Myofascial Release and Soft Tissue

Myofascial release is a form of osteopathic manipulative treatment first created by A.T. Still. Myofascial release involves palpating for fascial creep and can be direct or indirect and active or passive. In passive myofascial release the patient does nothing; during active myofascial release the patient is instructed to perform some action, often breathing in or out. The technique is typically performed until a release is felt. A myofascial release technique may be repeated in one area until freedom of motion is achieved in all directions and the fascia will not move anymore. A typical procedure goes like this. First, the practitioner will test the tissues by engaging them in every plane of motion to determine ease of motion and restriction. Second, the practitioner will move and hold the tissues in all planes of motion, either towards ease or restriction, depending on whether direct or indirect is desired, and wait for a release. While holding the tissues, the practitioner may instruct the patient to perform a specific action. Third, after a release is felt, the practitioner may bring the tissues to a new barrier and continue engaging barriers until no more fascial creep can be palpated. Lastly, the practitioner reevaluates for improvement of somatic dysfunction. In soft tissue technique (a variation of myofascial release), pressure is applied rhythmically and directly. Myofascial release is very gentle and can be done on hospitalized patients, the elderly, and anyone else who can not tolerate more aggressive techniques. Contraindications to this therapy include acute sprain or strain, fractures, neurologic or vascular compromise, malignancy, and soft tissue infection.

PLAY PICMONIC

Characteristics of Myofascial Release

Fascial Creep

Fascial-fashion Creep

The fascial creep is a release that may be palpated by the practitioner during the execution of myofascial release. This may occur in different levels of the fascia and in different directions. The release is subtle and can only be felt by those who are skilled in osteopathy. Myofascial release can be ended when the fascial creep can no longer be felt

Direct or Indirect

Direct-route or Indirect-route

Direct myofascial release refers to myofascial release that is in the direction of the barrier. Indirect myofascial release occurs in the direction of freedom. They both facilitate the inherent release in tissues and can be engaged in the following motions: translation, rotation, distraction, and compression.

Active or Passive

Active-gear or Physician-forced

Myofascial release can be active or passive but is usually passive. Active treatments involve encouraging the patient to relax; this is dissimilar to other active osteopathic treatments where the patient contracts their muscles. In passive myofascial release the patient does not do anything.

Characteristics of Soft Tissue

Direct

Direct-route

Any direct technique is one in which the barrier to motion or premature restriction of motion is engaged. In direct fascial release, the practitioner applies deep pressure in the direction of the barrier which stretches the tissue.

Rhythmic

Rhythmic-dancer

In myofascial techniques the plane can be engaged rhythmically by creating and holding the stretch then returning to neutral, allowing tissues to relax and repeating the stretch in a rhythmic manner.

Relative Contraindications

Acute Sprain or Strain

Acute-angle Spring or Strainer

It is not in the best interest of the patient to implement any technique that may exacerbate their condition, and in an acute sprain or strain engaging the barrier has the risk of hurting the patient.

Fracture

Fracture

Myofascial release is contraindicated in fracture because fractures should be immobilized.

Neurologic or Vascular Compromise

Nerve and Vessels Compromised

In the case of neurologic and vascular compromise it is best not to manipulate the patient's tissues for fear of exacerbating the compromise of the tissue.

Malignancy

Malignant-man

Myofascial release is contraindicated in malignancy because manipulating the tissue could inadvertently facilitate the spread of malignant cells.

Soft Tissue Infection

Feather Tissue and Infectious-bacteria

Myofascial release is contraindicated in soft tissue infections (example cellulitis) because manipulating the tissue could inadvertently facilitate the spread of organisms to surrounding tissue.