Second International Fascia Research Congress
Amsterdam, 27th-30th October 2009

CLINICAL POST-CONFERENCE WORKSHOP PROPOSAL

1. Workshop Title

Myofascial Release (MFR) and Rheumatology – can MFR alleviate specific symptoms of autoimmune conditions?

2. Workshop objectives

- To propose Myofascial Release (MFR) as a potentially valuable, non-invasive intervention in alleviating/reducing specific symptoms of selective rheumatological autoimmune conditions such as Systemic Lupus Erythematosus (SLE), Scleroderma, Multiple Sclerosis, Rheumatoid Arthritis, and therefore enhancing patients’ quality of life.

- To discuss/explore from a Psycho-Neuro-Immunology (PNI) perspective, whether, and if so how, MFR might help modulate the underlying excessive auto-immune response(s) and enhance immune response regulation, via the autonomic and endocrine systems coupled with improved psycho-emotional awareness, channelling, and focus.

- To seek MFR efficacy recognition within primary healthcare in general, and among the connective tissue-related clinical disciplines in particular.

- To promote research in relatively under-researched rheumatological autoimmune conditions such as SLE and Scleroderma among others.

- To enhance patient care within the field, notably by enhancing mobility, function, independence, reducing pain, and, where possible, medication levels.

- To promote sound interdisciplinary learning and collaboration in a true spirit of mutual respect and openness among primary and complementary health care professionals.

3. Workshop description

The proposed workshop would comprise three components as follows:

- Theoretical component
- Practical demonstration(s) + practice opportunity for delegates
- Question & answer + further discussion time, notably with reference to material presented during the Congress, and ‘Objective 2’ above (PNI perspective).

3.1 Theoretical component

(A) Brief definition and description of MFR (subject to requirement)

(B) Hypotheses & supporting rationale

In the context of rheumatological autoimmune conditions such as Systemic Lupus Erythematosus (SLE), Scleroderma, Rheumatoid Arthritis, Multiple Sclerosis, it is hypothesised that **appropriately applied MFR may over time:**
(I) Decrease key debilitating symptoms including:
- Decreased/loss of mobility due to fascial thickening/adhesion/contracture
- Musculo-skeletal pain resulting from adverse adaptive posture and associated tissue strain, vascular and neural compression, reduced fascial trophic performance
- Decreased/loss of functional proprioception and performance
- Illness-specific symptoms such as:
  (i) Intensity/duration/ frequency of ‘attacks’ when exposed to cold in Scleroderma/Primary & Secondary Raynaud’s patients
  (ii) Gastro-intestinal dysfunction in Scleroderma and SLE patients
  (iii) To explore from a Psycho-Neuro-Immunology (PNI) perspective, whether, and if so how, MFR might modulate

(II) Enhance/maintain improved fascial pliability, extensibility, and mobility

(III) Reduce/help normalise illness-related asymmetries, deformities, contractures, sclerosis, and/or adhesions of the connective tissues
- Enhance/restore a more ‘neutral’ postural alignment, thereby:
- Reduce adverse musculo-skeletal, myofascial, and visceral stress/strain
- Enhance mobility/flexibility

(IV) The above in turn will help:
- Enhance general and (targeted) local blood supply/flow (by relieving excessive vascular compression in shortened/constricted tissue, as well as in overstretched, lengthened fascia)
- Enhance general and local (targeted) neural conduction
- Enhance sensory, motor, and autonomic neural function
- Decrease/limit pain
- Enhance patient functional performance and independence, hence:
- Enhance patient quality of life

These outcomes would be achieved via appropriate assessment, interpretation, and clinical application of recognised MFR/Structural Integration®/KMI®/Rolfing® principles, with specific reference to the known adverse fascial, neuromuscular, visceral, and/or other changes associated with the specific autoimmune condition. Notably the adverse fascial changes would be interpreted through the perspective of the ‘Anatomy Trains’ as expertly described and discussed by Tom Myers.¹

3.2 Practical demonstration + practice opportunity for delegates

With the assistance of one or more volunteers – ideally, but not necessarily, a delegate diagnosed with one of the autoimmune conditions under discussion:
- Succinctly demonstrate/discuss history and assessment rationale for hands-on MFR application

---

Demonstrate MFR treatment
- Reassess ‘patient’
- Discuss as required
- Provide technique demonstration(s) as per requests
- Oversee/support delegates’ practice.

3.3 Question & answer + further discussion time
- Delegates to ask any further questions
- Discussion with specific reference to material presented during Congress and ‘Objective 2’ above, reproduced below:
- ‘To explore from a Psycho-Neuro-Immunology (PNI) perspective, whether, and if so how, MFR might help modulate the underlying excessive auto-immune response(s) and enhance immune response regulation, via the autonomic and endocrine systems coupled with improved psycho-emotional awareness, channelling, and focus.’

4. Presenter’s professional qualifications

Name & qualifications: Tanya Ball MSc BA LSSM MISRM
Profession: Sports Massage & Remedial Therapist/Tutor
Key profile: Location: Basingstoke, Hampshire, UK
- 12+ years’ post-graduate experience in clinical musculo-skeletal work, with specific focus on soft tissue preventative and remedial treatment and exercise.
- Extensive CPD (Continued Professional Development) study including in-depth postural and movement dysfunction/muscle imbalance Physiotherapy postgraduate courses, MSc Complementary Therapy – Body Work, intensive MFR / KMI training and self-directed study.
- 10+ years’ experience as under- and post-graduate tutor in the relevant field(s) including tailored post graduate workshops, presentations, etc. for interdisciplinary and/or specific audiences. Extensive MFR-related teaching.
- Specialist interest (fascination!) for MFR and its impressive achievements, coupled with an ever growing passion to broaden and deepen my understanding in the field, and explore MFR benefits in virtually ‘unchartered territory’ such as is proposed here. As indicated below, subject to acceptance/revision, the present workshop title is to form the basis of my Clinical Doctorate.
- Former Great Britain marathon and England cross-country runner, highly fitness & exercise orientated to this day.
- Scleroderma sufferer (diagnosis of Limited Systemic Cutaneous Scleroderma December 2004), hence sound understanding as a patient of the impact of chronic autoimmune rheumatological conditions.

5. How, specifically, do the human fasciae relate to the workshop content?
- MFR is a therapeutic modality intrinsically focused on the connective tissues/fasciae of the body in its theoretical underpinning, clinical reasoning, and hands-on application.
- The field of Rheumatology can be defined in summary as comprising of the medical disorders that affect the musculoskeletal system, particularly the joints and surrounding soft tissues, including notably the connective tissue diseases and vasculitides.
- The (rheumatological) auto-immune conditions referred to above comprise a significant fascial – and visceral – involvement in terms of both signs and symptoms (S&SSs), even where such involvement may be deemed ‘secondary’ in relation to key differential diagnostic S&SSs.
- Illness-related adverse fascial changes can be responsible for a large proportion of patients’ pain and functional impairment.
- Adverse fascial change can in turn lead to further metabolic deterioration as a result of further impaired blood flow (and associated ischaemic pain, tissue necrosis, etc.), lymphatic drainage (and associated decreased immune function), neural conduction (and associated motor, sensory, and autonomic disturbance).

Therefore... Applying the concepts and practice of MFR to such diseased connective tissues appears a worthy project aimed at relieving patient suffering, enhancing patient care and quality of life, via an exciting inter-disciplinary network of clinical fields with a common interest in ‘Fascia’.

6. What areas are relevant and/or suggested for scientific research
- A more in-depth understanding of the ‘smooth muscle’ in fascia² with specific reference to how it might respond favourably to ‘load’ (such as MFR) in releasing/softening and therefore minimising any vasoconstriction due to fascial pressure / constriction.
- The above would enhance clinical case studies or trials of applying MFR treatment specifically to the relevant Anatomy Trains that might positively affect Raynaud’s symptoms in Scleroderma and/or Primary Raynaud’s patients.
- Further research into how fascia and immune system interface and mutually contribute to each other’s – and the overall organism’s – healthy balance/homeostasis.
- As already indicated, exploring from a Psycho-Neuro-Immunology (PNI) perspective, whether, and if so how, MFR might help modulate the underlying excessive auto-immune response(s) and enhance immune response regulation, via the autonomic and endocrine systems coupled with improved psycho-emotional awareness, channelling, and focus.'

(Selective) rationale for the above proposed research areas
To date, the autoimmune conditions under discussion have no known ‘cause’ nor cure. There are however a number of relatively established predisposing factors. The rationale for suggesting the above PNI-related research would be that in all probability, the intensity, duration, simultaneity, and combination of various contributing factors eventually result in a person developing an autoimmune

condition – or not, as the case may be. It therefore may not be unreasonable to consider the possibility that, if enough of these ‘predisposing conditions’ could be reversed, or at least significantly reduced, this in turn might in due course enable the immune system not to ‘overreact’ as excessively.

PNI has already abundantly demonstrated the two-way pathway of mutual influence between what in Western terms are defined as ‘mind’ and ‘body’, notably via the endocrine system. According to these findings, ‘emotional state’ influences ‘body physiology’, just as ‘physical state’ in turn impacts on ‘psyche’. Thanks at least in part to PNI, there is increasing recognition for the importance of ‘positive thinking’ and ‘mental focus’ in respect of overcoming ill-health. Therefore a pilot clinical study where appropriate MFR would be applied alongside increased patient awareness, ‘education’, and ‘coaching’ in maximising optimal mental focus, would merit consideration.

7. What are the cross-disciplinary applications?

This workshop would be of interest to, and ideally call upon discussion contributions from:

- Rheumatology researchers/clinicians/students
- PNI researchers/clinicians/students
- A wide range of manual therapists – physiotherapists, osteopaths, chiropractors, massage therapists (in the widest sense), notably those with an interest in Fascia, such as Rolfers®, KMI®, Structural Integration®, MFR clinicians/researchers/ students
- Sections 5. and 6. above clearly outline the potential, if not the necessity, for sound inter-disciplinary collaboration and mutual interaction for this workshop outline to develop into a fruitful research project involving:
- Rheumatology, PNI, MFR, clinicians/researchers, as well as any neurologists, psychologists, immunologists, and/or other professionals with an interest in the field.

8. Workshop schedule

The proposed format would be for a half-day workshop, to enable additional delegates to attend. However should the Congress organisers prefer a full-day format, the material could be extended to suit.

Timing: In the absence of an ‘official’ starting and finishing time, it is difficult to determine how long a half-day workshop should be. For the present purposes it has been assumed that the overall time available would be 3 ½ hours, to include a 20 min mid-workshop break.

In broad terms, the following timings are proposed:

1. Theoretical component (as described in Section 3.):

   30-35 min + 5 min for questions – longer or less as required

---

2. (a) Practical ‘detailed’ demonstration(s) (assessment + hands-on treatment demo + re-assessment):
20 mins + additional 5 min for questions as required

2. (b) Brief MFR technique demonstration (5 min max) followed by first practice opportunity for delegates:
20-25 min.

Tea/coffee break:
20 min.

*** Subject to delegate preference: ***

2. (c) EITHER second brief MFR technique demonstration (5 min max) followed by second practice opportunity for delegates:
20-30 min

OR discussion + demonstration of self-help remedial exercises e.g. stretches for patients to maintain/enhance benefits from MFR treatment as a daily self-management programme + practice time for delegates
20-30 min.

3. Question & answer + further discussion time, notably with reference to material presented during the Congress and ‘Objective 2’ above (PNI perspective):

Balance of time available, ideally not less than 35-40 min.

9. Logistics

Maximum number of delegates:

No ‘absolute’ limit but 20-24 delegates would probably be the highest number to ensure that delegates receive some one to one support during the practicals (when they would be pairing up i.e. 12 delegates practising on 12 ‘bodies’).

Planned demonstrations:

Please see workshop outline in Section 8. above.

Please note that the nature of the demonstrations would be as flexible as possible to endeavour to meet delegates’ preferences on the day.

AV equipment required:

An Overhead Projector (OHP) would be welcome if available, but all delegates would receive a handout, hence no AV equipment essential.

Special equipment requirement:

- Treatment couches please – one couch for every two delegates

Please also provide for each couch:

- 1-2 pillows or 1 pillow & 1 bolster
- 1 large and one small towel
- If possible, one bottle of thick, gel-like massage lotion (not runny oil please) per 2-3 couches. If difficult, I can provide.
- Full size skeleton 3D model
- Sufficient chairs for delegates to sit during theoretical part of workshop. Ideally chairs with attached mini writing table, failing which couches can be used as writing tables.