Ask the Faculty

Approaches to Psoas Work

Q *Could you discuss your thoughts regarding the different approaches and techniques you use for working with the psoas muscle, and its importance in our work?*

Introduction

The psoas muscle and its role in human structure has drawn much attention from Rolfing® practitioners from the early days till the present time. It has been perceived as a "mysterious" and "emblematic" element of Ida Rolf's work. Historically, it has been identified and held responsible for the perception of how "deep" Rolfing Structural Integration (SI) was. It has always carried an aura of outstanding importance in the work. Anatomically deep in the human structure, it requires special techniques and enhanced skills to be reached and dealt with.

Psoas anatomy and function has generated much speculation by Rolfers™. We have seen many articles on the psoas in our periodicals (*Bulletin of Structural Integration*, *Rolf Lines*, *Structural Integration: The Journal of the Rolf Institute*®), and it has been mentioned in the content of many others. Studies and theories about it, as well as new techniques to address it, continue to emerge out of the creativity of our community.

The question posed above, intended to elicit descriptions of various techniques for the psoas, inspired faculty members to write the small contributions gathered here, several of which contain far more than simple practical answers. Besides practical ways to address the psoas, including a description of Dr. Rolf's classical psoas technique, you'll find various theoretical perspectives – from a contemporary explanation of psoas anatomy in the context of the connective-tissue matrix, to a discussion of motility and mobility, direct and indirect techniques, and the role of Rolf Movement® techniques. To broaden the perspective, we have also brought into this column excerpts from other faculty articles on the psoas presented in this issue.

Pedro Prado, Ph.D.
Certified Advanced Rolfer™
Advanced Rolfing Instructor

A The basis for my approach to working with the psoas is founded on a consideration of the interface of mobility and motility. Anatomically we're aware the psoas lies within the category of skeletal muscle, which connects axial skeleton to appendicular skeleton, and as such can create a complex of moves including flexion, extension, sidebending, and rotation in the lumbars. If we include inherent motion and track our psoas intervention at the motile level, we have the opportunity to increase both the efficacy and gentleness of our intervention in this very sensitive and highly charged area.

Here is a description of a psoas muscle release I use, as described by Hugh Milne in *The Heart of Listening: A Visionary Approach to Craniosacral Work* (Berkeley, CA: North Atlantic Books, 1996). Use this technique for clients with low-back pain and lumbar pain, and/or osteoarthritis of the hip joints.

> Sit or adopt a long-leg stance to one side of the client. Flex the client's knee; support that knee in your arm that lies nearest to their midline. Place their patella tuberosity anterior to your coracoid process (if you can manage that), or close to it if you cannot. Arrange your contact so that both arms are now free to work with the psoas of your side. Trisect the distance from umbilicus to anterior superior spine.
>
> Now place the curled backs of one hand's fingers at the middle trisection. Reinforce with your second hand. Very slowly "squidge" the small intestine out of the way in order to allow access to psoas major. Sense Position, Field and Wave before you go any further. Begin slow rotatory movements of the client's femur to deepen access. Beginning "Knee Medial, Psoas Lateral" counter rotations in timing with the cranial wave is often a more effective way of introducing softness to the psoas. This may devolve into free unwinding, with no specific pattern of movements. (This is probably the technique A.T. Still used with 'Old Tom.') Intention is to obtain freedom and length in the psoas, and listen to the information coming from its field."

It is helpful to keep in mind that sensuality and sexuality are two basic energetics of the psoas and that sensual movement is the primary dynamic of this muscle as well as the deep potential for movement.

Sally Klemm
Certified Advanced Rolfer
Advanced Rolfing Instructor

A A short psoas can create pain in a number of places. It creates low-back pain, sciatic pain, and puts strain in the back fibers of the diaphragm, eventually causing a shorter quadratus lumborum. A faint pain just above or below the greater trochanter may be present, as may stiffness and other less distinct aches.

Functionally, the psoas, when over-contracted on one side, will visibly sidebend and rotate the lumbars to the same or opposite side of the sidebend. When both are short, it may create lordosis, or it can also lock people down into a posterior lumbar position.

The iliacus muscles, separately or together with the psoas, can also pull the femur superior and prevent its full rotation. Together they sometimes put pressure on the femoral nerve and femoral artery.

There are many ways to locate and lengthen the iliopsoas. Dr. Rolf's traditional way of working the psoas was with the client supine and knees up at a 45-degree angle, and the practitioners' fingers and hands just medial to the anterior superior iliac spine (ASIS), heading in towards the junction where the psoas and iliacus fibers meet. The client would then rock his pelvis slightly anterior and posterior to allow the psoas to fall back and allow the lumbars to lengthen. Combined with a pelvic lift, lengthening the lumbars in the back and rocking the sacrum allows the person to have improved lumbosacral movement and more stable lumbars that are able to move optimally when walking. Dr. Rolf also taught this technique with more focus on the iliacus:

your fingers would be slightly more lateral to find the fibers of the iliacus, and you would have the client rock his sacrum.

For the eight and ninth sessions, Dr. Rolf taught seated psoas work, with the client sitting on the bench. The practitioner's hands go in low, medial to the ASIS, finding the psoas; then you have the client lengthen and slightly rock his lumbars posteriorly. Then Dr. Rolf might continue up – slightly – for the same objective: to lengthen the lumbars and create more core movement of the spine.

I still use both of these techniques, but have added a number of nuances that help the client feel the lengthening of the psoas more, and create more length at both ends simultaneously. With the client sitting on the bench, if I go in above the inguinal ligament, I have the client bring one knee slightly medial, then the other. This allows me to find various fibers in the iliopsoas, and I can aim my fingers more directionally. I also have the client slide his foot backwards slightly: this again helps find various fibers of the psoas. I then have him look up to the ceiling (moving his head) and take his arms up overhead, which pulls the thoracic spine upward and allows the psoas and lumbars to lengthen at the top. I find this helps the diaphragm and the mid-dorsal hinge, and the thoracic inlet. Once you've spotted a sidebend in the lumbars, have your client reach up with that arm: this allows the shortest psoas to lengthen the most.

Another technique I employ to lengthen the iliopsoas involves the client laying face up, with legs down. With my hands on the lower end of the psoas below the inguinal ligament, I have the client slowly rotate his femurs medially, then laterally, then medially again.

I also frequently use the sidelying position for the iliopsoas, or prone with legs extended, or the seated position working from the side.

In conclusion, with today's more sophisticated clientele, there may be direct requests for psoas work, and I find these techniques highly useful.

(Editor's note: This is an excerpt from an upcoming paper by Jim Asher.)

Jim Asher
Certified Advanced Rolfer
Advanced Rolfing Instructor

A My "standard" approach to accessing the iliacus and psoas muscles is the one I learned in basic training – the client lying supine, knees up, and feet flat on the table. I usually start with both iliaci, just behind the ASIS, and have the client rock his pelvis very slightly. While still contacting both iliaci, I then have him slide one leg down onto the table, then the other. I pick one side and have him slightly raise his knee while still working that iliacus behind the ASIS. The work can be done with hands, or gently with an elbow. After doing the same on the other side, I move to the psoas with the client's legs still down. Once I have contacted the psoas on that particular side, I have the client slightly raise that knee. A couple of these movements will finish the work here. If I feel that the psoas needs more work, I will work something else to give both psoas muscles a chance to integrate and settle down. Then I may go back and briefly touch in on them again later that session, or make a note to do some more work later on in the series. With both internal and external types, I have found that the hallmark of a well-toned and integrated psoas is that it is hard to find and contact, even with the client's leg laid out flat.

Obviously, I have tried different approaches to the psoas including standing and seated work, but I find that this basic approach will suffice for almost all of my clients. While this may seem a bit conservative, I have found that I have never "overcooked" a client and have had nothing even approaching a sympathetic response.

(Editor's note: This is an excerpt from John Schewe's article "The Psoas, Musings of a Rolf Institute Anatomy Instructor." *See page 28 for the entire article.)*

John Schewe
Certified Advanced Rolfer
Fascial Anatomy Instructor

A Psoas work is a very important aspect of Rolfing Structural Integration. However, it is not always necessary to touch the psoas to be effective. Having an appreciation of the connective-tissue matrix and its relationship to the psoas muscle allows practitioners subtle and powerful means to "work with the psoas." Furthermore, practitioners are becoming more and more sophisticated in the utilization of movement principals, specifically coordination and perception, to enhance their work with clients. Here we will discuss a few strategies that practitioners may utilize to effectively work with the psoas, incorporating an understanding of fascial layers and movement principles.

Position 1: Hook lying. This is a position where the client is supine with the knees up, feet flat on the table. Movement concepts related to this positional strategy for psoas work include calling for movement (coordination) and inviting body awareness (perception). Begin by inviting the client to feel his feet on the table (perceptual awareness) and to gently press into the table with the whole foot (coordinative pattern). This may help the client and practitioner to begin feeling activation of transversus abdominis. As the client engages the transversus, the practitioner may now invite a slow gentle movement through the axial complex by asking the client to curl his tail toward the ceiling. This needs to be a slow *and* easy "call to movement." The practitioner is now assisting the client to discover new possibilities of coordination involving psoas in balance with rectus femoris, rectus abdominis, and piriformis. These types of explorations of micromovement can be seen as assisting the client to develop a new anticipatory postural activity to support further motor programming. As the practitioner and client are able to perceive a degree of success with this movement pattern, more complex movements may be added such as slowly raising one foot off from the table or sliding the foot down the table, movements involving contraction of the psoas. Practitioners can look for pelvic stability during these more complex movement patterns. If the practitioner notices a lack of stability through the pelvis – for example, tilt, shift, rotation, or torsion of the pelvis – during this movement invitation, it may be best to go back to the prior step to establish better activation of transversus.

Position 2: 1/2 Hook Lying. This is a position where the client is supine with one knee up, foot flat on the table, and the other leg stretched out. The movement pattern would be the same as above – however now the activation of transversus will come primarily from the foot in contact with the table, and the activation of the psoas will come from the leg that is lying straight on the table. The call for movement will consist of a small invitation for knee flexion of the

straight leg. Again, if there is a lack of pelvic stability the practitioner may wish to return to the activity described above in Position 1, and assist the client in his ability to perceive pelvic stability prior to proceeding with Position 2.

*(Editor's note: This is an excerpt from Kevin McCoy's article "*The Connective-Tissue Matrix and the Psoas Muscle." *See page 31 for the entire article.)*

Kevin McCoy
Certified Advanced Rolfer
Rolfing Instructor

A Here is an exercise for perceptive core stability in the context of SI, the straight-leg raise supine, which is central to our discussion of psoas function.

Base line: the client is asked to raise one leg, with extended knee. The client is invited to feel what happens. How does the body respond to this demand? The client is asked to do whatever he/she can to keep the pelvis from rotating in the transverse plane while doing the leg raise. This is a good opportunity to speak about primary, secondary, and tertiary stabilizers, and to review the anatomy of the psoas, transversus abdominis, and multifidi.

Intervention: the client is instructed to induce a small demand by pressing the contralateral heel into the table or the entire calf against the table, perceiving the directionality of the press, and maintaining perceptions of directionality in the space and weight on the table. The client is asked to sustain a downward press of the contralateral foot, then to feel upward directionality of the foot to be raised, a directionality toward the ceiling, and then to follow that direction in movement.

*(Editor's note: This is an excerpt from Kevin Frank's article "*Structural Integration Psoas Intervention Considered in Terms of Normal Stability Response for Hip and Trunk Flexion: A Perceptive/Coordinative View." *See page 33 for the entire article and for an image related to this exercise.)*

Kevin Frank
Certified Advanced Rolfer
Rolf Movement Instructor

A My first experience of receiving work on the psoas is now some thirty-six years back. I trust that I can rely on my memory concerning the first sequence of Rolfing SI sessions, but as we know that the brain is permanently "coloring" or actually changing the contents of memories within a new experiential context of our presence, I am happy that I took detailed notes right after my first Fifth Hour of the Rolfing series. According to these notes, the "old style" psoas work was done very carefully. I felt that the hands of my Rolfer found their way towards the inner space in front, and beside the vertebral column, passing slowly through several layers – sometimes waiting for the opening of an inner gate. Sometimes the hands moved very slowly, without coming to a complete stop. It was as if the practitioner's hands were sinking into me, using a different speed for each layer they were passing through. At the end of this journey toward the inside of my body, I sensed that the quality of touch changed; the Rolfer`s hands seemed to come to a rest. I did not feel any pressure on the psoas muscle. I felt that a space was touched while I had a sensation of lift within this space.

In my notes I wrote down how I felt during the days after the session. Without overtly doing anything differently, I started to walk in a way that seemed to be slightly different from my usual pattern. My knees were swinging somewhat more easily forward, and my feet touched the ground much more softly. But aside from the sensations in the legs and feet, something else happened on a more global level of movement: I realized that my lower extremities became less important for walking. I thought about a tai chi master's statement: "Breathe from the feet and walk from the diaphragm."

Now, when doing psoas work so many years later, I frequently go back to my memories of this first Fifth Hour. What made this experience so profound at a time when we had so little conceptual and anatomical knowledge? Probably this was because much more was done in the session that was beyond activation of a muscle and also beyond the concept of "stretching fascia."

I remember being in class as a student in 1980. We were preparing for the Fifth Hour, busy trying to find the psoas on our classmates. And then the class assistant, Charles Siemers, told us something that helped us a lot: "Ida Rolf did not mean 'the psoas,' she meant the space that the psoas is running through." When Charles quoted Ida that day, he was probably not aware that he started a long-term investigation for some of us. We had become aware that psoas work is more than working on a single pair of muscles. And what is this "more"? Going back to my notes about receiving the first Rolfing series, I found another interesting detail. My girlfriend at the time, a young medical doctor, had watched the sessions. While the Rolfer was going after the psoas she asked nervously: "What is happening with the organs?" The Rolfer hesitated for a moment, and then answered: "They slide to the sides." Today we know that is only true up to a certain degree. Some parts of organs will go to the sides, but others – especially the peritoneum – will stay or react in a specific way that we should be aware of. If the practitioner's hands manage to go toward the psoas precisely between a part of the duodenum and another part of the colon, he will arrive pretty close to the muscle belly of the psoas. However, different layers of the peritoneum will always be between the hands and the psoas. Of course, we can try to work on the lower part of the muscle where it runs quite close to the body's surface to avoid the intense contact with the peritoneum. In this area – close to the groin – the muscle looks like a strong tendon and seems to need another mode of touch, dealing more with the nerves than with the fascia itself. (If we want to work more traditionally here, we can use the sidelying position. The client rests on her side while the practitioner contacts the groin area and moves the client's thigh several times through external and internal rotation. By doing this, different layers, situated anterior and posterior to the psoas, are encouraged to move in relationship to each other.)

Let's have another look at my notes from basic classes that took place so many years ago. They report that the outcome of our psoas work was not always what we expected. Sometimes a model in class would stand up after a session showing a smooth curve around the lumbar area, the pelvic bones serving very well as a container for the organs, and the abdominal wall seeming to have appropriate span. To our disappointment, this was not always the outcome. Quite often we found the opposite: the lumbars would suddenly shown a strong kink where the last lumbar vertebra and the sacrum meet, and the pelvic basin and its contents would seem to go different directions. And the more psoas work we did, the more the contents of the lower portion of the pelvis would fall forward and push the pubic symphysis inferiorly. We had no explanation for the fact that we produced opposite results while using the same techniques.

And even today we have to be careful in offering simple explanations. Instead, we may ask some new questions:

- What are the important layers we travel through on the way to the psoas and what is their structural and functional role?
- How do these intraperitoneal components relate to each other in space and in active or passive motion?
- How do their retroperitoneal neighbors have an impact on the function of the psoas?

There is plenty to explore, looking at the small details. We may look in detail at adhesions between the posterior wall of the peritoneum and the anterior part of the fascia of the psoas. We may include the streaming direction of the serous fluid. And there is also plenty to explore within the more global context: how is the psoas acting as a "spacer" between the peritoneal, subperitoneal, and retroperitoneal cavities? This question might guide us down a trail to a different appreciation of the psoas, seeing it not only to be functioning like a muscle, but also as a spacer. In this sense the psoas may be called a fluid bone that also works like a muscle. Anyway, the story of this fascinating area deep inside of our organism has yet to be written to its end.

Peter Schwind
Certified Advanced Rolfer
Advanced Rolfing Instructor

Rolf Movement Faculty Perspectives

The Role of Imagination in Structural Integration

By Kevin Frank, Certified Advanced Rolfer™, Rolf Movement® Instructor

Structural integration (SI) is founded on the notion that posture can change, and that the shape of the body in gravity can make a lasting change. But what shapes our physical body? What shapes our perceptive body? These questions in turn lead us to ask, what is the relationship of imagination to perceptive shape and body shape? Imagination is an important part of SI and turns out to play a key role in our best explanation for why SI works.

Imagination is closely related to perception. Our brain assembles bits of sensation into an experience, which we call a perception. Putting bits of sensory material together into a meaningful experience in the brain is also imagination. At the sensory cortex level, perception of a sensation is the same as imagining the sensation.

Our experience of the world is, effectively, an assembled representation of the world. We build a perception of the world – the world we inhabit is the one we build. As we build the shape of our perceived world, our body shape develops correspondingly.[1] Depending on how we imagine our world, and what we imagine as our body, our body shape expresses the result of that internal process.

The structure of our body and the structure of our perceptual processes are not normally plastic – they are not meant to change casually. Our welfare depends on reliability and consistency of perception, what Gibson calls invariant perception.[2] However, under some circumstances our perceptive possibilities can change. If our perceptive possibilities open to something new, and if something new is integrated into coordination, we have changed perceptive structure. Shifts in perceptive and coordinative structure in turn change body shape. SI is a means to do this.

Imagination is a skill.[3] Skill with imagination develops through a learning process. An example of this learning process is embedded in SI. We learn to differentiate the map of body and peri-personal space[4] – something we teach clients and students with fascia-oriented touch, and with movement, visual cues, and our own embodiment.

It should be acknowledged that imagination can be a confusing word. One might ask, "Isn't imagination just inventing anything in the mind?" Does "pretending" belong in the serious work of SI? Is talk about imagination a form of induction or, worse, an induction into a practitioner's pet cosmology or belief system? What specific kind of imagination is being referred to in the context of movement and SI?

To answer this question, it helps to talk about posture and coordination as a response of the body's movement system. "Movement brain" is a term that conveniently denotes the system processes of the body that guide our ability to move.[5] This system process doesn't depend on thinking about it. (In neuroscience terms "movement brain" or "movement system" is roughly equivalent to "body schema.") When a body expresses ease of posture, effective response to demand, when we see examples of successful movement, it is because the body movement system, the movement brain, is functioning well, functioning congruently and aligned to the welfare of the person.

Some forms of imagination "speak to" the movement brain (body schema) more than others. "Speak to" here means facilitate useful information flow to liberate movement from whatever thoughts, habits or inhibitions might be getting in the way, as well as inspire the movement brain to find new answers to meeting demand.

What forms of imagination speak to the movement brain? Helpful forms of imagination build a sense of location, differentiation of body map, and differentiation of the space around the body. For example, imagining a sense of weight in the body speaks strongly to the movement brain because a sense of weight is an essential part of the calculus for motor control. Feeling the location of a bony articulation is a refreshing of the body map; the map becomes clearer and more differentiated.