

## SET TALK

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### CRANIAL/STRUCTURAL SOFT TISSUE RELEASES

In our last issue, we talked about the effectiveness of integrating cranial techniques and soft tissue massage to produce major positive changes for our clients. I also drew a brief distinction between Cranial/Structural and craniosacral techniques, which opened the door to expanding upon Cranial/Structural soft tissue releases.

Cranial/Structural techniques are very different from craniosacral techniques in intent and application. **Craniosacral** techniques are applied within the soft tissue restrictions of the normal cranial motion. **Cranial/Structural** techniques release the soft tissue restrictions of the normal cranial motion resulting in structural changes throughout the body. Let's take an in-depth look at the need for Cranial/Structural techniques.

Within the structure of every client's body there exists a core distortion pattern. Many liken it to a spiral that runs throughout the structure resulting in an anterior/posterior rotation of the iliums, a tipped sacrum and a degree of classic scoliosis. This spiral is evident from the top of the head down to the feet, and not surprisingly is also found in the relationship of the bones and soft tissue of the cranium. When clients are experiencing musculoskeletal pain, there is an observable increase in the degree of this distortion. This can be viewed as a degree of structural collapse, or a lack of structural support. The resulting pain can either be evidenced in the compensation for this increased distortion, or in the strain in the musculature of the actual distortion. Thus, the key to relieving the painful symptoms and rebalancing the structural support system lies in releasing this exaggerated core distortion.

For years, in developing my soft tissue protocols I struggled with the major components of this core distortion in an effort to bring clients relief from pain. Whether it was whiplash flexion/extension injuries, headaches, neck pain, shoulder pain, degenerative disc disease or bulging disc, carpal tunnel, nerve entrapment, sciatica, low back pain, hip pain, knee pain, or foot pain – it was usually related to the musculoskeletal structure. Therefore, addressing and releasing the core distortion pattern was a viable way to achieve pain relief, homeostasis, and return to normal function.

Within every collapsed structure I found an anterior/posterior rotation of the iliums, stretched

ligaments between the sacrum and the ilium at the SI joint, and a tipped sacrum. The degree of distortion was directly influenced by the degree of the rotation of the iliums, the degree of stretched ligaments, and the degree of tippage of the sacrum. Further, the degree of distortion in the body was directly proportional to the intensity of the pain and symptoms that the client was experiencing. The longer the client remained in this distortion, the more the entire musculoskeletal system distorted into the lack of support, which usually resulted in an extended recovery process.

One of the greatest challenges was stabilizing the SI joint. While the client was on the table, the position of the iliums could be shifted through soft tissue releases, and the feet and legs could be aligned to support the shift. However, when the client became weight bearing, the weakened ligaments would not be able to stabilize the SI joint, and the sacrum would again slip and tip recreating the structural collapse. Wedges could also be used to reduce the rotation of the iliums and tippage of the sacrum, but, again, the structure would collapse when the client became weight bearing.

**Enter Cranial/Structural!** A missing link in the treatment to stabilize the pelvis was found in the relationship between the cranial bones, reciprocal tension membrane, dura, and the myofascial planes of the body. Dr. G. Dallas Hancock, a chiropractic physician, discovered the relationship between two of the cranial bones (the sphenoid and the occiput), the sphenobasilar synchondrosis (SBS) where they meet, and the torsion of the pelvis. He noted that the rotation of the iliums and tippage of the sacrum were mirrored in the rotation of the wings of the sphenoid and the tippage of the occiput. He then developed a technique of releasing the cranial torsion of the SBS that successfully released the torsion of the pelvis.

One of the ways to understand the effect of this incredible discovery of Dr. Hancock's is to view these two cranial bones (sphenoid and occiput) as handles for the reciprocal tension membrane, dura, and the entire myofascial plane of the body. The distortion found in the SBS joint is supported by the restrictions in the reciprocal tension membrane, dura, and fascia, which affect the entire structure of the body. The techniques developed by Dr. Hancock to unwind the torsion of the SBS released the restrictions in the reciprocal tension membrane and dura, which, in turn, released the restrictions in the myofascial planes of the body that related directly to the dura. In addition, with the release of the restrictions in the dura, its relationship to the sacrum allowed the sacrum and the iliums to balance. The greatest significance of this was that the weight bearing separation of the SI joint was corrected, even

though the ligaments had been stretched. Another exciting discovery was that clients would not return to this weight bearing structural collapse unless another severe trauma was experienced. It was also discovered that, with the balancing of the SI joint and iliums, the myofascial planes of the body down to the feet were also beginning to unwind and balance bringing support back into the entire structure.

The torsion found in the cranium was also the principle cause of problems like TMJ. When the torsion was taken out of the cranium (SBS), a balancing of the bite took place. Most clients who suffered TMJ symptoms would have an immediate improvement, and, without even focusing on the usual TMJ soft tissue treatments, would continue to improve, and often become pain free.

Cranial work that focuses on this structural shift is called **Cranial/Structural** due to its direct relationship to structural balance. Prior to having these techniques to balance the SBS, and correct the weight bearing collapse found in the core distortion pattern, I was not able to achieve a long-term correction of the distortion in the pelvis. However, with the Cranial/Structural techniques, my clients showed dramatic changes in the initial session, and I was able to correct this distortion throughout the body in only a few treatments by integrating my soft tissue protocols with the Cranial/Structural.

Something else evolved, though. Now that the pelvis was weight bearing and no longer in the torsion pattern, the structure of the body was not strong enough to maintain total balance. What emerged was a series of other sub patterns that the body would move into in its unwinding process. I discovered that each of these sub patterns also had a cranial component that needed to be addressed.

After the initial correction of the pelvic distortion, I found that there were approximately 20 other sub-patterns, all of them less degenerative and less distorted than the original core distortion pattern, but still capable of causing imbalance and pain. Each of these sub patterns that were found in the body also had direct correlations to cranial patterns, sutures, and restrictions. Thus, I followed a process of discovery of these relationships and how to best release them through the cranium and soft tissue treatments.

I found that approximately 2/3 of these patterns were weight bearing (down to the feet). These were viewed as being **structural** because the basic support system for the body was affected from the feet on up. The other 1/3 did not involve the feet and were viewed more as **functional** patterns. At this point a chicken and egg

question entered. Did the cranium lock into a distortion causing the body to distort, or did the soft tissue of the body become restricted and distorted causing the cranium to lock up in compensation? The only answer is yes to both. Phenomena can be observed starting in the cranium or in any of the soft tissue in the body.

Cranial/Structural is most effective when applied at beginning of the first session to release the core distortion pattern and balance the SI joint. However, the soft tissue (dura, reciprocal tension membrane, and fascia) would only release just so far using the Cranial/Structural techniques alone. The structure of the body is then trying to move into balance, but the soft tissue that was tightened forming adhesions and restrictions in the holding pattern of the core distortion would impede the process. To complete the balancing process, it is absolutely necessary to include specific myofascial release, myofascial unwinding, and scar and adhesion fiber work to allow the whole body to begin to move into structural balance. In this balancing process, treating the sub patterns first with Cranial/Structural releases, followed by specific soft tissue protocols further facilitated the total unwinding process to bring clients out of pain. This order of doing the Cranial/Structural prior to the soft tissue work in each session started the body balancing immediately, and allowed the soft tissue releases to be applied to the tissues that were resistant to the balancing.

As you can see, Cranial/Structural is most effective when integrated with effective balancing deep tissue therapy. When this integration takes place, it is the most effective form of body restructuring and rehabilitation therapy that a massage therapist can use. This is the basis of **Structural Energetic Therapy®**, and in the future could very well be the basis of most body restructuring. It accelerates the process of balancing 10-fold, and resolves the weight bearing issues between the sacrum and the ilium leading to long-term pain relief and rehabilitation. Using kinesiology for testing, there is a definite increase in strength and function to the whole musculoskeletal system when it balances. So far, its limited application in sports massage has shown tremendous potential.

I hope the information in this article will increase your awareness of effective treatment for supporting your clients. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.