clients. If you would like more information on how to treat this subject, I have just recently completed a book RELIEF FROM BACK PAIN that discusses and instructs extensively on these topics. This book is available through the website or by contacting us directly. I also cover these techniques in my workshops which are listed on the website. My previous articles that also include discussion on the three-step process are available in back issues of the *Massage Message*, or you can go to our web site and download them for yourself.

These techniques for treating scar tissue and adhesions can be applied to most any area of the body. Be careful, and do not work beyond your comfort level and skill. Advanced training with supervision will expand your skill and comfort level for advanced problems.

I hope the information in this article will increase your awareness of who you are as well as the healing power that knowledge gives you. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.