

# 5 Myofascial Release Myths Busted

(And #5 just may shock you!)



## 1. Myofascial release is really painful

A BIG misconception!

And perhaps the most important one to dispel.

Often when Myofascial Release is mentioned to a doctor, friend or other medical professional, the response is something like . . . “Good luck with that, I’ve heard that myofascial release is really painful!” Unfortunately, this has been the experience of many, fueling the propagation of this myth. How has this come to be so common?



Many practitioners are using various techniques, such as Rolfing, soft tissue mobilization or other more forceful forms of bodywork and calling them 'myofascial release' which leads to confused or mistaken perceptions of what myofascial release treatment really is.

Most of these techniques involve forcefully breaking up the tightness in the tissue using knuckles, elbows or devices (that the practitioner uses to preserve *their* hands while doing such forceful work!) Perhaps you may have experienced some of these more aggressive techniques. If you have had a therapist digging into your body and saying they're doing myofascial release, you too have fallen victim to this misnomer!

**True myofascial release** understands that the body needs a number of ingredients to release tension, stress and pain. Incorporating gentle, sustained, uninterrupted pressure and stretch throughout restricted areas allows the tissue to soften and lengthen naturally<sup>1,2</sup>. Refraining from pressures that cause the body to wince or brace means that the body can let go rather than lock down in protection during treatment. Most clients find the true version of myofascial release treatment (i.e. the John F. Barnes Approach) to be gentle and easily tolerable—the missing piece their painful, tired body has been yearning for!

## 2. Myofascial Release is for the face



Very close in spelling to facial, myofascial release can easily be mistaken as treatment for the face. I once had a client ask me where my sink was! “How are you going to do a *facial* without a sink!”

Many have experienced a facial, a skin treatment for the face, at the local spa, but it's the 'S' in myofascial that makes all the difference. Fascia is a medical term that refers to the connective tissue of the body that surrounds and infuses every muscle, bone, and nerve like a 3-dimensional web coating all of our cells head-to-toe and front-to-back. 'Myo' means muscle. Fascia is the tissue we treat. Release is what we're looking for. Put 'em together, you have **Myofascial Release**, a treatment for the entire body!

### **3. The Myofascial release therapist should be able to tell a client exactly how many sessions they will need.**



Have you ever seen a practitioner and been told something like, “We need to see you for at least 20 sessions” or “You’ll need treatment sessions three times per week for three weeks and then twice a week for three weeks and once a week thereafter to maintain”?

With high hopes we put our trust in the practitioner and their recommended treatment program only to find that at the end of the regimen we’re still hurting, getting headaches, or feeling like we’re in a straitjacket of tightness. Yet, we’ve done everything the practitioner has recommended. How disappointing!

With myofascial release, you will usually know within the first few sessions whether or not this treatment is the right path for you. How you may ask?

A therapist who has been trained by John Barnes will pay attention to what's happening inside your body.

There are times when one myofascial release treatment session can seem to achieve enough melting to clear back pain, neck pain, headaches, or other pain issues.

In fact, I have had people tell me that one session with MFR did more than years of other treatments. Which is fantastic! But for most folks, it takes time and additional treatment sessions to release more layers in the “onion layers of tightness” to fully resolve symptoms. And the therapist can't tell you how many sessions before you are “fixed”. Your body reveals it's need as we progress. It's a process.

So we don't make concrete, linear projections. It's important that the therapist allows the body to dictate the number of treatment sessions needed. We are all unique and have been through varying stresses, surgeries and traumas. One size does not fit all! And it's most likely taken you years to get to your present state, if not decades. It would be dishonest for the therapist to assume they can tell you how many sessions *your* body needs.

However, and this is very important . . . EVERY MFR SESSION is correcting **some** fascial disfunction and moving you towards a more youthful you! And, unlike most other bodywork modalities, your body doesn't revert back to exactly where you started after a few days!

#### **4. My massage therapist does myofascial release on me**



Is your massage therapist treating you on dry skin? Or are they using oils or creams as a lubricant, allowing stroking and sliding types of movements? If they are using oils or creams and not working directly on dry skin, then you've been captured by this myth.

As soon as cream or oil is poured into your therapist's hands or onto your body, myofascial release has ended.

One of the key characteristics of a proper myofascial release technique is applying sustained pressure with no sliding. No matter how strong a therapist is, oil makes it impossible to hold pressure on a restriction without sliding, rendering myofascial release impossible.

## **5. I do myofascial release on my foam roller**



Rolling your body up and down over a large foam roll has been promoted as the magic 'cure-all' for dissolving tightness and enhancing flexibility. But . . . What's actually happening under the skin?

Even though it's popular, subjecting yourself to pressure from rigid tools while balancing a part of your body on top leaves your body no option but to flinch in protection. Even though we tell ourselves, 'It's OK...this is good for me...' our mind can never override the pain which elicits the body's natural bracing response. Our bodies can only change and heal in the absence of engaged protective mechanisms. The bracing we feel when we feel pain and too much pressure.



When we understand that thickened cross-links of restricted fascia begin to soften and release after minutes of gentle, sustained, uninterrupted pressure, the mismatch between myofascial release and foam rolling is obvious.

The kind of direct pressure applied with rolling on the foam roller, means the restrictions have no opportunity to experience a phase change or softening (i.e. solid to liquid)<sup>3,4</sup>. Thus, even paused or slow rolling on the foam roll tears or rips the tissue apart which then calls the body to take action to protect the area by laying down extra tissue and tightness<sup>5</sup>. Self-treatment tools used for myofascial release are best to have a softer density which gives a gentle, easily tolerable pressure that you can breathe through and rest with for a minimum of three minutes. If layered, some restrictions require sustained pressure for more than three minutes for a complete release.

If you're looking to achieve myofascial release, it's time to trade your foam roller for an inflatable myofascial release ball or a CranioCradle. Even the Occi-Pivot I often recommend to clients is too hard on its own, and thus I recommend that it be used on the bed or some other cushion that can provide a softer approach and allow for the sustained gentle pressure needed to allow the fascial release.

So there you have it! 5 Myths about MFR . . . .BUSTED!

<sup>1</sup>Barnes M.F. The basic science of myofascial release: morphologic change in connective tissue. *Bodywork and Movement Therapies*. 187 Jul;1(3), 231-238.

<sup>2</sup>Schleip R. Fascial plasticity—a new neurobiological explanation. *Bodywork and Movement Therapies*. 2003;7(2): 104-116.

<sup>3</sup>Tworney L, Taylor J. Flexion creep deformation and hysteresis in the lumbar vertebral column. *Spine*. 1982 Mar-Apr;7(2):116-22.

<sup>4</sup>Yahia LH, Pigeon P, DesRosiers EA. Viscoelastic properties of the human lumbodorsal fascia. *Biomed Eng*. 1993 Sep;15(5):425-9.

<sup>5</sup>Stauber, W, et al. Fibrosis and intercellular collagen connections from four weeks of muscle strains. *Muscle & Nerve*.1996;19:423-430.

This article was based on one written by my colleague Joni Edmunds. I have added my own personal touch to her original work. I had set out to write a similar article as this, but she had already done such a masterful job of it that I figured, why reinvent this particular wheel?

Joni Edmunds DPT is a Myofascial Release Therapist in Perth, Western Australia. Since 2005, she has trained extensively under John F. Barnes in the USA who is the founder and developer of myofascial release techniques. A natural form of hands-on treatment that has been useful for treating unresolved issues such as endometriosis complications, chronic tendonitis, unexplained migraines, and symptoms associated with longstanding diagnoses such as chronic fatigue syndrome, fibromyalgia, and myofascial pain syndrome.