Rolfing® Literature Search

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These are all the articles having to do with Rolfing which can be found through the National Library of Medicine indexing system (there are ten). This system is publicly available at http://www.ncbi.nlm.nih.gov For those of you who might want to do your own literature searches, I have written an article on the conceptual review of the literature. It is available on the web at www.physiatry.org - select research, then research articles.

I also added a few Rolfing references I got from the OVID system (you have to pay for this one). I could not resist adding one more from a Norwegian researcher named Rolf Reed, who received an award for his studies of fluid balance in loose connective tissue. Seemed pretty relevant.

As you can see, there is only one article dealing with a medical complication. Pretty good record, I think. For comparison, check out the number of articles on complications of spinal manipulation, antibiotic medications, back surgery - any treatment you can think of has complications. The complication rate from chiropractic is about one per one to three million treatments (same for flu vaccine). I estimate that there could be one million Rolfing sessions a year (2,000 practitioners times ten per week times 50 weeks). This makes reported Rolfing complications probably ten times less than flu vaccine or chiropractic. If we did a good survey of practitioners, we might come up with a few more complications. I never published one of mine - subject was a paraplegic unable to walk. After Rolfing, he was able to walk limited distances (increased pelvic motion and balance). He walked onto an airplane and took a long airplane flight, checking his wheelchair. He forgot to take his wheelchair cushion with him and got a pressure sore on his ischial tuberosity from sitting too long.

Subject: Rolf

Date: Sun, 7 Jan 2001

From: Ovid_online@ovid.com

Citations: 1-14

1. Unique Identifier 99230841

Bernau-Eigen M.

Rolfing: a somatic approach to the integration of human structures. [Review] [16 refs]

Nurse Practitioner Forum. 9(4):235-42, 1998 Dec.

This report describes a system of bodywork called Rolfing (Rolf Institute of Structural Integration, Boulder, CO). A review of the historical considerations in the development of the process of Rolfing is discussed as well as a description of Rolfing. The viewpoint that a therapeutic treatment modality is based on supporting health through the organization of body structure makes this narrative of interest to nurse practitioners. Rolfing is a type of treatment that is compatible with nursing principles. This author's vision is that nursing will teach forms of healing and education that support the innate healing intelligence within each of us. [References: 16]

2. Unique Identifier 98094744

Kerr HD.

Emergency Department, Columbia Hospital, Medical College of Wisconsin, Milwaukee, USA.

Ureteral stent displacement associated with deep massage.

WMJ. 96(12):57-8, 1997 Dec.

A 51 year-old woman with a history of ureteral stenosis and calculi noted recurrence of severe left flank pain while undergoing a deep body massage using the Rolfing method. Displacement of her left ureteral double J stent was noted in the emergency department. The pain and associated incontinence resolved with restoration of the stent to its original position. Practitioners should be aware of this potential complication related to forceful massage pressures.

3. Unique Identifier 96020515

Nansel D. Szlazak M.

Department of Life Sciences and Clinical Diagnosis, Palmer College of Chiropractic-West, San Jose, CA 95134, USA.

Somatic dysfunction and the phenomenon of visceral disease simulation: a probable explanation for the apparent effectiveness of somatic therapy in patients presumed to be suffering from true visceral disease [see comments]. [Review] [351 refs] Comments Comment in: J Manipulative Physiol Ther 1996 Feb;19(2):147-9, Comment in: J Manipulative Physiol Ther 1997 Mar-Apr;20(3):218-24

Journal of Manipulative & Physiological Therapeutics. 18(6):379-97, 1995 Jul-Aug.

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BACKGROUND AND OBJECTIVES: Several theories have been put forth in attempts to explain the possible mechanisms by which patients presumed to be suffering from any of a variety of internal organ diseases are occasionally found to respond quickly and dramatically to therapies delivered to purely somatic structures (e.g., spinal manipulation). The purpose of this review is to examine the scientific bases upon which these sorts of clinical phenomena might be interpreted. DATA : A review was conducted of over 350 articles that have appeared in the scientific literature over the last 75 years. Initially, a MEDLINE search was performed; however, because of the variability of indexing terms employed by investigators within a wide variety of biomedical disciplines, most of this literature had to be located article by article. DATA SYNTHESIS: At present, there have been no appropriately controlled studies that establish that spinal manipulation or any other form of somatic therapy represents a valid curative strategy for the treatment of any internal organ disease. Furthermore, current scientific knowledge also fails to support the existence of a plausible biological mechanism that could account for a causal

segmentally or regionally related "somatovisceral disease" relationship. On the other hand, it has now been firmly established that somatic dysfunction is notorious in its ability to create overt signs and symptoms that can mimic, or simulate (rather than cause), internal organ disease.

CONCLUSIONS: The proper differential diagnosis of somatic vs. visceral dysfunction represents a challenge for both the medical and chiropractic physician. The afferent convergence mechanisms, which can create signs and symptoms that are virtually indistinguishable with respect to their somatic vs. visceral etiologies, need to be appreciated by all portal-of-entry health care providers, to insure timely referral of patients to the health specialist appropriate to their condition. Furthermore, it is not unreasonable that this somatic visceral-disease mimicry could very well account for the "cures" of presumed organ disease that have been observed over the years in response to various somatic therapies (e.g., spinal manipulation, acupuncture, Rolfing, Qi Gong, etc.) and may represent a common phenomenon that has led to "holistic" health care claims on the part of such clinical disciplines. [References: 351]

4. Unique Identifier 94224597

Reed RK.

Fysiologisk Institutt, Bergen.

[Anders Jahre-Award for young researchers 1993. Loose connective tissue and fluid balance. From static to dynamic tissue]. [Norwegian]

Nordisk Medicin. 109(4):104-6, 125, 1994.

Rolf K Reed, recipient of the 1993 Anders Jahre Prize for younger medical researchers, describes some newer aspects of loose (areolar) connective tissue physiology and shows how research in recent years has changed our understanding of the involvement of these tissues in the regulation of fluid balance. There is a dynamic relationship between loose connective tissue and fluid balance, as a result of which the development of oedema is normally inhibited. However, certain inflammatory reactions are accompanied by changes in the activity of these tissues which then "absorb" fluid from the capillaries. This feature seems to be partly related to hyaluronidase+, the metabolism of which is also dependent on connective tissue fluid balance.

5. Unique Identifier 90353654

Santoro F. Maiorana C. Geirola R.

[Neuromuscular relaxation and CCMDP. Rolfing and applied kinesiology. 3]. [Italian]

Dental Cadmos. 57(17):76-80, 1989 Nov 15.

The structural and functional connection between stomatognatic system, rachid, pelvis and lower limbs are well known; it's obvious that an alteration in one of these districts influences the other ones. Rolfing and applied kinesiology, on this ground, work to resolve muscular pain in craniocervicomandibular syndrome.

6. Unique Identifier 88336280

Cottingham JT. Porges SW. Richmond K.

Frances Nelson Health Center, Champaign, IL 61820.

Shifts in pelvic inclination angle and parasympathetic tone produced by Rolfing soft tissue manipulation.

Physical Therapy. 68(9):1364-70, 1988 Sep.

The effects of soft tissue manipulation (Rolfing method) were evaluated on young healthy men using two dependent variables: 1) angle of pelvic inclination and 2) parasympathetic activity. Pelvic inclination was assessed by determining the angle of standing pelvic tilt (SPT) with an inclinometer. Autonomic tone was assessed by a measure of cardiac vagal tone (amplitude of respiratory sinus arrhythmia) derived from monitoring heart rate. Thirty-two subjects, preselected for exhibiting an anteriorly tilted pelvis, were randomly assigned to either an Experimental Group (n = 16) that received a 45-minute Rolfing pelvic mobilization session or a Control Group (n = 16) that received a 45-minute control session without manipulation. Dependent variables were assessed before the 45-minute session, immediately after the session, and 24 hours later. Comparing pretest to posttest assessments, the Experimental Group demonstrated a significant decrease in SPT angle and a significant increa! se in vagal tone. The Control Group did not show significant pretest or posttest differences. The results provide theoretical support for the reported clinical uses of soft tissue pelvic manipulation for 1) certain types of low back dysfunction and 2) musculoskeletal disorders associated with autonomic stress.

7. Unique Identifier 88158261

Cottingham JT. Porges SW. Lyon T.

Frances Nelson Health Center, Champaign, IL 61820.

Effects of soft tissue mobilization (Rolfing pelvic lift) on parasympathetic tone in two age groups. [Review] [40 refs]

Physical Therapy. 68(3):352-6, 1988 Mar.

The effects of a soft tissue mobilization procedure, the Rolfing pelvic lift, on parasympathetic tone was studied in healthy adult men. Parasympathetic tone was assessed 1) by quantifying the amplitude of the respiratory sinus arrhythmia from the heart rate pattern and 2) by measuring heart rate. Heart rate patterns were assessed during the pelvic lift and during the durational touch and baseline control conditions. Two groups of healthy subjects were tested: Group 1 contained 20 subjects aged 26 to 41 years, and Group 2 contained 10 subjects aged 55 to 68 years. In Group 1, the pelvic lift elicited a somatovisceral-parasympathetic reflex characterized by a significant increase in parasympathetic tone relative to durational touch and baseline conditions. Group 2 did not exhibit a parasympathetic change during the pelvic lift. The results of this study contribute to our understanding of pelvic mobilization techniques and may help to explain why these techniques have been clinically successful in treating myofascial pain syndromes and other musculoskeletal dysfunctions characterized by reduced parasympathetic tone and excessive sympathetic activity. [References: 40]

8. Unique Identifier 87149685

Stewart M. Jensen L.

[Rolfing—man is and reacts as a whole. Alternative treatment (interview by Lene S. Garden)]. [Danish]

Sygeplejersken. 86(20):12-4, 1986 May 14.

9. Unique Identifier 84244068

Froment Y.

[Therapeutic renewal. Rolfing or structural integration]. [French]

Krankenpflege - Soins Infirmiers. 77(6):68-9, 1984 Jun.

10. Unique Identifier 82095972

Perry J. Jones MH. Thomas L.

Functional evaluation of Rolfing in cerebral palsy.

Developmental Medicine & Child Neurology. 23(6):717-29, 1981 Dec.

Rolfing is a technique which involves the use of pressure on areas of the body in which muscle tendons adhere to each other rather than sliding over one another in the normal way. In this study, a series of 10 patients with mild, moderate or severe cerebral palsy underwent Rolfing Treatment, and the results were evaluated. Mildly impaired patients made gains in velocity, stride length and cadence; the moderately impaired group made only minor gains in velocity; and the severely impaired did not improve by any of the criteria used in this study. Muscle strength and electromyography were not altered appreciably in any of the patients. While the effects of treatment on range of motion were highly variable, increased muscle tightness in the hip and knee flexors, hip internal rotators, hip adductors and plantar flexors was noted. These results indicate that Rolfing can lead to improved performance in mildly affected patients because they possess the neurological capacity to make use of increased tissue mobility, and thus avoid contractures. However, the increased muscle tightness which can occur probably outweighs any benefit which moderately or severely impaired patients may derive from the treatment.

11. Unique Identifier 79216834

Weinberg RS. Hunt VV.

Effects of structural integration on state-trait anxiety.

Journal of Clinical Psychology. 35(2):319-22, 1979 Apr.

Studied the effects of the intervention technique of Structural Integration on state-trait anxiety. Matched pairs of Ss were assigned randomly to either the experimental (received Rolfing) or control group (N = 48). State anxiety questionnaires were administered before Rolfing and then again in 5 weeks after Rolfing. Results indicated that Rolfing caused a decrease in state anxiety when compared to the control group. Results were discussed in terms of the release of emotional tension stored up in the muscles due to Structural Integration.

12. Unique Identifier 75066192

Pratt TC.

Psychological effects of structural integration.

Psychological Reports. 35(2):856, 1974 Oct.

13. Unique Identifier 74121504

Silverman J. Rappaport M. Hopkins HK. Ellman G. Hubbard R. Belleza T. Baldwin T. Griffin R. Kling R.

Stress, stimulus intensity control, and the structural integration technique.

Confinia Psychiatrica. 16(3):201-19, 1973.

14. Unique Identifier 74010981

Rolf IP.

Structural integration. A contribution to the understanding of stress.

Confinia Psychiatrica. 16(2):69-79, 1973.