

working at different depths within the body, and served as a reminder that the continuity of the fascial network spans the entire organism, in niches not examined within the traditional Rolwing concept. It is tempting to speculate on the changes that may or may not have occurred had I never learned visceral and cranial manipulation. I don't think I would initially have been drawn deep, or targeted the region around the kidney so specifically, and I certainly would not have identified the dural adhesion for what it was. I think the approach would have been much more centered about balancing the general shape, and would not have incorporated as much specific work within the abdominal cavity. Certainly, without awareness of the anatomy and visceral and cranial relationships, at best, I would not have been as efficient in working; at worst, I think I would have been orders of magnitude less effective. I absolutely believe that the degree of lasting resolution we achieved would not have been realized. While initial results of sessions may have showed some resolution, I think the gains would have rapidly dissipated, owing to the nagging deep restrictions that would have remained unresolved.

I think this case could have been one of those never-ending, ever-frustrating scenarios of "do the work and pray," hoping that one finally hits the magic session that nudges progress forward, rather than being a situation of recognizing the problem from a wider perspective of inquiry. But it's really a moot point, because we haven't yet figured out how to do multiple, parallel approaches on the same client and compare results! In the mean time, I think the solution is to broaden our perspectives; sometimes we need to utilize a different viewpoint to access the same territory, and being able to approach the project of instilling the balance, alignment, and order of Rolwing SI by referencing multiple maps can enable much more effective results.

Allan Kaplan has been a Rolwing® practitioner since 1988. He has studied visceral manipulation with Didier Prat, D.O., and assisted him teaching several classes. More recently, he completed osteopathic studies at the Canadian College of Osteopathy.

Comments on the World Congress on Low Back and Pelvic Pain

By Bruce Schonfeld, Certified Advanced Rolfer™

The Seventh Interdisciplinary World Congress on Low Back and Pelvic Pain, which was held November 9-12, 2010 in Los Angeles California, was an excellent event and experience for this Rolfer and first-time attendee. The spirit of sharing information and helping others rang through the entire event. It was a wide-open window and multidisciplinary forum into many different aspects of evidence-based research as well as an opportunity to peek into the current culture of integrative-medicine professionals interested in and/or clinically working with fascia. In fact, between the Fascia Research Congress that was initiated in 2007, this World Congress that happens every three years, and other complementary and alternative medicine (CAM) research projects being funded and/or watch-dogged by NIH grants, fascia research is truly in a major developmental growth phase.

At the World Congress, many top scientists and researchers were available for unguarded dialogue and frank conversation in a luxurious setting. Avenues for exploration, education, and bridge building were open-ended. I had many fortunate opportunities to chat with interested allopaths and scientists about Rolwing® Structural Integration (SI) as well as membranous and visceral manipulation (VM). A great example was meeting and chatting with Moshe Solomonow, M.D., a member of the Rolf Institute of Structural Integration's® (RISI) research committee, about mechanisms of low back pain onset, Rolwing SI, Allopathic Medicine, New Orleans culture and cuisine, and – of course – our old friend, fascia. Dr. Solomonow, whose presentation on November 9 was in the context of movement stability and lumbopelvic pain and was entitled "Biomechanics, Electromyography, Stability and Tissue Biology of Cumulative Low Back Disorder," lives near Denver and could be an instrumental component in a

top-notch research project involving the RISI if we could organize an appropriate effort. His perspective is multi-factorial and he completely gets it that structure and function are interrelated.

Prospects for Rolwing® Research

Given this favorably developing cross-disciplinary milieu, this author believes the time is ripe to organize a fascial research project either as an organization (RISI) and/or for those who independently are so inclined and have the time and resources. For example, perhaps the RISI could run a research project or start collecting case studies involving the people who participate as Ten-Series models in the basic trainings, and move towards establishing a SI baseline of usual outcomes. Boulder would seem to be a good place to find an interested Ph.D. student for this kind of research project. With a deeper blending now of the science with the art, SI looks like it has a bright future in this fantastic milieu of integrative medicine. The best scenario would be that RISI could both continue to be a leader in the field of fascial manipulation and education while we additionally start making strides in evidence-based research and, as Robert Schleip likes to humbly phrase it, "to make a contribution."

Tozzi's Kidney Presentation

During the Congress, I attended a presentation by Paolo Tozzi, D.O. entitled "Evidence-Based Correlation Between Low Back Pain and Reduction of Renal Mobility, Assessed by Dynamic Ultrasound Topographic Anatomy Evaluation (D.U.S.T.A.-E): Local Kidney Manipulation Improves Kidney Mobility and Decreases Pain Perception." It was of particular interest to me because it was the only presentation that correlated an organ with low back pain, and it also involved fascial manipulation specifically.

Tozzi, who is based in Rome, gave his presentation within the context of Parallel Session IV, which was entitled Movement Stability and Lumbopelvic Pain: Clinical Anatomy and Biomechanics. The presentation coherently broke down Tozzi's theory, methodology, and technique. He revealed findings of decreased pain perception in a significant percentage of subjects that were tested and treated. Tozzi additionally showed a video of a manual-medicine intervention with him performing osteopathic manipulation on a patient's kidney in conjunction with his study. While there is a wide spectrum of pressure used in the various manual-medicine communities, ranging from gentle to strong, not to mention an equally diverse spectrum of strategic approaches, semantics, and techniques, Tozzi utilized what looked like a no-nonsense, SI-friendly direct technique approach to fascial manipulation.

Tozzi's technique featured very specific biomechanical engagement of the kidney and related renal fascia as the principal aspect of the initial part of his treatment. With neither too much nor too little force, he deftly put one hand directly on the kidney and literally embraced it both in the depth and shape of the organ and its related physical restriction. Then, in the second part of the manipulation process, he incorporated a related restriction in his patient's leg as a long-lever component to utilize and further leverage into the kidney's relationship with the pelvis and lower extremities. He expanded his scope of treatment and impact from regional to integral anatomy by engaging the bigger "systems anatomy" strain pattern. The effect of this seemed to be greater precision and relevance to both local orthopedic issues as well as the adaptive process translating through multiple body segments. There was a rhythm, coordination, and refinement of his technique; to my perception, it left nothing to the imagination in terms of manually translating enough force and accessing enough depth, but it also had an ease and grace to it. The video visually demonstrated the correlation between the kidney and lumbar spine: they are in such close proximity it's hard to deny what the eye plainly sees. Tozzi is part of the new wave of European physicians doing evidence-based research involving organs as well as correlating structural and visceral anatomies. While it is in its infancy in terms peer-reviewed research,

with physicians like Tozzi on board, I think visceral manipulation has a bright future too.

Seeing Our Different Perceptions

I also had the amazing opportunity to compare and contrast my subjective perceptions of the elegance and excellence of Tozzi's intervention with those of other allopaths and/or scientists who have little or no manual medicine component in their educational background, current clinical practice, hospital environment, integrative-medicine outlook, and/or referral networks. For me, Tozzi's demonstration was quite efficient, extremely well orchestrated, and of expert caliber in terms of direct application of three-dimensional fascial manipulation technique. For some others, by comparison, it was an unusual and novel sight, potentially disorganized, and a little disorienting to comprehend and logically follow. Scientists are trained (and right) to say "prove it" as a critical part of their vocation and methodology, and I think from their perspective the simpler the variables are to quantify the better, in terms of doing evidence-based research anyway. Some allopaths, including several physiatrists I chatted with, shared that they found Tozzi's manipulation style to be potentially very difficult to quantify and measure in technical terms. It did not translate along a linear axis. I found this to be a wonderful reality check in terms of how far whole-body three-dimensional manipulation (that may or may not involve a visceral component) still has to go in terms of making sense to many allopaths, academics, and evidence-based individuals.

I think direct technique manipulation conceptually makes more sense to rationalists who believe in a biomechanical model and the idea that the positive application of force, as a linear mechanism for change, can produce therapeutic results. Once the conversation ventures into concepts like "liquid osteopathy," indirect technique, feeling at a distance, or working through structures and/or systems, the plausibility and validity of these working premises and claims often and quickly becomes highly suspicious to people with a background in science. It's not a good or bad thing as I interpret it, just a point of orientation and sobriety as to where the conversation is regarding the body and three-dimensional manipulation technique and where the research isn't.

(As a comparative note, on the subject of movements and motion in three dimensions that can potentially make people seriously skeptical and/or uncomfortable, I used to observe a very similar disorienting phenomenon with some new arrivals to the Continuum Movement studio in the 1990s, who were disturbed when confronted with three-dimensional motion and people moving, from their perspective, in such an unusual, non-linear, and seemingly unpatterned manner. Such individuals often had no personal body-based context or history for themselves, or exposure to other people moving unconventionally, and simply could not make sense of what they saw moving and undulating in slow motion. Continuum's three-dimensional nature, in the author's opinion, makes it a close cousin of three-dimensional manipulation, a kind of functional approach to three-dimensional manual medicine, functional osteopathy if you will.)

Whether three-dimensional movement is assuming the form of Continuum, *Butoh* dance, or sophisticated fascial manipulation, its good to remember that these forms often appear unusual and out of the norm to others not specifically in these fields. This potentially disorienting phenomenon is additionally compounded and heightened by the fact that we also speak in a unique and different lexicon when talking about the body, often trying to describe things that others have no point of reference for.

Conclusion

We are riding the wave of this new era of fascia research and encountering a genuine interest from many scientists and allopaths to understand what SI is and does, for they too are curious about and inspired by tricky clients where the status quo isn't working. We are an integral part of a broader conversation that serves to educate all parties involved and build bridges with other people and professions about the nature of physical manipulation and the worlds of converging integrative medicines. So, let's chat.