ADVANCED SOFT TISSUE TECHNIQUES

LEON CHAITOW

POSITIONAL RELEASE TECHNIQUES

FOURTH EDITION

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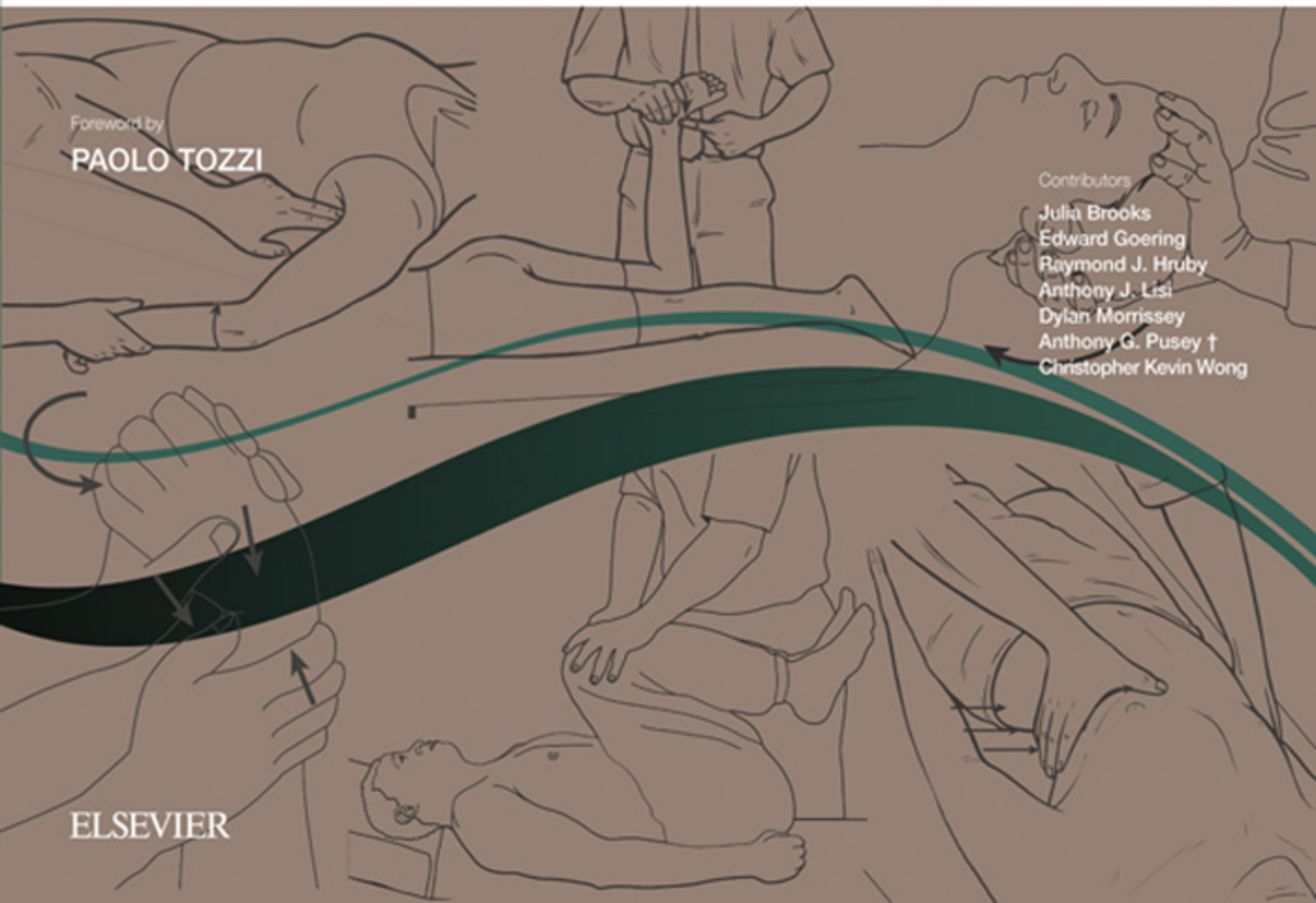

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FOURTH EDITION

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Contents

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Companion website:
www.chaitowpositionalrelease.com

- video bank
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Foreword

It is my profound privilege to write this foreword to the fourth edition of *Positional Release Techniques*, the latest invaluable contribution to the literature in manual therapy by Leon Chaitow and his team of experts in the field.

This latest edition offers an excellent selection of beautifully illustrated positional release techniques (PRTs), which will provide the reader with well-balanced instruction in the clinical application of this often underestimated manual approach. The authors bring to the profession a fresh, new and improved presentation of both well-known and recent advancements in the field, through easy-to-read palpatory procedures for diagnosis and treatment, supported by colour photographs, videos and illustrations to assist the reader in visualizing these methods.

Since their first effects were described based on the clinical experience of Lawrence Jones, over 60 years ago (Jones 1964), PRTs have offered many practical ways to manage pain and body dysfunctions, by creating the optimal tensional and physiological context to allow a spontaneous tissue release. One of the strengths of this book is that it explores principles and modalities of application of the main different forms of PRTs, from the original strain/counterstrain method to functional technique, from balanced ligamentous tension to various applications in physical therapy, such as McKenzie's exercise protocols, kinesio-taping methods that 'unload' tissues, and more. The book traces these methods from their historical roots up to their current practice, passing through the integration with emerging research and evidence. Although the aforementioned forms of PRTs reflect different ways of achieving a position of comfort, they all aim to gently support the tissues towards a spontaneous beneficial change. In any case, despite the appearance of simplicity, a detailed anatomical knowledge, together with clinical experience and palpatory skills, are strictly necessary to safely and efficiently perform these techniques. For this reason, the reader will find particularly useful a series of detailed, comprehensive, problem-solving clinical descriptions, more than ably supported by illustrations, photos of assessment and treatment methods. In addition, a number of exercises will offer a chance to experiment with PRT methodology, and to become familiar in a 'hands-on' way with the mechanics of their use. Therefore, mechanisms, guidelines and exercises provide a comprehensive foundation for the safe clinical application of this versatile methodology, supported by excellent references to the literature throughout the text.

Eighteen years have passed since publication of the first edition of this text. Despite the time, this book still maintains a balance of information in a straightforward, well-illustrated, and understandable manner that will not only challenge the avid student but also provide a solid reference for practicing therapists wishing to develop or expand their understanding of PRTs.

The emphasis remains the principles, methods of applications and mechanisms of PRTs addressed to different tissues and clinical conditions, with a focus on their advantages in normalizing somatic dysfunctions in many types of patients (as well as to animals), including those who are hospitalized, post-operative and/or bedbound. To achieve this scope, techniques are clearly and concisely written, and follow directly from their illustrative depictions.

Furthermore, while the broad content of previous editions has been updated and polished, this fourth edition attempts to help the reader look beyond the general application of PRTs in order to pursue the 'how many ways' PRTs can be safely applied, as well as 'how' they can be effective. This is accomplished by providing the latest evidence and research that bring traditional concepts within an innovative perspective of a modern practice, offering to the curious reader the opportunity to

further explore individual aspects of PRTs and to inform clinical decision-making related to PRTs, in the context of the individual patient.

Finally, new and interesting chapters have been added to this fourth edition:

- a chapter on balanced ligamentous tension techniques by Ray Hruby, DO
- a chapter on counterstrain for visceral conditions by Edward Goering, DO
- a chapter on research evidence supporting PRTs by Christopher Kevin Wong, PT
- the introduction of new concepts, such as the potential for use of PRTs in management of specifically fascia-related conditions.

As for existing chapters, and also in these new chapters, considerable care has been taken to integrate the written and visual components, as well as to offer a balance of interesting synopsis of concepts and clinical-approach models. This material provides the neophyte, as well as the experienced practitioner, with an up-to-date snapshot of the field.

In conclusion, this book is designed to make learning about PRTs easier for teachers, students, and practitioners in manual therapy. It provides an invaluable resource by providing the building blocks necessary to gain the conceptual understanding of PRTs for their safe and effective clinical application to the human and animal body, as well as to increase practitioner awareness of the various modalities of PRTs and their respective mechanisms.

Paolo Tozzi MSc Ost DO PT
Rome, Italy 2015

REFERENCES

Jones, L.H., 1964. Spontaneous release by positioning. Doctor of Osteopathy 4, 109–116.

Preface to the third edition

The ideas that permeate positional release technique (PRT) methodology can be equated with non-invasive, non-interventionist, passive and gentle approaches that 'allow' change to emerge, rather than forcing it do so. Despite the apparently general nature of PRT methods, clinical experience within the osteopathic profession shows that they can be intensely practical and specific.

Two main themes emerge from PRT in its original form. The strain/counterstrain approach derives from the original work of osteopathic physician Lawrence Jones. It uses a pain monitor to find optimal positioning (i.e. when pain is no longer felt at the monitoring point). Functional technique also emerged out of osteopathic medicine; this PRT approach is based on positioning whilst sensing/palpating the tissues involved, so that they achieve their greatest degree of comfort or ease, without using pain as a guide.

In order to gain a sense of the underlying concepts involved in PRT application it is necessary to accept that the self-regulating mechanisms of the body are always the final determinants as to what happens following any form of intervention. For example, a high velocity, low amplitude thrust adjustment (HVLA), or application of a muscle energy technique (MET) or myofascial release (MFR), or almost any other procedure, acts as a catalyst for change. If the treatment is appropriate the body produces an adaptive response that will allow enhanced function and therapeutic benefit. The adaptive response is the key to whether or not benefit follows treatment. Excessive adaptive demands simply load the system more heavily, and symptoms are likely to worsen, while if there is inadequate therapeutic stimulus little value emerges from the exercise. The methods mentioned above (HVLA, MET and MFR) are all 'direct', that is to say, a barrier (or several barriers) will have been identified, and the therapeutic objective will be to push the barrier(s) back, in order to mobilise a restricted joint, or to lengthen shortened myofascial structure (for example).

Consider another way of addressing the restriction problem – an indirect one: reflect on whether, if the barrier is 'disengaged', the inherent tendency towards normality, demonstrated in the natural propensity for dysfunction to normalise (broken bones mend, tissues heal), is capable of restoring functionality to the types of dysfunction to which HVLA MET and MFR (as examples) are being applied.

Is it possible for self-regulating, homeostatic mechanisms to be encouraged to act when the load on dysfunctional tissues is temporarily eased?

- Can a restricted joint release without force?
- Can an excessively tight, muscular condition release spontaneously?
- And can pain sometimes be relieved instantaneously, merely by holding the painful tissues in an 'eased' position?

Clinical PRT evidence shows that all these questions can be answered affirmatively, at times. If restriction – whether of joint or soft tissue – involves hypertonicity and relative circulatory deficit (ischaemia, etc.), then is it possible that an opportunity for spontaneous change may occur by holding these same restricted tissues in a way that reduces the tone and allows (albeit temporarily) enhanced circulation through the tissues, and a chance for neural resetting (involving proprioceptors and nociceptors), to take place?

PRT methodology suggests that this is the case and a number of variations have evolved that incorporate the concept of 'offering an opportunity for change', as distinct from 'forcing a change', as is the case with HVT and MET for example.

There are particular settings and contexts in which PRT is probably the treatment method of first choice – as in extreme pain, recent trauma (for example whiplash, or immediately following a sporting or everyday strain), post surgery, extreme fragility (for example advanced osteoporosis). In addition, PRT is sufficiently versatile, with numerous variations, to be useful as a part of a sequence involving other interventions, for example before or following HVLA application, or as part of a sequence involving MET and neuromuscular technique, in trigger point deactivation, or as a means of easing hypertonicity during a massage therapy treatment.

The ideas that underpin PRT are also to be found in craniosacral methodology, in which disengagement of restrictions, moving away from restriction barriers, is a common approach.

Positional release variations, based on traditional osteopathic methodology are detailed in Chapters 1 through 7 inclusive, and are demonstrated on the accompanying DVD.

Of particular interest in this third edition is the inclusion of chapters that discuss a number of physiotherapy-derived systems, (Mulligan's Mobilisation with Movement, Unloading taping, and McKenzietype exercises) as well as from chiropractic methodology (Sacro-occipital Technique – SOT) that have strong links to the underlying concepts of PRT.

Robert Cooperstein has outlined and illustrated the useful 'positional release' concepts and methods used in sacro-occipital technique (SOT), in Chapter 8. SOT derives from the work of Major deJarnette, whose early work with cranial osteopathic pioneer Sutherland demonstrates how osteopathic and chiropractic ideas and methods that evolved in the early to mid-20th century, had a great deal in common.

Anthony Lisi has presented some of the core McKenzie methods in Chapter 9. The concepts of exercises being employed guided by 'preferred directions of movement', is pure positional release, although used in quite distinctive and original ways.

In Chapter 10 Ed Wilson presents a description of those aspects of the work of Brian Mulligan, the innovative New Zealand physiotherapist, whose mobilisation with movement (MWM) concepts have been so widely adopted in physiotherapy settings. There are specific variations within MWM that have close similarities with PRT ideas and Wilson has performed the invaluable task of moving beyond descriptions of methods to evaluation of underlying mechanisms.

The elegant approach that 'proprioceptively unloads' dysfunctional joints and tissues and then tapes the structures into their 'ease' state, for hours or days, in contrast to the minutes of 'ease' used in osteopathic PRT methodology is described by Dylan Morrissey in Chapter 11.

Finally in Chapter 12 Julia Brooks and Anthony Pusey illustrate the remarkably successful use of osteopathic positional release in treatmernt of animals, including dogs and horses. No clearer examples can be offered of the true breadth of usefulness of these most gentle of methods.

The cross-fertilisation and interdisciplinary possibilities that are exemplified by the coming together of osteopathic, chiropractic and physiotherapeutic methods and ideas, highlight the potential for the future, as barriers and rivalries give way to cooperation, collaboration and ultimately integration, for the benefit of all.

Preface

In preparing to revise and expand this 4th edition my aim was to ensure that, as well as revisiting every line of the text to check for accuracy and clarity, new text, illustrations, videos and chapters would be added, that expanded on the potential and the variety of manual positional release approaches.

All original chapters from the previous edition have been updated and revised, and in some cases combined – where this seemed appropriate.

The content now comprises:

Spontanous Release by Positioning (ch.1) – an introduction to the potentials for therapeutic benefit of easing tissues (and the whole person) into 'positions of ease'.

Somatic Dysfunction and Positional Release (ch.2) expands on these ideas as it explores the processes of adaptation and decompensation that lead to dysfunction and pain – and where positional release methods might fit into clinical care.

This is followed by an excellent chapter (3) by Dr Christopher Kevin Wong on *Strain/counterstrain Research*, that reviews current evidence relating to this most widely used of all positional release methods.

Chapter 4 focuses on the detailed application of *Counterstrain models of Positional Release*, while Chapter 5 provides a review of *Functional and Facilitated Positional Release Approaches, Including Cranial Techniques.*

Chapter 6 offers insights into use of *Positional Release Techniques in Special Situations* – for example when treating a bed-ridden individual.

In response to increasing evidence of interest in this topic, I have compiled a focused chapter (ch.7): *Positional Release and Fascia.*

Raymond Hruby DO (ch.8) has provided a highly illustrated chapter (supported by fine video demonstrations) on *Balanced Ligamentous Tension Techniques*.

Edward Goering DO has contributed a very useful chapter (9): *Visceral Positional Release: the Counterstrain Model*.

Anthony Lisi DC has expanded his chapter: *Overview of the McKenzie Method* (ch.10), as has Dr Dylan Morrissey in his chapter (11) *'Offloading' taping to reduce pain and facilitate movement.*

All chapters – including the fascinating: *Application of positional release techniques in treatment of animals* (ch12) by Julia Brooks DO and the late Anthony Pusey DO, have been revised and improved, and all illustrations have been redrawn, with many new video clips added.

I hope and believe that this new edition offers students and practitioners of manual therapy the clearest and most current information on this most useful of manual approaches to pain and dysfunction.

Leon Chaitow, Corfu, Greece, June 2015

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My profound thanks to the team of clinician/authors who have contributed chapters to this book: Julia Brooks, Edward Goering, Ray Hruby, Anthony Lisi, Dylan Morrisey, the late Anthony Pusey, Christopher Kevin Wong. The richness of their contributions adds so much to the content.

I also thank the team at Elsevier for their friendly support during the lengthy production process.

To my wonderful wife Alkmini. … my continued thanks for her ability to create a warm and loving environment in which writing becomes a pleasure instead of a task.

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Abbreviations

A

AA:	atlantoaxial
AIIS:	anterior inferior iliac spine
AK:	applied kinesiology
ASIS:	anterior superior iliac spine

B

BLT:	balanced ligamentous tension
BMT:	balanced membranous tension

C

CABG:	coronary artery bypass graft
CCP:	common compensatory pattern
CMP:	chronic myofascial pain
CMRT:	chiropractic manipulative reflex technique
CNS:	central nervous system
CRI:	cranial rhythmic impulse
CS:	central sensitization
CS:	counterstrain
CSRM:	cranial-sacral respiratory mechanism
CT:	cervicothoracic

D

DTP:	dominant tender points

E

EMG:	electromyographic
ENOS:	endothelial nitrous oxide synthetase

F

FMS:	fibromyalgia syndrome
FPR:	facilitated positional release
FT:	functional technique
FuPR:	functional positional release

G

GERD:	gastroesophageal reflux disease

H

HVLA:	high-velocity low amplitude

I

IL:	interleukin
INIT:	integrated neuromuscular inhibition technique
ITBFS:	iliotibial band friction syndrome

L

LAS:	ligamentous articular strain
LS:	lumbosacral

M

MET:	muscle energy technique
MFR:	myofascial release
MIS:	medial intramuscular septum
MPS:	myofascial pain syndrome
MPT:	myofascial trigger points
MRI:	magnetic resonance imaging
MWM:	mobilization with movement

N

NAGs:	natural apophyseal glides
NMT:	neuromuscular technique

O

OA:	occipitoatlantal
OMT:	osteopathic manipulative therapy

P

PFP:	patellofemoral pain
PI:	posterior, inferior
PNF:	proprioceptive neuromuscular facilitation
PPI:	proton pump inhibitor
PRT:	positional release technique
PSIS:	posterior superior iliac spine

Q

QL:	quadratus lumborum

R

REST:	restricted environmental stimulation technique

S

SBIS: silicone breast implant syndrome
SCS: strain and counterstrain
SD: somatic dysfunction
SE: scanning evaluation
SIJ: sacroiliac joint
SMWLM: spinal mobilization with limb movement
SNAGs: sustained natural apophyseal glides
SOT: sacro-occipital technique
SRC: static resisted contraction

T

TART: texture, asymmetry, range of motion, tenderness
TARTT: texture, asymmetry, range of motion, tenderness, temperature
TeP: tender point
TFL: tensor fascia lata
TL: thoracolumbar
TMJ: temporomandibular joint
TP: tender point
TPPS: tender point palpation scale
TrP: trigger point

V

VMO: vastus medialis oblique