

Session Highlights

Visceral Manipulation: How It Can Help Your Clients

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Have you ever wondered why some of your clients return with the same sore and tight muscles, the same postural dysfunction, and the same pain? Have you noticed only temporary improvements in your client's situation? What if the muscular dysfunction you work so diligently with is merely the result of a deeper issue? How can you evaluate for possible organ involvement in your client's problem?

Visceral Manipulation (VM) is an innovative and rapidly growing therapeutic treatment modality that addresses visceral involvement in common musculoskeletal problems as well as innate problems

results are emerging in evidence-based medicine. Physicians from the Mayo Clinic and other cutting-edge centers, which help patients solve the seemingly irresolvable symptoms, seek out therapists who practice Visceral Manipulation to help their patients.

A healthy organ has mobility, not only within its fascia but in relationship to the organs surrounding it. Each organ has an axis upon which it moves. When the axis is disrupted, movement is no longer optimal. This abnormal movement eventually translates through the fascia onto other organs and the musculoskeletal structures, creating restrictions.

Organ-specific fascial mobilization is another way of describing Visceral Manipulation. It helps to restore more normal movement and to alleviate faulty tension lines within the fascial system. If your client continues to exhibit symptoms despite your application of normally effective methods, chances are an organ(s) is the cause of the dysfunction.

low-back and/or hip pain and dysfunction can develop.

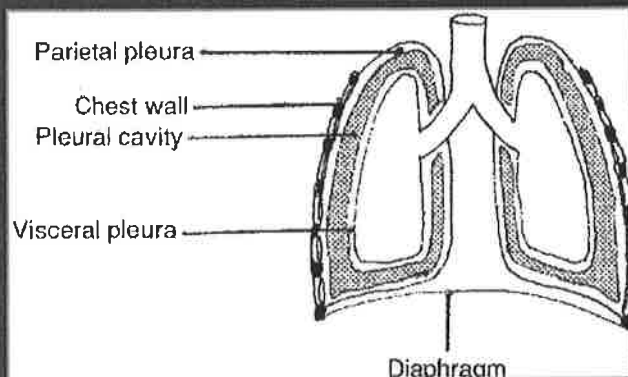
Treatment typically involves stretching and deep-tissue massage to the psoas. This is often painful because of the overlying nerves. However, it is not uncommon for clients to return with the same tightness and sensitivity. Why can't the tight psoas problem successfully resolve?

This is where working with the kidney can help your client to feel better. A portion of the kidney, with its respective fascia, rests on top of the psoas and its fascia. These layers can become adhered and create the tension in the psoas. By virtue of its attachments, the psoas can cause misalignment of the vertebrae and hip joint. This tension pattern can even translate into the knee from the malalignment of the femur on the tibia. Over time, this can create knee pain and dysfunction—all from a kidney "glued" onto the psoas muscle!

An added bonus for your client and for your hard-working hands is that Visceral Manipulation techniques are very gentle. They derive their effectiveness from very delicate and specifically applied forces. Treatment of the kidney can help to correct pelvic obliquities, improve posture, and increase hip and spinal range of motion.

Thoracic kyphosis/lung and pericardial ligaments

As practitioners in Florida, you are accustomed to the rounded spine and adaptive forward head position that accompanies this posture in the senior citizens in your area. These individuals eventually find their way into your client



within the viscera. Utilizing gentle "listening" skills with the hands, the practitioner locates the primary organ contributing to the dysfunction during their consultation with you. Then, specifically placed, gentle forces are applied to the organ in question. These forces begin to unravel fascial components throughout the body to improve posture, range of motion, strength and function, as well as to decrease pain.

Although the results are often immediate and sometimes astonishing, VM has a solid anatomical basis whose

Psoas/kidney relationship

As a massage therapist, you are well-acquainted with complaints of low-back pain from clients. One of the structures that is examined in such cases is the length of the psoas muscle. This is because of its attachment onto the bodies of the lumbar vertebrae, the transverse processes and additional slips into the disc itself. Increased tension in the psoas can rotate the vertebra and cause increased tightness in the paraspinal musculature. If not addressed successfully, chronic

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base because of the pain and dysfunction that this malalignment produces in the body.

Let us first examine the relationship the lungs have with the thoracic spine. The lungs have two layers of pleura: the visceral pleura, which lines the lung itself, and the parietal pleura, which attaches to the inner surface of the ribs.

A serous fluid lies between the two layers. When an inflammatory process, such as bronchitis or pneumonia, attacks the lungs, it can affect these layers by adhering them to each other. This in turn alters the axis around which the lung moves normally. The tension that is created by this adhesion translates to the ribs, which then articulate with the thoracic vertebrae at three joints. The costovertebral and two costovertebral joints receive the forces via the ribs from the lung. This then causes the thoracic spine to rotate and starts to bring the spine forward. This rotation tightens the paraspinal muscle on one side and overstretches the opposing side.

Among massage therapists, the inclination is to work on the affected musculature. However, once again, because these muscles are "witnesses" to the deeper restriction at the lung, results will be temporary at best. The application of VM as a therapeutic intervention allows you to work at the origin of the problem and to have your massage be more effective.

In addition, the superior lung or pleural dome has three ligaments attaching into it from the cervical spine. Depending on the restrictive pattern, they can bring the head forward or contribute to a chronic positional rotation of the neck, despite soft-tissue work and stretching exercises. Once again, working the organ, in this case the lung, in relationship to specific aspects of the affected cervical segments will yield a long-lasting result.

Also closely related to the lung are the pericardial ligaments because of their shared contributions to the mediastinal compartment. The mediastinum is bound laterally by the me-

dial pleura of the lungs. The floor is formed by the respiratory diaphragm with fascial layers in front of the thoracic spine and behind the sternum.

In essence, the mediastinum is a fascial tube in the center of the chest. This tube contains the esophagus, trachea, thoracic duct, lymph nodes and the vagus and phrenic nerves. The mediastinal compartment also contains the aorta, superior vena cava and the heart with its pericardial sac. The pericardial sac surrounding the heart is suspended in the fascial tube by ligaments attaching to the inner surface of the sternum and the anterior vertebral bodies of thoracic vertebra 1-4. They are referred to as the superior/inferior sternopericardial and vertebropericardial ligaments, respectively. When these ligaments are too tight they can round the thoracic spine to which they attach and collapse the anterior chest wall by virtue of their connection to the sternum.

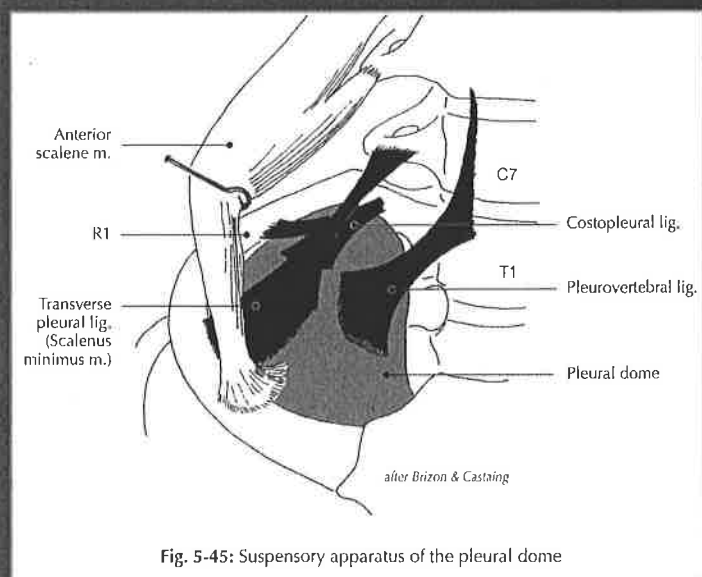
As the movement of the lung is altered by the aforementioned adhesions between the pleural layers, abnormal tensional forces can translate from the medial mediastinal wall formed by the lung onto the rest of the tube. Tightness in the mediastinum or in the pericardial ligaments results in a kyphotic posture. This is often accompanied by increased tension in the cervical pleural ligaments, thus bringing the head further forward.

The cost of prolonged misalignment and postural dysfunction is great. Structures become compressed and unable to efficiently perform their function. For example, blood flow to and from the heart can become less efficient if fascial tensions are contracted against an artery or vein. This then affects the organ or other structures serviced by that particular artery or vein.

Compression also affects the nervous system. The brain relies on proprioceptive feedback to modulate movement and balance. When a forward head is superimposed on a kyphotic thoracic spine, the nervous system also must adapt within its bony container. This can alter how the messages are received and then acted upon by the structures within the brain. Uncoordinated movements and falls can occur as a result.

In other words, we are connected in multiple ways from head to toe. Our "listening hands" can respond to the innate wisdom of the body and help it out of its predicament. In the words of Visceral Manipulation developer Jean-Pierre Barral: "You do more than you know."

Visceral Manipulation is so rewarding because it is such an effective modality. As a massage therapist, you are well-positioned to provide this therapeutic intervention. Often, at the first sign of "muscle strain," many people consult you first prior to an office visit with their physician. At the other end of the spectrum, those who have been through medical protocols to no avail begin to seek your services in an effort to solve their chronic pain and dysfunction. Having skills to listen to specific restrictions produced by the organs allows you to be even more effective in meeting your original intention of becoming a massage therapist, which is to help someone feel better.



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