

Facing Barriers

By Keith Eric Grant, PhD, NCTMB

At the 1968 Summer Olympics in Mexico City, John Stephen Akhwari of Tanzania was the last man to finish the marathon. Akhwari could run, and then some. He was Africa's marathon champion and had been expected to do well in Mexico; however, his training at sea level had not sufficiently prepared him for the altitude of Mexico City, and he fell during an attack of cramps.

His legs bloodied and bandaged, Akhwari continued to run as best he could, limping into the Olympic stadium, with darkness falling, more than an hour after others had finished.

Sports cinematographer Bud Greenspan had been packing up his camera when a reporter alerted him to Akhwari's arrival. Pulling out his equipment, Greenspan captured Akhwari's final lap and later asked him why he didn't just stop along the way. Greenspan's film and Akhwari's reply became a classic example of Olympic spirit: "You don't understand," he said. "My country did not send me 7,000 miles away to start the race. They sent me 7,000 miles to finish it."²

Years later, at the Sydney Olympics, the Australian attach, for the Tanzanian athletes, brought John Stephen Akhwari to Sydney to receive an award at the closing ceremony as a living symbol of the Olympic ideal. Following the Sydney games, a foundation was created to foster the potential of Tanzanian athletes.⁵

Although the effect took years to incubate, Akhwari's determination to keep a commitment and face his barriers brought results beyond what even a winning run might have produced.

There are many different kinds of barriers faced in successfully entering the practice of massage, from learning to execute techniques smoothly, to marketing our services, to using good business practices, to jumping the regulatory hurdles imposed by various localities and states - sometimes with little objective basis behind them. While the process may not be pleasant, with commitment and determination to "reach the finish," we can do far more than we might have believed.

One of the opportunities we gain for ourselves by entering the practice of massage is that of helping our clients deal with another kind of barrier: injury or overuse-initiated barriers that limit normal range of motion (ROM). There are several different movement barriers that are used in discussing range of motion: anatomical, elastic, physiological, and pathological or restrictive. Greenman provides an entire chapter on barrier concepts within the larger framework of the diagnostic triad of Asymmetry, Range of motion, and tissue Texture abnormality (ART).³

The outermost limit is the anatomical barrier. When the anatomical barrier is exceeded, the integrity of the joint is compromised by fracture, dislocation or tearing of ligaments. In the interest of having return clients, I strongly advocate staying within the anatomical limits, whatever the facilitation used. Just short of the anatomical barrier, lies the elastic barrier, where the joint tissues offer considerable resistance but still have some slight ability to lengthen. This limit is generally reached using passive assistance. The range of normal active movement ends at the physiological barrier. The barrier resulting from loss of ROM due to dysfunction is the pathological or restrictive barrier. The positional relationships between these different barriers are shown schematically in

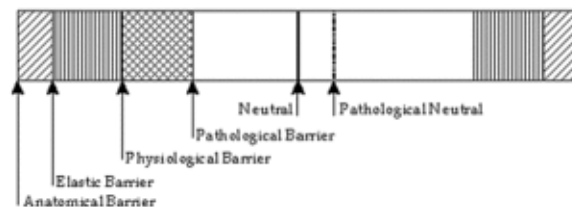


Figure 1: Schematic diagram of the relationship between various range of motion barriers. Normal neutral is at the midpoint of normal ROM.

Associated with a loss of range is also a shift in the neutral or mid-point of the movement away from the limitation. Our therapeutic goal is to normalize hypertonicity and free adhesive restrictions so that we move the client’s pathological barrier outward toward the appropriate physiological barrier.⁴

This also returns their neutral point to the correct midrange location. Our methods might include direct work to free adhesions between layers of tissue and neurological reflex-based techniques to reduce muscle hypertonicity, the latter including techniques of post-isometric relaxation⁶ and positional release (strain-counterstrain).¹

Whatever the barrier, in facing it for ourselves and for our clients, we may achieve far more than we anticipate. At times, the road may seem long but, for each of us, there are those along the way who have believed in our abilities and helped us along our paths, not so that we could start our race but so that we could finish it.

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