



Massage Today

January, 2005, Vol. 05, Issue 01

Beyond the Box: The Evolution of Structural Energetic Therapy

By Don McCann, MA, LMT

"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 some 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, which 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 70s. Then, with the integration of NICS Craniostructural Integration techniques in the 80s, the present form of SET evolved.

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 a 10-session body restructuring methodology that uses deep-tissue myofascial restructuring. It is still considered 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, knee and foot pain, shoulder and arm nerve entrapment symptoms) needed to have these painful areas treated first rather than progress up through the ten sessions first. My choices were to follow the ten-session model or to treat their primary area of pain in the first session.

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.

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 form the basis of most body pain. This was also referred to as the spiral or core distortion as observed by other 10-session bodyworkers.

Clients experienced elevated pain levels when this distortion increased to the point that the sacrum and ilium (SI) joint 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. There was one major problem: while the client was on the table, the use of SOT blocks would reduce the rotation of the iliums; the tippage 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 sacroiliac (SI) joint. The sacrum would again slip and tip to the side re-creating 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.

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.

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 begin treating them by addressing the core distortion and its direct effect on the area of the client's symptoms; thus, the birth of SET.

"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 and 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 to soft tissue treatment.

The Three-Step Approach

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. 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. 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. Areas that were initially painful to light palpation are now able to be released with deep slow strokes due to the previous steps.

This three-step approach makes it possible to work from superficial to deep 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. I found that in working the body with in the three-step approach my motto became "the deeper you go, the slower you go."

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 90 percent 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. I was searching for a treatment that would stabilize the relationship of the sacrum and ilium long term. Fortunately it was on the horizon.

It was my privilege to share clients with Dallas Hancock, DC, LMT, as he was developing his Craniostuctural Integration techniques. He discovered that he could stretch and release the adhesions and restrictions of the soft tissue within the craniosacral mechanism by using the sphenoid and occiput as handles. Thus, he was no longer limited to working within the existing soft-tissue restrictions of the cranial motion. He observed that the torsion pattern found in the pelvis was mirrored in the cranium in the relationship of the sphenoid and occiput via the sphenobasilar synchondrosis, the joint where the two bones meet.

When he released the cranial soft-tissue restrictions that were holding this torsion in the cranium, he discovered that the torsion of the iliums and tippage of the sacrum 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 appeared strengthened to the degree that they would no longer have a weight bearing separation that had been the basis of the structural collapse syndrome. Consequently, studying this osteopathic modality and integrating it into my therapies became a necessity. This was a natural development in the progression of SET.

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 Craniostuctural Integration 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. Using this combination, it was necessary to alter some of Dr. Hancock's Craniostuctural techniques, and, thus, the Cranial/Structural technique emerged that integrated these cranial techniques necessary to balance the pelvis, and the soft-tissue releases of the entire body. 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 structural balancing techniques now paid off in quantum leaps when coupled with the Cranial/Structural releases. What began as one un-torquing 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. Every one of my sessions began with a structural evaluation, cranial evaluation and cranial correction/mobilization, followed by specific deep soft-tissue myofascial techniques to release the most restrictive soft tissue of the old structural pattern. Using this combination of techniques, the release of the distortion throughout the whole structure was initiated with cranial releases, and the client's initial area of discomfort was addressed by the soft-tissue work.

After a more complete release of the core distortion pattern using the Cranial/Structural techniques and the soft tissue releases, secondary patterns began emerging. The work took on another new flavor; a new evolution had come. Each sub-pattern had a cranial distortion associated with it. The release of the cranial distortion initiated the release of the sub-pattern structurally, but it could not be totally released without the application of the specialized deep soft tissue protocols. At present there are at least 12 distinct sub-patterns with many individualized variations.

There appears 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; and
- 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 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. 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.

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