



New PERSPECTIVES

A Quarterly Bulletin about Rolting and Somatic Awareness

Winter 1989

An Overview of the Treatment of Back Pain

by Steven Crade, P.T.

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Back pain can be a very debilitating, perplexing entity. Its manifestation as an acute episode is, almost always, self-limiting. That is to say, acute episodes get better on their own in time. But far too often an underlying vulnerability lingers which may lead eventually to further acute episodes. Individuals may become trapped in bodies that they are no longer sure of, trapped into otherwise premature limitations on their activities and on their lives.

I have been a physical therapist for the past 12 years, concentrating on treating back pain for the past eight years. I have learned that each patient's back problem is, by definition, a very individual situation. The pure textbook case has yet to walk into our clinic.

I have also learned that there do exist avenues for help, avenues that often lead to lasting improvement for individuals who may be coping with a vulnerable, painful and limiting back condition.

A basic complication in this area is that the causes of back pain are various and often difficult to clearly ascertain. When the cause is unclear, the optimal approach to improved health is also, of necessity, unclear. A certain amount of trial and error may be necessary.

I would like to discuss the five basic avenues that I have seen repeatedly produce lasting benefit for people with vulnerable backs.

1. Proper, protective use of the body both in position and in activity: When we sit, work, and play maintaining an uprightness of the spine, when we mini-

mize twisting and reaching activities, we are taking a great deal of pressure off of our spinal column. Repeated and habitual slumping, bending, lifting with a rounded low back, twisting and excessive reaching increase the pressure on one's back exponentially. Correcting and improving the use of one's body in daily life is an easy and effective way for anyone to help his/her back. Once learned, these new skills are totally in the individual's control and remain valid for a lifetime. I have seen many patients report significant improvement after years of pain when improved uses of the body are adopted.

2. Mobility and conditioning exercises: We all function better if our overall condition is sound. We are not made to thrive optimally as sedentary beings. Yet our lives are often tightly scheduled with sedentary and stressful pursuits. As our general conditioning deteriorates, our body loses its resilience and becomes both more vulnerable to injury and more resistant to adequate repair.

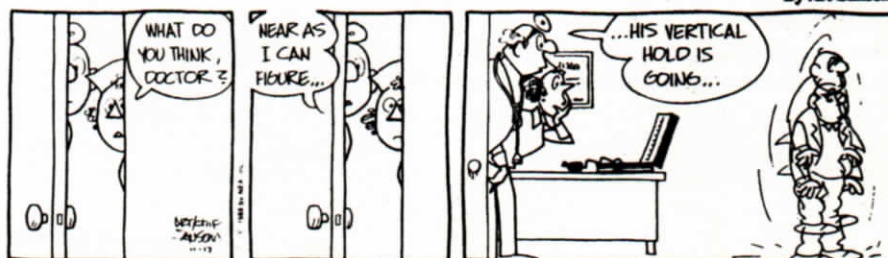
For proper conditioning, one needs adequate strength, adequate flexibility and an element of aerobic fitness. A long-term, non-injurious recreational activity is essential for maintained physical well-being. Brisk walking, swimming, upright bicycle riding, and

guided use of health club weight machines are among the common list of beneficial recreational exercises. Contact sports, sports that involve vigorous and rapid bending and twisting, present a much increased challenge to the spine.

A general stretching program is also often of significant benefit to many individuals. Our soft tissue structure (muscle and fascia) has an elastic quality. However, it tends to rigidify in shortened positions with the repair of an injury or with repeated contraction. We require a balance here. If the shortening is inadequate, we lack stability. If our soft tissue is overly shortened and tied down, our movements are compromised and our bodies are obliged to assume harmful postures. A young, supple branch bends with the wind, while a stiff, unyielding branch breaks in the storm. So, too, our bodies are much more prone to strain and injury if our natural flexibility is found wanting.

General stretching and low-impact aerobics are suitable for individuals without serious or ongoing back problems. Individuals with more ongoing problems would benefit from a specific program of flexibility exercises that are designed for their particular back needs. A physical therapist working with back care would be a good resource to provide such a program.

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Back Pain*from page 1***3. McKenzie Treatment approach:**

Robin McKenzie is a physical therapist from New Zealand who, building on the work of others, notably Dr. James Cyriax of England, has developed a well-structured and often very effective approach for evaluating and treating patients with back pain with or without accompanying leg symptoms. The evaluation relies on a careful cataloguing of the patient's symptoms and a detailed reading of symptom change as the patient performs and then repeats certain test movements. The therapist and patient, together, "listen" to the patient's body in order to identify an exercise which may be corrective for that individual patient. The McKenzie method includes thorough patient education, exercise progression and spinal manipulation, when necessary. The McKenzie emphasis, however, is on empowering the individual, by education and finding a corrective exercise, to eventually become his or her own therapist. The results of this approach are documented and have been particularly impressive. Situations involving disc protrusions often respond readily to this approach.

4. Spinal manipulation: The science and practice of spinal manipulation is quite old, dating back, at least, to the earliest records of medical intervention. Spinal mobilization and manipulation today is practised by chiropractors, osteopaths and certain physical therapists and medical doctors. The basic techniques used by all groups are quite similar. The rationale for the use of manipulation, however, varies from discipline to discipline. Any given patient will routinely collect a variety of

diagnoses and assessments as he visits practitioners of differing disciplines. This, of course, is always confusing and frustrating for the patient. Although the "hows" of spinal manipulation are clearly in dispute, there is no doubt that it can, at times, be a very helpful and necessary intervention. There appears to be a certain spinal balance which, when disrupted, interferes with function and often causes pain. Various groups have defined this balance as a function of a vertebral subluxation, a spinal muscle imbalance, a facet joint lock or a disc protrusion. Whatever the cause of this imbalance, it is often correctable with manipulation. This type of treatment is most justified when it is successful relatively quickly, say within the space of several weeks of therapy. Prolonged treatment with spinal manipulation, which brings only temporary relief, followed by a full return of the original symptoms, is probably not truly corrective and, therefore, not the optimal approach in that instance.

5. Soft-tissue mobilization and structural realignment: This fifth approach to improved back health is less mysterious. The field of soft tissue mobilization directs its attention to the muscular-fascial system. As mentioned earlier, these bodily tissues are elastic. When tightened down, often in asymmetrical configurations, they place added stress on all the spinal structures. Soft tissue mobilization seeks to free up these tightened, bound-down tissues, thus relieving pressure from the entire musculoskeletal system. In so doing, mobility is often increased and pain is decreased.

A particular area of the body, such as the neck or the low back, may be painful primarily because the tissues in that area are overly tightened. This tightness may be a reflex tightening resulting from a primary spinal joint or disc dysfunction. In this case, better results are achieved by addressing the primary cause. The McKenzie approach and spinal manipulation are two such approaches that address these tissues. The problem may be, however, primarily one of muscular-fascial or soft tissue

tightness. In this instance, mobility exercise and/or soft tissue mobilization would yield the most lasting and beneficial results. *The Rolfing process is the most sophisticated and effective system of soft tissue mobilization that I have been exposed to. I have found this system, both through my own experience and through the experience of my patients, to be a very genuine and reliable approach to problems of soft tissue tightness.*

The uprightness and balance of one's posture is also greatly influenced by the state of one's muscular-fascial systems: rounded shoulders, forwardly placed heads, rounded backs, tightly contracted hips—all produce an overall picture that places strain on vulnerable body areas. Stretching and lengthening a particular muscle group is relatively easy. Changing one's posture to produce a more upright, less stressful bodily configuration requires a more skillful intervention.

To this end, the musculoskeletal system must be viewed as a single unit, in which all its component parts exist in equilibrium with each other. Lasting change in any given area is more sure if there is improvement throughout the

*continued on page 4***Editor's Notes**

I am very pleased to present the second issue of *New Perspectives*. At first glance, it may seem an odd combination of articles without a unifying thread. My goal is to bring to your attention the many levels at which Rolfing affects people—the physical, bio-mechanical level, as well as the psychospiritual level. In our either/or society we tend to forsake one in pursuit of the other, forgetting that we live on all levels at once. Our task is to be balanced, to develop and integrate all the levels of our being. Towards this end, I offer Steve Crade's article on back pain and Ida Rolf's vision of human evolutionary potential. I welcome your letters, comments and any potentially publishable material.

*David Laden***New PERSPECTIVES**

New Perspectives is a quarterly bulletin about Rolfing and Somatic Awareness. It is published by David Laden, Certified Rolfer, 301 S. Bedford Street, Suite 5, Madison, WI 53703, 608-257-7212.

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A Vision for Humanity

by *Ida P. Rolf, Ph.D.*

May 19, 1896–March 19, 1979

Like so many teachers, I complain that people do not seem to understand my basic goals, the fundamental purposes for which Rolfing has been developed. In an effort to lessen this type of frustration, I offer the following summary of Rolfing ideas, purposes, and developments.

First, let me reiterate what I have often said before: I, as an individual, am not primarily interested in the relief of symptoms, either physical or mental. To hear Rolfers tell of the "wonderful," "unbelievable" symptom alleviation they experience, it seems extravagant not to accept symptom alleviation as a major goal. However, I personally am interested in the potential of humans, and human potential per se neither includes nor excludes the palliation of symptoms.

As of today, Rolfing is being accepted as one of the most basic, one of the most reliable means of developing whatever potential is latent in any given human, psychological as well as physical. By what route did Rolfing reach this particular eminence? We assume human beings are, as a species, evolving toward verticality. What intellectual considerations speed us on our way toward understanding the value of this verticality?

There can be no argument that the bony structure is less subject to capricious change than soft tissue. Rolfers have heard me say over and over that the bones, per se, are not the basic determinants of body structure, that the organ of structure is the collagen "body" of connective, so-called "soft" tissue. Bones are where they are and as they are to separate and stabilize the softer tissues which, in point of fact, play the more significant role in physical organization. In spite of this, bones must be recognized as relatively stable, fundamental elements of structure. As we observe the blueprint of the bones, it

becomes increasingly apparent that the softer tissues need to be in certain patterned relations to each other for the bones to perform their role most effectively as separating and particularly as relating elements. Thus, joints attain a highly significant place in the body economy.

Now, the important question which I asked many years ago, and to which I am still seeking an answer, is this: What kind of organism will develop if these body parts are appropriately related? What happens when soft tissue and related bone structure actually function in the positions in space which their architectural design suggests as most appropriate and which contributes most effectively to establishing the vertical? The vertical in man's structure is the outcome of his proprioceptive, sensory appreciation of the gravity pull of the earth. Unconsciously, as well as consciously, he feels this pull and responds to it.

There is a subtle but compelling concept involved here: intellectual formation can, and in this place does, arise out of sensory awareness; man's appreciation of the vertical evolves from his perception of the energy field, the gravity pull, of the earth. Our generation is beginning to appreciate that we have here a touchstone which can be taken into all parts of our world of ideas. We are finding that we can evaluate the validity of some intellectual concepts through information received from our senses as well as from that coming from our intellects.

Humans have always developed in the gravity pull of the earth and still live within it. They must make their peace with this field of energy. To the extent that they fail to make peace and mistakenly carry on the war, gravity wins every time. The energy of this field can enhance or dissipate the energy of the individual man. You cannot change the position of the energy field of the earth, in space, but you can change the energy field of the man.

The question remains: to what extent could Rolfers create a small pop-

ulation able to live within the gravity field without an ongoing, everlasting war, without the constant expenditure of precious human energy merely to carry on life within the gravity field? If we could create such a population, what would be its characteristics? I am not interested solely in physical structure, although that is really of basic importance especially in terms of physiological well-being. What will be the psychological and emotional characteristics, the behavior both of the individual and of a group composed of such individuals? How would these more vertical, demonstrably more conscious individuals compare with the random, less conscious humans who tread the surface of the earth today?

Is it perhaps too far-fetched to wonder whether one of the taproots of human aggression and its underlying fear may be the continuous sense of insecurity which random humans unconsciously feel with reference to their gravity environment? This emotional response is called forth very early in life probably with the first attempt at verticality (standing), and certainly with the first walking steps. Many psychological and behavioral aberrations are thought to arise from causes less basic than this.

Be that as it may, I see no means of gaining answers to these suggestive and really important questions in the abstract. The answer will come when we can create such a population and observe it over an extended period. At this point, we are justified only in looking with satisfaction at the reports coming in from people who have experienced some approach to the integrating vertical. The appropriate integration of the bodies of man in the gravity field is a long-term evolutionary project. Not even the first page has yet been turned. It is possible that we are seeing here the first conscious attempt at evolution made by any species in modern times.

Reprinted from a late 1977 edition of Rolf Lines. This letter/article was evidently one of the first drafts of what was later to be published as the article entitled "The Vertical-Experiential Side to Human Potential."

Bibliography

Resources of related interest to the articles in this issue:

Ida Rolf Talks, Ida Rolf, Rosemary Feitis

Rolfing, The Integration of Human Structures, Ida Rolf

Yoga and Medicine, Steven Brena, M.D.

Dreambody, Arnold Mindel

Emotional Anatomy, Stanley Keleman

Your Maximum Mind, Herbert Benson, M.D.

Anatomy of an Illness, Norman Cousins

Love, Medicine and Miracles, Bernie Seigel, M.D.

You Can Heal Your Life, Louise Hay

Heal Thyself, Edward Bach, M.D.

Mind Over Back Pain, John Sarno, M.D.

Beyond Illness, Larry Dossey, M.D.

Future Issues

- Scientific research
- Good body use in the workplace
- What is advanced Rolfing?
- Keeping the benefits of Rolfing
- Rolfing and vital energy

Back Pain

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whole musculoskeletal system. Thus a new, more upright equilibrium is established, and the more vulnerable segments are put at ease.

This idea of a musculoskeletal-postural equilibrium is not obvious at first glance. Suppose an individual experiences a very stubborn situation with recurring tightness in their low back musculature. They perform certain stretching exercises which relieve this tightness, but the next day the tightness returns. The individual may increase their efforts at stretching their back, but lasting change eludes him. Their back muscles continue to assume their tightened condition. Perhaps these muscles have no choice. The iliopsoas muscle, for example, may be playing a part in this drama. This deep muscle attaches to the front of the lumbar spine and runs to the hip joint. When tight, this muscle tends to pull the lumbar spine forward, accentuating the lumbar spinal curve and producing a tightened low back to which the back muscles must conform. The back muscles, therefore, are overly tight and complain. This state is required by the equilibrium in which they exist. Not only the iliopsoas muscle, but also the hip, buttock, leg, upper back, neck and abdomen, in fact the entire myofascial structure, defies this equilibrium.

There are several disciplines which are particularly skillful in working with this complex body equilibrium and one capable of producing the new, more upright equilibrium that is very helpful to almost everyone. The Rolfing system of deep body work, the Iyengar approach to hatha yoga and the Alexander Technique of subtle body positional awareness are all extremely well-developed approaches, capable of producing lasting benefits for many individuals.

In my work as a physical therapist, I have learned that, although permanent 100% cures are rare, genuine improvement is usually a very real possibility. A persistent condition of back and back-related problems will always benefit from a thorough medical consultation.

In the light of that medical assessment, certain avenues to genuine improvement may come into focus. I have attempted to describe several approaches that I have seen repeatedly provide such help.

Free Lecture on Rolfing

I will be presenting a free lecture and slide show at 301 S. Bedford St., Suite 5, at 7 p.m. on Wed., February 15. Call 608-257-7212 for information. This is the perfect opportunity to find out more about Rolfing. *Bring or send a friend.*

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