Observations on Sultan's Body Classification System

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I would like to share with you some observations about the relationships of myofascial tensions in the head to what happens below.

I remember in my introductory anatomy class, Louis Schultz told a story about Ida. Louis and two other anatomy teachers were doing a dissection to better understand the structure of fascia (rather than the traditional dissections to show muscles, organs, nerves, etc. where you scrape all the connective tissue away and look at the "important" stuff). Ida came in and looked at the head. Without seeing anything else, she proceeded to tell them in great detail what the rest of the body was like.

I think that Jan Sultan with his presentation of two body types has given us a good start in terms of communicating to each other about the typical patterns of structure that we find in our clients. Jan talks of a "third type" as a composite of the two. I find so many of this "third type" in my practice in Denmark, and I find that they have a pattern which is unique rather than a composite of the first two. The whole of that is a long story for another article. For those of you who know Jan's work, two-thirds of the observations here will fill out some of the details in his model.

Also, Upledger's research at Michigan State University on cranialsacral movement showed that there is movement in the sutures of the cranium. He gave a talk about it at an Institute annual meeting, and at that time it was available on cassette tapes. A question arises for me: what would be the long-term effect of a chronic pattern of myofascial stress on the bones of the cranium?

Jan Sultan's models for the two types are based on the internal and external cranial rotations in the cranialsacral osteopathy. He indicated the shapes of the head in his two types.

My findings are based on two sets of observations. First, I have looked at a number of clients. Second, I have put my own lower body into the shapes of the three types and felt the resulting changes of tension in my own myofascia and got a confirmation of the information that I got observing clients.

Jan's "diplomat" type has a tendency to be knock-kneed; weight on the heels; posterior pelvis; flat lumbars; barrel chest; with a round, wide, and shallow head.

His "soldier" type has a tendency to be bow-legged; anterior pelvis; wide, shallow chest; thin, long head; athletic (well-toned external muscles).

The "third" type has duck-feet from externally rotated knees; thin legs; external pelvis (using Ida's measure of the tip of the tail bone below the pubic symphesus); deep lumbar curve; a long, thin, shallow body; high, square shoulders; long, thin neck; angel-wing shoulder blades, high-pitched voices; tightness in the throat (infrahyoid structures) and SCM and the medial pterigoids. They have two facial variations: one is with high cheekbones and tension in the masseter muscles to hold the jaw closed and the other has a flat, wide lower face because of their tension in the medial pteregoids. This third type makes up about sixty-five percent of my practice.

If we look at the occipitalfrontalis muscle with the connecting orbicularis oculi, we see there are attachments posterior to the occiput and in the front, medial to the eye, to the frontal bone and maxilla.

In the soldier type, the tension is in the frontalis belly of the occipitofrontalis muscle and the orbicularis oculi. The eyes close down to cut down on the light entering, and we also come into a narrowing of the field of vision, which often gives a feeling of taking action to change things. We see two deep lines running up the center of the forehead, crows feet at the outer edge of the eyes, eyes often deep-set, heavy eyebrows gathered medially.

In the diplomat type, the tension is in the occipitalis part of the muscle. We have a wide, flat forehead. The under toned facial myofascia is stretched in all directions beyond the proper placement of the face on the bones. The frontalis muscle and the oribularis oculi are overly relaxed so we get high eyebrows, pulled diagonally laterally and superior (up and out).

In the third type, the tension in the scalp sits at the top, back of the head, from the sagital suture out about three-quarters of an inch. In addition to working locally, it can often be released by working the fascia on the medial occiput just under the lamdoid suture.

My second observation is about the temporalis muscle. Just as the trapezius muscle can be functionally described as three muscles (upper, middle, and lower), so we can also divide the temporalis functionally into three sections: the temporal, parietal, and frontal.

In the soldier type, the tension most often resides in the frontal section. In the diplomat, the tension most often resides in the parietal. And in the third type, the tension most often resides in the temporal section.

In addition to loosening the superficial connective tissue and then working on the underlying myofascia, a quick way to get results wit the temporalis muscle in all three types is to hold the cranial attachment of the section you want to loosen and then to call for movement. The movement in this case can be twenty to thirty seconds of isotonic tensing followed by stretching until you feel the give under your fingers. Tensing is done to the same side as you hold; stretching is done in the opposite direction. You can also work both sides at one time (for balancing or to save time): jaw back and teeth together for isotonic tensing and jaw forwards and teeth apart for stretching.