



STRUCTURAL ENERGETIC THERAPY®, INC.

Rehabilitation from Pain Acute & Chronic

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BEYOND THE BOX

THE EVOLUTION OF STRUCTURAL ENERGETIC THERAPY®

(THE INTEGRATION OF CRANIAL/STRUCTURAL TECHNIQUES and SOFT TISSUE)

by *Don McCann, MA, LMT, LMHC, CSETT*

“A mind stretched by a new idea never regains its original dimension”

author unknown

The well-being of my clients is a top priority in my therapeutic massage techniques and protocols. I have had the great fortune of training in several different modalities with many of the most highly regarded teachers in this profession, but my observations of structural distortions and imbalances contrasted with the limitations inherent in the techniques I was learning. This prompted me to think “beyond the box”. The process of modifying and integrating a number of highly effective soft tissue therapies to address the basic cause of structural imbalances and body pain led to the birth of **Structural Energetic Therapy®** (SET) in the late ‘70’s. Then, with the integration of NICS Craniostuctural Integration techniques in the ‘80’s, the present form of SET evolved.

I noted that the majority of my clients presented with a basic distortion pattern that involved an imbalance of the pelvis. I was convinced that balancing the structure was key to reducing multiple pain syndromes. I trained in Postural Integration, a 10-session body restructuring methodology that uses deep tissue myofascial restructuring, and was very excited to be practicing what I felt was state of the art bodywork in the mid 70’s. This model was initiated in the ‘60’s with Structural Integration, along with CORE bodywork and Lomi bodywork, to name a few. It is still considered to be one of the more advanced and effective forms of bodywork. However, clients with very painful conditions throughout the body (i.e. whiplash, lumbar sprain/strain, degenerative disc problems, hip and knee and foot pain, shoulder and arm nerve entrapment symptoms) needed to have these painful areas treated first rather than progressing through ten sessions before addressing their primary individual symptoms. My choices were to follow the ten-session model and not pay special attention to their initial area of complaint, or to treat their primary area of pain in the first session, which was usually out of sequence and philosophically contrasted the current beliefs.

To move out of sequence I needed to disregard several strong beliefs associated with the 10-session model. One was that the fascia could only be released within a certain sequence to produce balance. Second, the core distortion, or spiral, should not be reduced because everyone has this structural pattern. However, my associates and other 10-session practitioners had belief systems and attitude blocks which Herbert Spencer eloquently describes in this quote: *“There is a principle which is a bar against all information, which is proof against all arguments, and which will never fail to keep a man in everlasting ignorance – that principle is contempt prior to investigation.”* Therefore, I looked elsewhere and not to my colleagues.

My clients became my best teachers! They insisted that I try new methods and techniques. The majority of clients had an anterior rotation of the left ilium and a posterior rotation of the right ilium. This created compensatory curvatures and imbalances throughout the spine and body that could well be the basis of most body pain. This was also referred to as the spiral or core distortion as observed by other 10-session

body workers. Clients experienced elevated pain levels when this distortion increased to the point that the SI joint (sacrum and ilium) could not maintain weight bearing support and balance when they were standing, which shifted their bodies further into distortion (structural collapse). In observing my clients, it became obvious that accidents, life experiences, and stresses would move an already weakened body further into distortion. As the degree of distortion increased, the dysfunction and pain increased. Thus, rebalancing this core distortion to be weight bearing became the focus of my work and investigation.

I began looking at the sacral-occipital technique (SOT) chiropractic model and discovered a new balance paradigm for the body. The SOT practitioners sought to balance the anterior/posterior tilt of the iliums to provide a level base for the sacrum and lessen the scoliotic curvature (from the core distortion) and other distortions of the entire spine and body. However, there was one major problem: while the client was on the table, the use of SOT blocks would reduce the rotation of the iliums and the tipping of the sacrum, and the feet and legs could be aligned to support the shift. Yet, when the client became weight bearing, the weakened ligaments were not able to stabilize the SI joint. The sacrum would again slip and tip to the side recreating the structural collapse.

Therefore, I began combining the SOT techniques to reduce the rotations of the iliums with the specific deep tissue protocols that I had already developed to address muscle imbalances of the distortion. I was able to directly address the fascia and other soft tissue that was resisting the necessary structural changes throughout the body while the iliums were in balance on the table after using the SOT blocks. With this new approach clients experienced a noticeable reduction of pain in the first session. Confidence was building that they could be pain free soon.

This was a major breakthrough, but it had its limitations – sometimes it took 10 to 15 sessions to stabilize the sacrum/ilium relationship, and usually clients could not maintain this balance for more than four weeks due to the iliums once again rotating and the sacrum slipping. However, this was still better than not addressing this distortion at all leaving the SI joint imbalanced with no support for the spine. Results from the pelvis in balance were not only observable throughout the whole spine, but throughout the entire structure. As this distortion decreased and the structure became more balanced, painful symptoms from the spine extending distally to wrists and hands decreased, and many knee and foot problems disappeared. The paradigms had shifted again.

With these results, it was now possible to observe how the core distortion collapse affected all other structural or soft tissue problems and painful symptoms throughout the rest of the body, and to begin treating them by addressing the core distortion and its direct effect on the area of client's symptoms. **Thus, the birth of Structural Energetic Therapy® (SET) in the late 70's.**

**“You evolve, not by seeking to go elsewhere,
but by paying attention to and embracing what's in front of you”**

author unknown

My clients continued to teach me. The body was now trying to balance via the correction of the iliums using the SOT blocks. Now, all the soft tissue that was holding the old pattern at all levels resisting the move to the new pattern of balance needed to be released. Many of these areas were also the areas of pain and inflammation and were painful to touch. Since I would be working into deep levels of fascia and muscle in the first sessions, I needed to develop an approach to working the deep tissue that would effectively release the conditions causing their pain while respecting their pain tolerances. This led to the development of the three-step approach.

The Three-Step approach to deep soft tissue treatment

The first step releases the swelling, fluids, ischemia, inflammation and surface trigger points with their related pain referral zones using milking strokes with tolerable pressure to clear surface and intermediate layers of tissue. These very slow strokes allow the client to accept the pressure without resistance, and are applied with the intention of releasing the surface fascia and fluid with their direct effect on the structural distortion. **‘The deeper you go the slower you go’** became my motto.

The second step is the directed myofascial unwinding process. To unwind the myofascial holding pattern, deeper strokes are applied in specific directions to facilitate a more precise release into structural balance, rather than releasing randomly. Many very rigid holding patterns in deeper layers of fascia soften and unwind more completely and almost painlessly when these strokes are applied very slowly without exceeding the client's pain tolerance level. There is a direct relationship of the client's level of pain to the resistance in the tissue with these deeper strokes. Moving slowly, just meeting the resistance of the soft tissue, allows the release of deep holding patterns with minimal sensation while working with the client.

The third step is the individual fiber releases. When most of the holding pattern has been released, the only remaining tissues resistant to structural balance are individual fibers of muscles or fascia, scar tissue and adhesions within the fascia. Having prepared the tissue using the first two steps of this three-step process, the most resistant fibers can now be isolated and treated with direct pressure. Areas that were initially painful to light palpation are now able to be released with deep slow strokes due to the previous steps. The deep individual fiber strokes are similar to the directed myofascial unwinding strokes in that the deeper you go the slower you go. This allows the tissue to release under steady constant pressure at a level tolerable for the client.

This three-step approach makes it possible to work from superficial to deep, including some of the deepest muscles and fibers in the body in the initial sessions, while staying within the client's pain tolerance. Using this approach, significant long-term structural change is initiated with a significant reduction of pain *in the very first treatment session*, and subsequent sessions become even more effective.

As clients released dysfunctional structural holding patterns, they also released trapped emotional energy blocked by chronically tightened soft tissue. Wilhelm Reich referred to this as character armor. Many of the emotions and blockages were from early childhood, and had been limiting psychological development since their inception. The blocked emotional energy behind the character armor was also part of the reason for many adult diseases that clients were experiencing. With the direct release of the core distortion pattern, it became evident that clients were releasing old behavioral emotional patterns at an accelerated rate. The deeper, slower strokes of the three-step process encouraged clients to relax and release without shifting tension to deeper layers of tissue to block off the expression of the emotional energy. By going slower and allowing for the release of the emotional energy, I had moved into areas outside the norm of deep tissue therapy, and was again moving "beyond the box". The increase in client's well-being with the release of this character armor and blocked emotional energy proved that the release of this negativity was part of the complete healing process.

As I mentioned earlier, the focus of this therapy was on releasing the core distortion pattern (anterior/posterior rotation of the iliums) that was evident in all my clients. It was also very possibly the basis of over 90% of the painful symptoms and conditions they experienced. With the use of SOT blocks and specific soft tissue protocols, I had achieved a level of success, but I could not be confident that my clients would not slip back into this distortion through some life activity or trauma. Consequently, clients would need long-term treatment. I came to call this a structural collapse syndrome due to its effect on the overall structure and the inability of the sacrum and iliums to stabilize to maintain structural integrity. The search to find a long-term stable correction of the SI joint continued to be the focus of my study and investigation.

Enter Cranial/Structural – the missing link

Discovering and developing the Cranial/Structural technique was a natural progression in the development of the Structural Energetic Therapy®. This technique creates immediate weight bearing support for the base of the spine and has the ability to release and unwind structural holding patterns, which greatly facilitates structural balance and enhances the body's healing abilities. Consequently, expanding and further developing this osteopathic based modality and integrating it into my therapies became another breakthrough.

It was my privilege to be associated with people researching the relationship between the cranial motion and the structure of the body, and the corresponding relationship between the restrictions within the

cranial motion and the structural imbalances in the body. The anterior/posterior torsion pattern found in the pelvis was mirrored in the cranium in the relationship of the sphenoid and occiput via the Sphenobasilar Synchondrosis (SBS), the joint where the two bones meet. Moving the cranium through all its ranges of motion using the sphenoid and occiput as handles to release the cranial soft tissue restrictions that were holding this torsion in the cranium, I discovered that the torsion of the iliums and tippage of the sacrum was also released and began moving into balance. This in itself was a major breakthrough! Even more significant was that, once released, the pelvic distortion did not return, and the sacrum/ilium relationship was able to maintain structural integrity long term. The apparent weakness of the ligaments and connective tissue between the sacrum and ilium became strengthened to the degree that they would no longer have a weight bearing separation that had been the basis of the structural collapse syndrome. It was finally possible to create a weight bearing support for the spine and for the rest of the body. This was very exciting for me! Thus, the birth of **Cranial/Structural** therapy named for its direct effect on the structure of the whole body.

After the first Cranial/Structural release the body began immediately unwinding (releasing) the structural distortions and chronic myofascial holding patterns from the feet to the head, but a substantial portion of the soft tissue remained resistant to this change. So, I combined the new Cranial/Structural techniques with my specific soft tissue protocols to facilitate the maximum reduction of the old structural distortion and found that clients were attaining **and actually maintaining** a level of pelvic balance and structural integrity within the first couple of sessions. Previously this had not been possible. Now we were really “outside of the box” – a whole new paradigm.

This was one more reason not to be restricted to the 10 session series. Every step I took to this point in developing the structural balancing techniques of Structural Energetic Therapy® now paid off in quantum leaps when coupled with the new Cranial/Structural techniques. When I first started using these Cranial/Structural techniques they were in the initial stages of evolution. What began as one untorquing motion of the cranium evolved into the current system of many sophisticated cranial release patterns that include structural as well as functional releases utilizing kinesiology for evaluation and confirmation.

New Frontier

Long-term pelvic balancing was seldom accomplished prior to incorporating the Cranial/Structural techniques. Now the structure of the body would start to balance as soon as the cranium was mobilized by using these new techniques. My soft tissue protocols were an integral part of the therapeutic techniques I was using to facilitate the release of the soft tissue restrictions throughout the body that maintained the old structural patterns and inhibited structural balancing. Every one of my sessions began with a structural evaluation, cranial evaluation and Cranial/Structural correction/mobilization, and specific deep soft tissue myofascial techniques to release restrictive soft tissue of the old myofascial holding pattern. This left restricted fibers and adhesions of soft tissue of the old structural pattern which were then able to be isolated and treated. Using this combination of techniques, the release of the distortion throughout the whole structure was initiated with the Cranial/Structural techniques providing weight bearing support so that the client’s initial area of discomfort could be more effectively treated in the first session with the soft tissue work.

The release of the core distortion pattern using both the Cranial/Structural techniques and specific soft tissue protocols facilitated the process of unwinding into balance more quickly and efficiently because there now was a weight bearing structural foundation to support the changes. This could not be accomplished previously.

After fully releasing the core distortion pattern using the integration of the Cranial/Structural techniques and the soft tissue releases, secondary patterns began emerging. Not only did I need to develop new soft tissue protocols to address these changes, but also additional Cranial/Structural techniques to release each new structural sub-pattern. Thus, I greatly expanded the original Cranial/Structural techniques to those that are currently used today in Structural Energetic Therapy®.

At present there are at least 18 distinct sub-patterns with many individualized variations.

Also of interest is that the progression through the sub-patterns is unique to each client. There appear to be a number of reasons for this. These sub-patterns can be related to:

- additional injuries that were not directly related to the core distortion.
- how the client compensated for the core distortion.
- body personality characteristics.
- the strength and development of the musculature based on the client's previous physical activities.
- the client's overall condition and muscle tonus.
- the client's general physical and emotional health.
- the blocking of emotional expression.
- pattern injuries such as one-sided sports activities, or internal rotation of arms while working on computers.

These are just a few of the characteristics that illustrate the individuality and uniqueness of each client. Consequently, in the process of unwinding into balance, some clients will progress through many sub-patterns, others will only experience a few, and each client will respond at a different rate to the corrections. The structural sub-patterns are challenging in that they need to be evaluated with body reading and kinesiology at the beginning of each session. However, the Cranial/Structural correction and specific soft tissue protocol, when properly applied, will alleviate the majority of their symptoms and ultimately bring the body into balance long term. This creates a therapy that focuses on the unique needs of each client, not on a predetermined progression of treatment. Clients receive totally individualized treatment based on their structural distortions, life history, and overall physical and emotional health. Their treatments are discontinued when they can maintain structural balance and resume normal life activities pain free.

Combining Cranial/Structural techniques with specific protocols for deep soft tissue releases results in the maximum level of total rehabilitation possible for each client, physically and emotionally. This is Structural Energetic Therapy®, and it will continue to evolve and expand as the awareness and understanding of the variety and uniqueness of our clients and their needs grow.