
THE JOHN F. BARNES METHOD OF MYOFASCIAL RELEASE

The Fascial Pelvis

by John F. Barnes, P.T.

The word *pelvis* originates from Latin meaning basin. What is the function of a basin? It holds fluid. You and I are more than 70-percent fluid.

Trauma and inflammatory responses tend to dehydrate the ground substance of the fascial system and ultimately cause symptoms. Restrictions or imbalances in the “fascial pelvis” can create problems locally and throughout the entire mind-body complex. My experience has shown that more than 90 percent of my clients suffering with lumbar and pelvic pain, headaches or fibromyalgia have myofascial restrictions and imbalances in the pelvis.

Gender differences

Men often struggle with pelvic, lumbosacral and sacroiliac pain and tightness usually initiated by falls, athletic injuries and other various traumas. The prostate gland consists of two small, fluid-filled sacs. Internal pelvic fascial restrictions can solidify this area and lead to prostate dysfunction.

Women tend to have more problems in the pelvic region due to the uniqueness of the anatomy and function of their pelvis. The female pelvis is broader and therefore more easily torqued. The joint surfaces of the female are flatter, therefore

more easily moved or sheared during micro or major trauma.

I cannot tell you how many times I have heard stories of women being seen by doctor after doctor, taking more and more medication, as months and then years pass. Desperation sets in. Psychiatrists, talk therapy, psychologists, surgery, more surgery—nothing helps. In fact, it continues to get worse over time and begins to spread to assorted symptoms throughout the body. The woman begins to wonder if maybe it is all in her head.

Myofascial release is utilized for the treatment of menstrual pain or dysfunction, back and pelvic pain, endometriosis and other inflammatory disorders. It can successfully address unpleasant or painful symptoms during pregnancy and childbirth, recurrent bladder pain and infection, painful intercourse, sexual dysfunction, elimination problems, coccygeal pain and painful episiotomy scars. These problems can, in many cases, be substantially alleviated or eliminated—nontraumatically and gently—by myofascial release.

Every month when a woman undergoes her menstrual period, relaxin is poured into her system, slackening the ligamentous structures and making

her more prone to trauma. Myofascial release has helped many women with menstrual and premenstrual-syndrome symptoms. Just picture the fascia tightening like a powerful three-dimensional net around the pelvic structures. Then when the woman begins to bloat as her menstrual cycle begins, the combination of fascial tightness and increasing internal pressure begins to exert heavy pressure on the nerves, blood vessels, etc., and the cramps begin, the back tightens and all other unpleasant effects are a reaction to the abnormal internal pressure.

Fascia surrounds and infuses with every organ, duct, nerve, blood vessel, muscle and bone of the pelvic cavity. Fascia has the propensity to tighten after trauma, inflammatory processes, poor posture or childbirth. Fascia has a tensile strength of more than 2,000 pounds per square inch.

In other words, fascial restrictions have the potential of exerting enormous pressure on pain-sensitive structures, producing pain or malfunction of the important pelvic structures. Certainly not all problems have a fascial origin, but restrictions of the fascia are the cause of many problems in a surprisingly high percentage of cases, especially when all the tests turn out negative and medication only helps temporarily or surgery does not change the situation.

For example, inflammatory processes, such as endometriosis, can cause the fascial layers to adhere to adjoining tissues, creating painful symptoms. Many times the fascial tissues will adhere around the bladder and urethral areas, creating an environment for infection, since fascial restrictions impede proper elimination of toxins and waste products from the tissues.

If the fascia tightens around the bladder, it can limit the bladder's potential to enlarge sufficiently, creating the need to urinate frequently, or painful urination. When a woman coughs, sneezes or laughs, urine will tend to seep out since there is no give to the bladder.

The Agency for Healthcare Research and Quality's Web site lists the following facts regarding incontinence:

- Thirteen million Americans are incontinent, 11 million of whom are women
- One in four women age 30 to 59 have experienced

HOW TO APPLY THE MFR TECHNIQUE TO PELVIC CONDITIONS

1 Place your thumbs lightly under the anterior, superior iliac spine. Look for levelness.

2 Push your thumbs firmly anterior and just under the posterior superior iliac spine. Soften your visual focus and look for levelness. A discrepancy of one-eighth of an inch is significant.

3 Ask your client to lie on her back to be able to compare her leg lengths. Place your thumbs lightly inferior to her medial malleolus. Soften your visual focus to see if one of her legs is longer compared to the other.

4 Now, ask your client to stand. As I mentioned in the beginning of this article, Pelvis is a Latin word meaning basin. What is the function of a basin? A basin holds fluid. You and I are over 70% fluid. Soften your visual focus and look at this basin we call the pelvis and ask yourself, "Is this basin holding fluid or is it spilling fluid?" Wherever the fluid is spilling is where the fascia is tight, pulling the pelvis out of balance.

My experience has shown more than 90 percent of our clients have torsions of the pelvis. The right ilia will be anteriorly rotated with the left ilia posteriorly rotated. This lowers the acetabulum on the right and elevates the

acetabulum on the left, creating a functionally long leg on the right and a functionally short leg on the left. Every step then drives the long right leg up into the right ilia. This can compress the right sacroiliac and create a right upslip of the ilia.



COURTESY OF JOHN F. BARNES

5 As you look at your client standing, notice if the distance between the right ilia and lower rib cage is shorter than the left side. These myofascial restrictions and imbalances can create biomechanical disturbances throughout the entire structure, ultimately producing symptoms.

—John F. Barnes, P.T.

an episode of urinary tract infection

- Fifty percent or more of elderly persons living at home or in long-term care facilities are incontinent
- \$16.4 billion is spent every year on incontinence-related care; \$11.2 billion for community-based programs and at home, and \$5.2 billion in long-term care facilities
- \$1.1 billion is spent every year on disposable products for adults

Scars from abdominal or pelvic surgery, trauma or episiotomy scars can also create havoc in the pelvic area, causing menstrual dysfunction, pelvic pain, painful intercourse, constipation, diarrhea or hemorrhoids. The Center for Disease Control and Prevention's National Women's Health Information Center reports 600,000 hysterectomies are performed per year in the U.S. In my opinion, oftentimes this procedure is unnecessary.

Coccygeal disorders

Another common problem we encounter is coccygeal disorders from trauma, pelvic torsion and childbirth. A malaligned coccyx can cause a multitude of problems in the pelvic area, including some of those just mentioned, as well as back and neck pain or headaches due to the influence of the dural tube.

When the coccyx moves closer to the pubic symphysis, the musculoaponeurotic fibers from the pubis to the coccyx become so slack they lose their tonus. If the origin and insertion of a muscle move closer together, a great portion of the muscle's power is lost.

Typical symptoms of a sacrococcygeal lesion in a female subject are the inability to sit for long periods of time, declining quality of sexual relationships and cystitis. Problems with the coccyx can lead to a general decrease in mobility of the entire body, and it should be checked in people who are devitalized or suffering from general depression.

The missing link

The nontraumatic, gentle nature of myofascial release is reassuring in that the patient need not worry, since these effective procedures will not worsen the patient's symptoms or cause harm.

Myofascial release can free the structures producing pain and also relieve the emotional pain associated with past unpleasant events or traumas. The painful memories or emotions from beatings, rapes, molestation or miscarriages seem to be stored in the body's memory.

Many times the woman has dealt with these

situations intellectually, but on a subconscious level, the body (the myofascial structures in particular) seems to store these past painful events. As myofascial release frees the adhered tissue, the trapped emotions and painful memories fade away, leaving the person with a sense of peace. This return to balance is like letting the steam out of a pressure cooker. The comments I hear quite frequently from my patients are, "I finally feel like myself again" and "My sense of calm has returned."

Myofascial release is a state-of-the-art therapeutic approach. Myofascial release is not meant to replace the important techniques and approaches you currently utilize, but acts as an important expanded dimension for increasing your effectiveness and permanency of results in relieving pain and restoring function, quantity of motion and quality of life.

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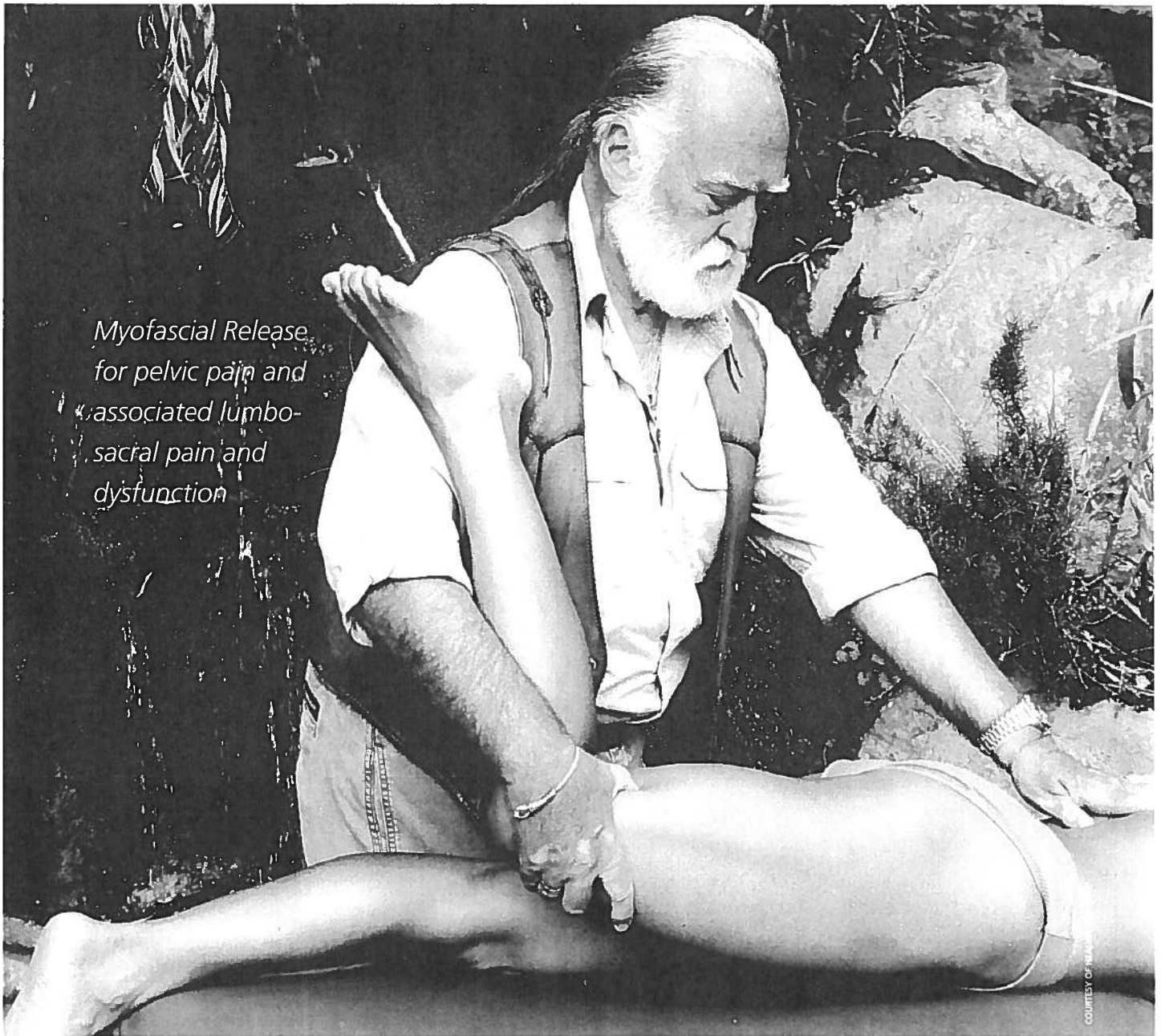
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Tight fascia can contribute to frequent or painful urination.

*Myofascial Release
for pelvic pain and
associated lumbo-
sacral pain and
dysfunction*



Women's Health Problems:

- Fibromyalgia
- Pelvic Floor Pain & Dysfunction
- Infertility Problems
- Mastectomy Pain
- Urinary Incontinence
- Urinary Urgency
- Vulvodynia
- Endometriosis
- Painful Scars
- Menstrual Problems
- Interstitial Cystitis
- Lymphedema
- Problematic Breast Implant/Reduction Scars
- Painful Intercourse
- Urinary Frequency
- Coccodynia (tail bone pain)
- Adhesions
- Episiotomy Scars

MASSAGE Magazine Statement of Ownership

1 Publication Title: *Massage Magazine* 2 Publication Number: 1057-378X 3 Filing Date: 9/30/2008 4 Issue Frequency: Monthly 5 Number of Issues Published Annually: 12 6 Annual Subscription Price: \$24.95 7 Complete Mailing Address of Known Office of Publication: 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082 8 Complete Mailing Address of Headquarters or General Business Office of Publisher: 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082 9 Full Name and Complete Mailing Address of Publisher: Joseph Doyle, 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082 9 Full Name and Complete Mailing Address of Editor: Karen Menahan, 13200 Central Ave #12, Boulder Creek, CA 95006 10 Owner: Joseph D. Doyle, 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082 11 Not Applicable 12 Tax Status: Has Not Changed During Preceding 12 Months 13 Publication Title: *Massage Magazine* 14 Issue Date for Circulation Data: Issue 149 (October 2008) 15 Extent and Nature of Circulation 15a. Total Number of Copies: 45,434/45,162 15b. Paid and/or Requested Circulation (1) Mailed Outside County Paid Subscriptions: 23,546/27,500 (2) Mailed In-County Paid Subscriptions: n/a (3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution: 2,815/2,815 (4) Other Classes Mailed Through the USPS: n/a 15c. Total Paid Distribution: 31,361/30,315 15d. Free or Nominal Rate Distribution by Mail (1) Free or Nominal Rate Outside County: 8,493/9,487 (2) Free or Nominal Rate In-County: n/a (3) Free of Nominal Rate Copies Mailed at Other Classes Through the USPS: n/a (4) Free or Nominal Rate Distribution Outside the Mail: 1,314/1,001 15e. Total Free or Nominal Rate Distribution: 9,807/10,488 15f. Total Distribution: 41,168/40,802 15g. Copies Not Distributed: 4,266/4,360 15h. Total Sum: 45,434/45,162 15i. Percent Paid: 76%/74% I certify that this information is true and complete. Joseph D. Doyle, President.