Sixth International Post-Polio and Independent Living Conference

Myofascial Release: Perspective of an Informed Consumer

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As the recipient of over 50 myofascial release treatments for my polio-related symptoms administered by Steven Moreau, MS, PT, I want to discuss the topic from the perspective of an informed consumer. I have paraphrased and quoted from materials prepared by Moreau.

Overview of Structure and Function of Fascia

Someone has said that if all tissues except fascia were removed from the body, our external appearance would remain relatively unchanged. This is because fascia, a three-dimensional network of connective tissue, extends without interruption from head to toe. It encircles, separates, connects, supports, communicates, and remembers. In general, fascia fibers are arranged longitudinally, although there are four major extensions of transverse fibers. Fascia plays a role in many areas of interest to polio survivors, including postural symmetry and balance (static and dynamic), support and shock absorption, cellular respiration, and metabolism. It is intricately involved with the maintenance of health at the system and cellular levels and influences immune function (Travell, 1983).

There are three layers of fascia: superficial, deep, and subserous. Superficial fascia, located just below the skin, surrounds structures found near to the surface in our bodies, including capillaries and nerves (including pain receptors). Deep fascia surrounds and separates all muscles and internal organs. Subserous fascia covers internal organs including the brain and spinal cord.

Fascia can be injured in a number of ways, including by physical and emotional trauma and long-term overuse. When fascia is injured, it becomes restricted; the restriction then spreads like a pull in loosely woven fabric, forcing the body out of alignment and into postures and ways of moving that are inefficient, energy consuming, and fatiguing (Becker & Seldon, 1985). Further possibilities of increasing imbalance include muscle spasm, pain, and increased potential for degenerative changes.

Changes in Fascia Related to Polio and Post-polio Syndrome

Moreau provides us with a hypothetical example of how fascial changes could affect a person who has had polio. A polio survivor is fatigued. In response to this fatigue, movement creates asymmetry. The fascia provide support by tightening, causing more asymmetry. Muscle spasms occur as a protective reaction, compressing pain receptors in muscle and fascia in the process. The muscle spasms increase the pain and asymmetry. Fascial restrictions begin to spread affecting other areas of the body, increasing the stress on joints. If the fascia is not treated, chronic pain and degenerative changes may begin.

Myofascial Release Treatments

Myofascial release is a treatment for restrictions in fascia. To restore the body's natural equilibrium, the therapist gently applies a tractioning or compressive force with his/her hands to any part of the body that is out of balance. The changes in fascia resulting from such treatment include lengthening elastic components, increasing mobility of tissue layers, increasing fascial tissue glide, and decreasing abnormal proprioceptor (movement and body position) activity. Sensations reported by people receiving myofascial release include warmth, tingling, increased or decreased pain, emotional changes, and profound relaxation. My treatments have been restful and pleasant, with symptom relief either immediately or within an hour of treatment. Apparent long-term changes include increased range of motion, decreased frequency and duration of muscle spasms, and increased endurance. ⇜

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