

INTRODUCION TO SPORTS THERAPY

Practical – Introduction to Myofascial Release (MFR)

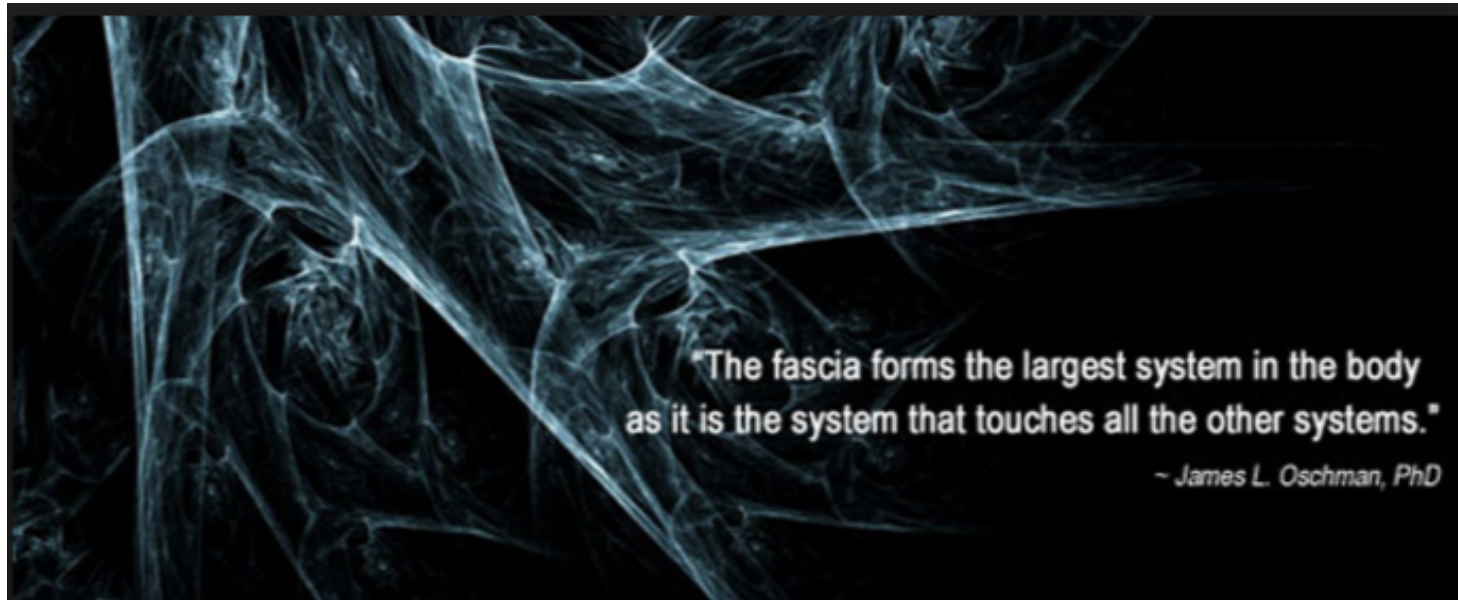
Learning Outcomes

- By the end of this session students should be able to:
- Describe and apply the principles of myofascial release as part of a soft tissue treatment
- Be able to produce a safe and effective treatment in relation to MFR
- Understand the indications and contraindications for treatment

Myofascial Release

- The fascia
 - 3D continuous web – uninterrupted throughout body
 - Made of Collagen & Elastin
 - Dynamic: changes and conforms to pressure
 - Predominantly vertical in orientation
 - Susceptible to scarring or hardening (injured)
 - Once injured: pull, twist and impinge movement and underlying structures (e.g. Dural tube, organs, nerves)

Fascia



Fascia



MFR

- Need to know...
 - Fascia covers all organs
 - Muscle and fascia cannot be separated (thus muscle stretch is fascial stretch)
 - Rx using MFR will be felt & will affect Rx area and distal area
 - Release tightness and restrictions can affect other structures/ areas through stretch reflex
 - Progress monitored by > ROM, > symmetry, < pain, > fluidity of movement

Therapist TO DOs

- Accept Pt, and Pt's physical status as normal for them!
- Focus all attention on Pt (tactile FB from Pt)
- Allow FB from Pt body to guide Rx
- Work with Pt not on Pt (facilitator)
- Accept goals that may not reach the theoretical norm

MFR Assumptions

- MFR works, but mechanism is not fully understood
- Asymmetrical soft tissue tightness & restrictions causes P+ proximally or distally to the area of dysfunction
- MFR removes tightness and restriction
- The actual structure of restriction does not need to be exactly known
- P+ patterns that do not follow dermatomes **MUST** be transmitted by & through the fascia
- When there is conflict between what is seen and what is felt: what is felt is more important!
- MFR equally effective for acute & chronic P+ conditions
- 'if it happens fast, it doesn't last' MFR may need many repetitions (Rx's)

MFR Process

- Pt should feel
 - Sensation of release (encourage awareness)
 - Increase in perception of tightness prior to release
 - Reflex vasodilation
 - Autonomic response, Rx area may feel warm/hot due to BF increase
- 'End Feel'
 - Should be soft, rubbery
 - After release
 - Calm sensation of relaxation
 - In extremity, limb becomes loose/heavy/floppy
 - Point of restriction
 - 'good hurt'

MFR Process

- Feedback palpate this end feel
 - (point of restriction)
- Stretch – take up available slack
- HOLD – 90 second minimum for fascia to respond. 3-5 min for full fascial release
- RELEASE – release pressure + take up new slack
- REPEAT – hold until new release
- Continue until ‘true end feel is achieved’

MFR

MFR Indications

1. Pt P+ complaint not alleviated by other Physical Therapy
2. P+ that doesn't follow dermatomes, myotomes or visceral pain patterns
3. Underlying chronic conditions that cause P+ and tightness (diabetes, fibromyalgia, post polio Sx)
4. Painful postural asymmetries
5. Asymmetrical muscle weakness due to acute/chronic neuropathy
6. Impaired respiration/ inflexible rib cage
7. Frequent, intense headaches
8. Any athlete who needs to increase ROM

Process

1. Feedback
2. Stretch
3. HOLD (90-3/5min)
4. RELEASE
5. REPEAT

MFR Precautions

1. MFR decreases BP
2. MFR decrease Blood Glucose
3. Healing #s or wounds
4. Pt with compromised circulation (monitor pulse)
5. Pt on blood thinning meds
6. Chaperone

MFR Contraindications

1. Pt does not understand Rx
2. Pt unable to give IC
3. Pt has unstable medical condition
4. Pt has a skin condition (dermatitis, contagious or infectious)



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

MFR – Longitudinal Plane

- Arm pull technique

- Pt supine
- Externally rotate arm Stop at end feel
- Abduct arm
Stop at end feel
- Gently apply traction Stop at end feel
- Hold here for 90s -5 mins

- Leg pull technique

- Pt supine
- Hold above ankle & Internally rotate hip with foot in DF (End Feel)
- Adduct leg (End Feel)
- Gently/slowly traction (End Feel)
- Hold here for 90s – 5 min

- Leg pull technique

- Pt supine
- Hold above ankle & Externally rotate hip with foot in DF (End Feel)
- Abduct leg (End Feel)
- Gently/slowly traction (End Feel)
- Hold here for 90s – 5 min

MFR Cross Hands Technique

- Place hands on body and allow to sink in to tissue
- Once meet resistance, allow hands to take up the slack (hands move away from each other)
- Hold for 90s – 5 min
- AREAS:
 - Psoas
 - Mid Thoracic
 - Lateral Trunk