

INTRODUCTION TO SPORTS THERAPY

Practical – Soft Tissue Release

Learning Outcomes

- To understand the technique and theory behind soft tissue release
- To demonstrate and apply a STR technique on areas of the body

Soft Tissue Release

- New technique (origins in osteopathy)
- Advanced massage technique
- Used to relieve areas of severe soft tissue tension
- Hybrid of several techniques
 - Frictions (break adhesions)
 - Stretch
 - Neuromuscular

STR

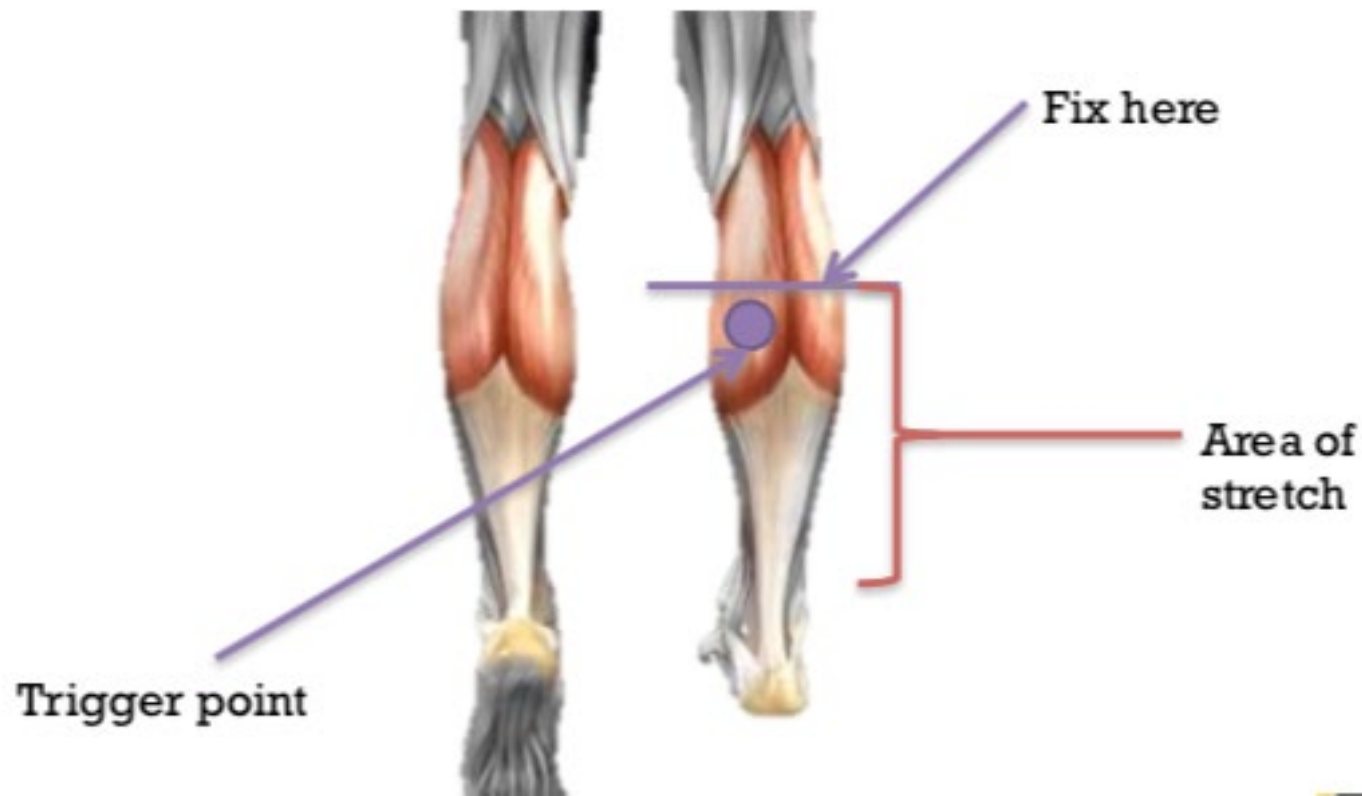
- Involves applying deep pressure to a muscle while simultaneously performing a controlled muscle lengthening by moving the corresponding joint either passively or actively.
- Unlike many other massage techniques, STR provides a method of manipulating deep tissues throughout the full joint range of motion (Sanderson, 2002).

Targeted Stretch

- Passive stretching only gives a global stretch to the area
- This is often inadequate as areas of healthy tissue 'take up the slack' and compensate for areas of immobility and poor mobility

Need to localise stretch

- Create a false insertion point by 'fixing' the area of tightness
- 'Lock' – prevent some parts of the muscle moving



Application

- Can be applied anywhere
- Slow and conscientiously
- Before, during or after sports massage
- As a Rx in its own right
- Use
 - Elbow
 - Forearm
 - Fist
 - Palm
 - Grip
 - Reinforced thumbs
 - Fingers
 - Knuckles
 - Instrument assisted

Benefits of STR

- Local soft tissue stretch
- Increased flexibility
- Improved posture (?)
- Reduced muscle tension/tone
- Reduction in stretch induced pain
- Treatment of TrP

Contraindications

- Usual massage contraindications apply.
- In addition, caution should be used when using STR to treat clients who are known to bruise easily.
- The sensation should be comfortable for the client and should never be painful.
- Stop if the client experiences pain.

STR

Indication	Applications
1. Hypomobility 2. Mechanical breakdown of scar tissue Neuromuscular technique (Compressions/ TrP) 3. Contraindications INFLAMMATION	1. Put muscle actively into contraction 2. Apply compressive force 3. Continue to apply compression as muscle relaxes 4. Remove pressure at end of movement and reposition in to contraction
Mechanism	AKA
• Autogenic inhibition Can be done actively or passively !	- o Shorten - o Lock - o Lengthen

Passive STR

1. Put muscle passively into shortened position
 2. Apply compressive force
 3. Continue to apply compression muscle is taken passively in to a lengthened position
 4. Remove pressure at end of movement and reposition in to shortened length
- AKA
 - Shorten
 - Lock
 - Lengthen

Active STR

1. Put muscle actively into shortened position
 2. Apply compressive force
 3. Continue to apply compression muscle is taken actively in to a lengthened position
 4. Remove pressure at end of movement and reposition in to shortened length
- AKA
 - Shorten
 - Lock
 - Lengthen

Areas of Practice

- Gastrocnemius
- Soleus
- Tibialis posterior
- Tibialis anterior
- Peroneals
- Popliteus
- Hamstrings over the knee
- Quadriceps
- Adductors
- Gluteus med and min/deep hip rotators
- Iliopsoas
- Pec major
- Biceps
- Triceps
- Upper fibres of trapezius
- Levator scapula
- SCM
- Subscapularis
- Teres minor and infraspinatus
- Erector spinae
- Quadratus lumborum