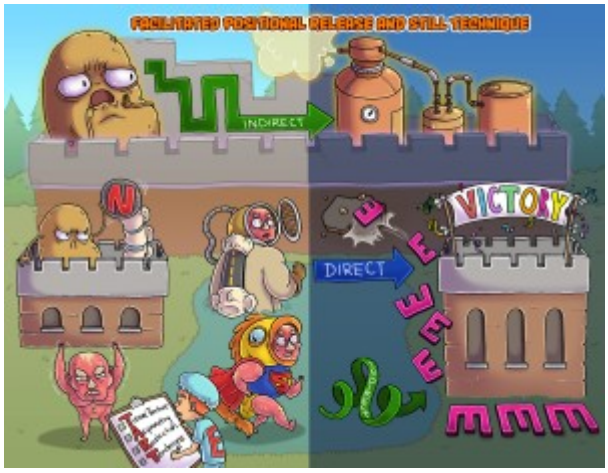
Facilitated Positional Release and Still Technique

Both Facilitated Positional Release and Still Technique are commonly tested osteopathic techniques with many similarities. Since there are several overlapping elements involved in performing both techniques, it is important to understand the steps for both treatments in order to differentiate them. Facilitated Positional Release (FPR) is an indirect technique that requires an activating force. First, the patient is positioned in a neutral position. Then, the physician will apply the facilitating force, shorten the muscle and hold for 3-5 seconds, reevaluating after for TART changes. The two treatment modalities include Superficial Muscle and Deep Intervertebral Muscle Treatment. Still's Technique is both an indirect and direct technique where the physician first places the affected segment in a position of ease and then applies a compressive vector force in order to move the segment into the direct barrier. Don't forget these techniques as they will most likely be on your test!



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Facilitated Positional Release

Characteristics

Indirect

Indirect-route

Facilitated Positional Release is an indirect treatment. Remember, this involves moving the somatic dysfunction into its position of ease or position of reduced tension. For example, if C5 is flexed, sidebent right, and rotated right (C5 FSRRR), then an indirect technique would flex the neck and encourage right sidebending and rotation at the level of C5. This is in opposition to a direct technique in which the restrictive barrier is engaged.

Activating Force

Activate Fort

The Activating Force is the element of Facilitated Positional Release that separates it from other indirect techniques such as Counterstrain and Indirect Myofascial Release. It is described as a "release enhancing mechanism" and is performed by applying a small amount of compression and potentially torsion (combined sidebending and rotation) to the affected area. Compression is achieved by applying a small amount of force to the top of the head in order to create an axial load and further shorten the affected musculature.

Treatment Steps

Neutral Spine Position

Neutral Spine

The first step of Facilitated Positional Release is to have the patient placed in a Neutral Spine Position. This is also often referred to as "flattening the curve." For example, the cervical spine has a natural amount of lordosis that is physiologic. When performing Facilitated Positional Release in this area, a slight amount of flexion is induced to the cervical spine. This flattens anteroposterior curve thus neutralizing the spine's position. Neutral position can be achieved at any level of the spine by flattening the physiologic curve.

Apply a Facilitating Force

Face-tator Fort

The second step when performing Facilitated Positional Release is to Apply a Facilitating Force. Typically it is a compressive force, however it encompasses all motions of ease. Thus, it is often necessary for the performing physician to engage elements of sidebending and rotation. This helps to maximally reduce tension on the affected muscles.

Shorten the Muscle

Short Muscle-man

The third step of performing Facilitated Positional Release is to Shorten the Muscle. By placing the patient into the position of ease, the affected muscles are placed into the position of least tension where the muscle is shortest. This is similar to the "fold and hold" idea behind counterstrain techniques. While the muscle is shortened, muscle spindle cells can reset allowing the affected muscle to achieve normal length and tone.

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Hold

Hold

Once the muscle is shortened, the next step is to Hold that position. This is typically done for 3 to 5 seconds. After this time, the compressive force is slowly released while carefully placing the patient back into neutral position.

Reevaluate

Evaluator

Like any other osteopathic technique, the last step is always to Reevaluate. Assess the area of dysfunction for improvement in tissue texture, asymmetry, restriction, and tenderness (TART).

Treatment Types

Superficial Muscle Treatment

Super-fish Muscle-man

Primarily, Facilitated Positional Release (FPR) is targeted at reducing abnormal muscle hypertonicity. Superficial Muscle Treatment is your standard FPR in which the operator first neutralizes the curve, applies a facilitating force, holds the position of ease for 3 to 5 seconds, returns the patient to a neutral position and reassesses.

Deep Intervertebral Muscle Treatment

Deep-diver Interstate-vertebrae Muscle-man

Deep Intervertebral Muscle Treatment not only attempts to reduce abnormal hypertonicity of the musculature but also works to restore motion to a restricted area of bony articulation. This involves an extra step after the Facilitating Force is applied. After compression is engaged, the affected boney segment is placed into a position of ease rather than just the hypertonic musculature. For example, to treat the C4 segment that is flexed, sidebent left, rotated left, the operator will use the head as lever and place the neck into flexion, left sidebending, and left rotation localizing to the C4 segment after the axial force is applied.

Still Technique

Characteristics

Direct

Direct-route

Still Technique is a unique osteopathic technique aimed at treating intersegmental motion restrictions and muscle hypertonicity. It is viewed as a combination of several treatment methods including HVLA, long-levered articulatory techniques, and indirect techniques. The ultimate motion of Still Technique is to move the patient from a position of ease into the restrictive barrier. Since motion is performed into the barrier, Still Technique is considered a direct technique. At least partially!

Indirect

Indirect-route

While the final motion of Still Technique is to move the patient into the restrictive barrier, the initial position of treatment is to place the patient into the position of ease. If Stills Technique is being used to treat a flexed, right rotated and right sidebent segment at T4, then the thoracic spine is initially positioned in flexion, right sidebending and right rotation.

Treatment Steps

Position of Ease

Position of E's

Treatment using Still Technique begins placing the affected area of treatment into the Position of Ease. Initial setup is similar to that of Facilitated Positional Release. The patient segment being treated is placed into its indirect barrier in three planes (flexion/extension, sidebending, rotation).

Vector Force

Victory Fort

After the patient is set up in the Position of Ease, the next step is to apply the Vector Force. The amount of force applied through compression should be enough to “disengage” the affected segment. Conversely, some texts endorse traction rather than compression. While compression is the more common Vector Force used, the ultimate goal is disengagement of the affected segment with either force being effective.

Into the Barrier

Into the Barrier

The final step of Still Technique is to move the affected segment through its motion arc Into the Barrier. This can be achieved by direct motion of the segment or through long lever motion. The segment should be moved through the path of least resistance in order to avoid discomfort and pain for the patient.

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