Innovations in Back Work

by Stanley Rosenberg

One of the problems with success is that it tends to repeat itself.

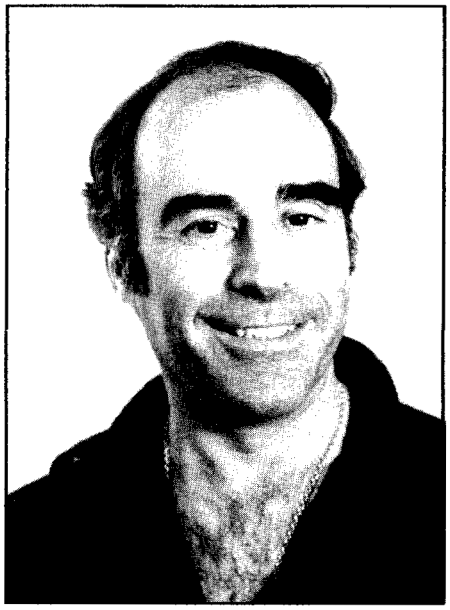
The back work we do on the bench in Rolfing is probably some of the most successful back work in the business. The client lets their head drop forward as we work downwards in the layers of connective tissue with our elbows or fingers. So, why try anything else?

I have been working with great success with another kind of tracking in back work. I have been using rotational tracking, using the shoulders as a wheel to rotate the vertebrae clockwise and counter-clockwise. This rotational tracking can be done with either traditional flexion or untraditional extension of the spine.

I did a six-day workshop with **Stacey Mills** after writing the first draft of this article. She has a beautiful technique of working the connective tissue of the back, holding it at the hinges while the client first extends and then flexes. She calls it the "umbrella" and it really opens the hinges! It is an elegant use of both flexion and extension.

The client's own rotational movement of their shoulder girdle will twist the vertebrae in the same direction. We can easily spot sections of the spine with a fixation of one, or what I most often find, several vertebrae that do not move freely in rotation. It is easy to spot them. If there is a fixation, the result of rotation for the segment will give the smooth, expected curve in one direction of rotation of the shoulders; but in the other direction, you will observe a straight line with awkward strains in the surrounding tissue.

Use two fingers at the two ends (one at the top and one at the bottom) of the "stuck segment" that you wish to free. You should be able to feel the thickness of tissue on one side of the top vertebra and on the other side of the lower vertebra. Often the client will tell you that you have fingers exactly where they experience discomfort in their everyday life. I use quotations marks on "stuck segment" - in the average un-Rolfed body and most of your Rolfed clients, before you use this described tracking technique - all segments between the various hinges are locked in a fixation on one side or the other!.



If you are not sure that you feel on which side to place your fingers, you can use this information. If the segment that you work with has a good curve when your client rotates to the right (right shoulder forward), but the vertebrae jam and you get a straight line when they turn to the left, THEN use your right hand on the right side of the spinous process of the most superior vertebra of the stuck segment and your left hand on the left side of the most inferior vertebra of the stuck segment. In a reverse curve, reverse your hand position.

Have them rotate their shoulder as far in one direction as possible while you hold for 30 to 60 seconds until the tissue melts. Then the other direction and hold. When you "hold", you can lift the superficial connective tissue (back side of the skin) from the bones with pads of your fingers, or you can touch lightly on the periosteum of the spinous processes of the vertebrae. In one direction of rotation, you will feel a definite tightening of the connective tissue. Work with your fingertips to pull and rotate in order to maximize the resistance. You will notice the resistance diminishes or disappears on their out- breaths. Keep playing with the resistance until the tissue is soft and you do not get any more change.

In the other direction of rotation, you will feel the tissue give way easily. Work your fingers in the direction opposite to that of resistance, so that you feel you are pushing tissue together. Hold and you will start to feel it move after 30-90 seconds. Hang out with it until it settles in place. (A use of the Cross Strain technique described in the appendix of John Upledger's book Cranio- Sacral Therapy.)

As an additional help, I have the client rotate their head as well. Sometimes, I will have them rotate their head in the opposite direction of the shoulder girdle and then afterwards, rotate in the same direction as the shoulders. It seems to work faster if they make little movements of nodding the head, rocking the head a quarter inch up and down in both positions. That way, they do all the work themselves. Your fingertips monitor the release of the tissue.

The result of your holding of tissue while they rotate the shoulder girdle and head will be that the "stuck segment" is now unstuck and the individual vertebrae will now curve more equally to both sides.

I usually start up at C-6 and work down, taking the fixed segments as they appear. If you can get the segments to move more freely in rotation, you gain a tremendous freedom in flexion and extension and you have done a lot to balance the right and left sides of the layers of the connective tissue of the back.

Loosening one segment might show that there is another fixation "under it". So you might have to work another slightly different grouping of vertebrae in the same general area in order to be even more effective.

You can work all the way down to lumbo-sacral hinge with your client seated on the bench.

I usually free up the neck in the traditional positions or with isotonic tensing of the suboccipitals which I will describe in another article.

There are some nice alternative positions for lower back work: the sacrum, coccyx, and L-5 especially. When they are in place, the rest of the lumbars--- in fact, the rest of the vertebrae--- are easy pickin's.

continued on page 27

Innovations/cont. from page 23

Third-session-position is great in other-than-third-sessions for rotational tracking with the client lying on their side. It is especially good for those clients who cannot lie comfortably on their backs or their fronts for whatever reasons. In the "modified-third-position", simulate walking with the legs.

First have the bottom leg forward and the top leg back. Then, on the same side, reverse legs forwards and back. You can feel the way the lumbar spine moves with the legs (from changing length of the psoas). It was really interesting to me the first time I had my hands on the spinous processes and felt them change position with the change of the position of the legs. It gives you a lot of information as to where the tissue sticks in the two extreme positions of walking. If you can free up the tissue where it sticks, you will move not only the bones, but greatly facilitate their range of movement when the person stands up and walks.

Then have them roll over to the other side. Usually one of the four positions is uncomfortable for the client. That is where you will get the most change for the time spent. I like to take the coccyx with L-5. Find the places the tissue is tight around L-5 and the find the places on the side of the coccyx which is tight and work them simultaneously. I also like to work the sacroiliac joint in these "modified-third-positions". It is usually stuck on one side---you will rarely have to work both sides to free the tissue.

The most fun is that if you get the person to use the proper position, you can readjust the bones without using your hands at all. I had my first success that way with a post-ten client who complained of a return of a start of her old, pre-Rolfing lumbar pain. My palpation showed that her sacrum had slipped forward on one side and there was a rotation of L-5. I put her in the four possible "modified-third-positions". We found the one that was uncomfortable. With her lying on her side in that position, I had her rotate her head right and left (face toward the table and then toward the ceiling) to find the position that caused even more strain. In this position, I had her move her foot up on one side and down on the other...and to change the foot position every few breaths. In a minute and a half, L-5 was in place by her own effort. I told her to use the position any time any inkling of the symptom returned. I also told her that she could come back for post-ten work when she wanted, but she didn't need to come back to me or go to a chiropractor if she had symptoms in the lumbar spine.

I prefer to be free from symptom-fixing in my Rolfing practice, so it is nice to give people something they can do to prevent problems or to handle them on their own when they occur.

A final thought of untraditional tracking to free up the spine. I am now working L-5 and the sacroiliac joints with the person "going up stairs". I have my client stand with one foot up on a low bench. Then, I get in and loosen the tissue over the lumbar and sacral areas.

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