

SET TALK

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FREQUENTLY ASKED QUESTIONS TO EXPAND YOUR KNOWLEDGE

Through the years specific questions have been asked repeatedly regarding how to treat various painful conditions. Many have already been answered in this SET TALK column. However, since this column is now 10 years old some have not been discussed recently so let's look at the most common ones.

Question #1: *If I can only see a client one time what is the most important therapy modality I can apply?*

Even though clients will sometimes book several sessions before coming in for the first time, I operate as if I only have one chance to make a difference in that client's recovery process. The one thing clients in pain want to know is "will this therapy make a difference?" Many times they have been the medical route where they have been given pills to deaden pain, sent for expensive x-rays and CAT scans, given a treatment plan that involved weeks of appointments 2-3 times a week, and sometimes had surgeries that were supposed to solve all their problems and didn't.

These clients arrive discouraged and desperate, and need to see a significant change in their condition immediately. They also need someone to really listen to them and to evaluate what is actually going on in their body. Clients also often feel that if the medical community couldn't evaluate and successfully treat their condition how in the world can massage therapists have the answers without an MD after their name? Given the history and needs of clients like this it would be unrealistic to assume I would see the client a second time if I couldn't evaluate and explain their condition.

Therefore, the responsibility is on me, the therapist, to be believable, knowledgeable, professional and instructional. So, the first session starts with listening to the client, going over their intake form and asking questions that lead to more information regarding their painful symptoms. It is now my responsibility to evaluate the client in relationship to the information gathered.

One of the biggest pitfalls is to just assume all previous medical diagnoses including x-rays and MRI's tell the whole story. What 99% of medical diagnoses leave out is viewing the client's entire structure as it relates to the painful symptoms. Their symptoms don't just arise from

a single disc, several vertebrae, an area of spasm, or even the specific area of pain. All the conditions creating the pain are related to the overall body structure, and each part of the structure either supports or compensates for the condition.

When you can show the client how their entire structure is contributing to their pain, and let them know that there is a technique to bring the structure back into support, you give the client hope that they can recover and the confidence that you can do something about it. One of the evaluation techniques that I use which is incredibly effective for showing the client that a structural collapse is causing their pain is applied kinesiology. This will demonstrate to the client which muscles are weakened by this structural imbalance. Clients are usually amazed at the degree of this weakness. You can now explain how the weaknesses directly relate to the areas of pain which raises your own credibility. Now you can choose the treatment modality that will be the most effective one for that client.

I have not found any modality that can make as significant an improvement in the overall condition as Cranial/Structural techniques. Applying the Cranial/Structural Core Distortion Releases initiates the unwinding of the body out of structural collapse and into structural support. Often clients feel an immediate improvement in the areas of pain. After the application of the Cranial/Structural Core Distortion Releases, kinesiology can again be used to show that the structure and muscles which previously tested very weak are now significantly stronger, again to the amazement of the client. This occurs because the application of the Cranial/Structural techniques initiate the release of the anterior/posterior rotation of the iliums, and the pelvis and sacrum are brought into weight bearing support at the sacroiliac joint providing a level base for the spine which initiates a lessening of the curvatures within the spine. When this happens the structural imbalances throughout the rest of the body also diminish. In essence, the client's entire body is being moved back into structural support. The good news is that this is a long term correction that usually never has to be repeated. Thus, in the first session I am able to make a significant change in the client's condition that will last long term.

Question #2: *What is the difference between craniosacral and Cranial/Structural therapy and when should I use them?*

All properly applied cranial therapies are beneficial. Mobilization of the cranium releases and pumps cerebrospinal fluid which promotes increased homeostasis. Trapped energy is released and energy

flows are restored. The cranial motion is expanded and the movement of the cranial bones is more fluid. There are many published works by Upledger, Magoun and Sutherland explaining the benefits of cranial therapies.

Cranial/Structural is relatively new (20 years) and expands the scope of cranial work into full body structural alignment. The research, findings and teachings of Dallas Hancock, D.C. opened the door for Don McCann to develop the Cranial/Structural techniques that we use today. They provide the foundation for long term maximum rehabilitation from pain and dysfunction. Cranial/Structural differs from craniosacral in that its main focus is restoring structural balance throughout the body. This is accomplished by releasing the soft tissue restrictions within the cranium that maintain the imbalanced distortion of the cranial motion resulting in an expanded and balanced cranial motion. Craniosacral does not release the soft tissue restrictions so there is no long term structural change.

When the cranial motion becomes balanced, the principle distortion of the anterior/posterior rotation of the iliums moves into weight bearing support at the sacroiliac joint stabilizing and leveling the sacrum. The curvatures of the spine start to unwind back into support. In addition the compensations from the long/short leg due to the rotation of the iliums begin to release throughout the whole body from the head to the feet. Not only does the structure of the body begin to move into balance but like craniosacral there is an increased flow of cerebrospinal fluid and energy resulting in increased homeostasis.

Question #3: *Why does the pelvis have to be stabilized when there is a flexion/extension (whiplash) injury?*

Basically, any rapid thrusting motion of the head and neck is not limited to that one area. The entire body is involved. The whole spine including the dura and spinal muscles is jerked rapidly creating soft tissue injuries. The whipping of the head also telescopes down the spine jerking up on the sacrum which affects the ligaments at the SI joint. When this happens all the ligaments in the SI joints are stretched and strained which destabilizes the sacrum/ilium relationship resulting in a tipped sacrum and increased curvatures throughout the spine. Thus, any soft tissue therapy for the neck will not be supported when the client becomes weight bearing. The exaggerated curvatures of the spine can't support the neck in structural balance which results in spasms in the soft tissue of the neck where the most soft tissue damage has occurred. This also places uneven pressure on the discs and nerves of the spine producing pain and inflammation.

Therefore, to be effective treating the neck after a flexion/extension (whiplash) injury it is necessary to create structural balance in the pelvis. When this is done the curvatures of the neck can be reduced and supported allowing the soft tissue to fully rehabilitate and pain to disappear.

Question #4: *Why isn't deep tissue massage effective all the time?*

Often body pain is due to structural imbalances that are held in the deep connective tissues. If this structural imbalance is not understood and deep tissue therapy is not applied in a specific sequence to release the structural imbalance, then the cause of the pain is not fully addressed. Unfortunately, there is also the chance of the condition worsening if the compensating deep connective tissues are released without regard to the direction of these releases which can move the body further into structural imbalance. Applying deep tissue therapy without understanding the structural component is probably one of the most common reasons for the failure of deep tissue therapy in treating pain that results from structural imbalance.

The second most common reason is overworking the tissue resulting in swelling and bruising. This damages the tissues and can make the pain worse. Deep tissue work should be applied SLOWLY allowing the tissue to release without damaging it. Working slowly will also produce much less sensation and the client will be able to relax with the work.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.