

# The John F. Barnes Myofascial Release Approach

*This three-part series explores the history of myofascial release, myofascial unwinding and myofascial rebounding.*

by John F. Barnes, P.T.

**M**y perspective on myofascial release is similar to a triangle with three distinct but interwoven points: structural myofascial release, myofascial unwinding and myofascial rebounding techniques.

I would like to begin with a little history on how I developed my approach to myofascial release and illustrate how structural myofascial release can benefit your clients and enhance your practice.

## A healing journey

I loved competition and athletic performance, and decided to study physical therapy at the University of Pennsylvania to learn more about the mind/body. I was shocked to learn that at that time, 1960, my professors did not believe in the mind/body concept. I graduated

from the University of Pennsylvania in 1960 as a physical therapist.

I had been a good athlete, playing football, running track and being involved in competitive karate and weightlifting. One day, while attempting to lift more than 300 pounds in the gym, I fell and crushed my disk at L5 and ripped a number of my lumbar ligaments. The things I loved the most—competition and action—were taken from me in an instant! Years of constant pain ensued and life became a struggle. I felt trapped in my body. I tried every form of therapy, only to be disappointed by minimal and temporary results. Something was missing. What was it?

My serious back injury and resultant struggle to regain my strength and health opened my eyes to the limitations of traditional therapy. My myofascial release philosophy, principles



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and techniques were developed years ago through my experiences, intuitive guidance and feedback from my patients, despite the fact that it did not jibe with what science said I should be thinking or doing. Traditional scientists' obsolete view of the human as a bag of chemicals has eroded health care into the biochemistry of disease.

In the early part of my development of my Myofascial Release Approach, my confusion was compounded by the fact that all the research on the fascial system did not match my experience with my patients and myself. I eventually realized that all of the scientific research on the fascial system was done on cadavers. This led science to a very erroneous view of the fascial system and its importance in the physiological functioning of all of the body's systems.

The medical paradigm fragmented the human body more than 300 years ago, and taught us that we are mindless machines. In other words, we were told consciousness does not matter and is not important or to be included in health care. However, this refutes our

ical paradigm, which was logical, but flawed and terribly incomplete.

Trauma, surgery and inflammatory processes can create myofascial restrictions, which can produce excessive pressure of approximately 2,000 pounds per square inch on pain-sensitive structures and do not show up in any of the standard tests. This enormous pressure acts like a straightjacket, crushing muscles, nerves, blood vessels and osseous structures, and producing pain, headaches and restriction of motion.

## Find the pain, look elsewhere for the cause

The myofascial perspective is that symptoms are only the tip of the iceberg. The traditional medical approach narrowly focuses on symptoms. Physicians give the symptoms a label and medicate their patients so they are temporarily free from pain, but this approach does nothing about the straightjacket of pressure that is causing the pain. Likewise, traditional physical, occupational and

massage therapy, acupuncture and energy techniques only treat the symptoms caused by the straightjacket of pressure, but ignore the myofascial restrictions that cause and perpetuate the symptoms. This is why so many clients have only temporary results and never seem to get better with traditional therapeutic techniques.

*MASSAGE Magazine* reported in June 2006 that approximately 45,000 massage therapists and bodyworkers stop practicing each year. This is a shockingly huge number of dissatisfied massage therapists and bodyworkers. I believe part of this frustration has

to do with the temporary results mentioned above. Another important problem is trauma to the therapist.

The type of myofascial release you may have learned in school or other courses labeled myofascial release are what I call the old form of myofascial release, which is actually soft-tissue mobilization. The old form of myofascial release attempts to force a system that cannot be forced. In other words, the only thing that "gives" is the therapist.

Over time, the attempt to force a system that cannot be forced traumatizes the therapist, creates pain and fatigue, and produces the frustration of only seeing temporary results. The principles that I teach are very



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moment-by-moment experience. My personal experience was that consciousness was the most important aspect of life and healing. I found that my patients' fascial systems were full of life, energy, memories, emotions and consciousness.

How could science omit something so important? This error probably occurred because myofascial restrictions do not show up in any of the standard tests such as X-rays, MRIs, myelograms, CAT scans or electromyography. Myofascial problems have been ignored or misdiagnosed for a long period of time. This was exacerbated by the obsolete view of the traditional med-

different. Instead of injuring the therapist, my approach to myofascial release strengthens you and produces consistent, profound and lasting results. This is a win-win approach that is good for you, your clients and your profession.



The therapist, bodyworker or energy practitioner using myofascial release always approaches the body slowly and gently.

## There is no such thing as disease

A massive amount of research is emerging that validates the principles of myofascial release. In *Energy Medicine in Therapeutics and Human Performance* (Butterworth-Heinemann, 2003), James L. Oschman, Ph.D., writes, “A dramatic discovery reveals that there is actually no such thing as a disease. Medicine’s disease model has simply run its course. Like horseshoes and the bustle, it is a paradigm soon to be replaced. The results of inflammatory responses that have outlived their usefulness are labeled: chronic pain, headaches, restriction of motion, fibromyalgia, chronic fatigue syndrome, heart disease, arthritis, asthma, bowel and menstrual disorders, and the list goes on and on. There is no such thing as disease!”

Science has now discovered what I have been teaching for more than 30 years: Symptoms, diagnoses and diseases are labels describing a blockage of our bio-energy caused by a prolonged inflammatory response. Trauma and the resulting inflammation response create myofascial restrictions that ultimately create the symptoms of pain and disease processes. My myofascial release approach addresses the entire cause-and-effect relationship, allowing the chronic inflammatory response to resolve, and eradicates the enormous pressure exerted on pain-

sensitive structures to alleviate symptoms and to allow the body’s natural healing capacity to function properly.

I have great respect for the various forms of massage, bodywork and energy techniques. However, there is an important missing link that has made lasting results elusive. Myofascial release can deepen and enhance all that you do.

You must learn how to feel for the myofascial restrictions, and then apply gentle but firm pressure into the restriction for a sustained period of time. This time factor that has been ignored by other forms of therapy is essential for comprehensive and lasting results. Sustained pressure eventually energizes the liquid crystals of the body to rise to a level of excitation where resonance occurs.

Resonance means that molecules begin to vibrate in unison, allowing blocked energy to flow and the tissues to rehydrate. This vibrational resonance and resultant rehydration of the tissue is what I call a release.

If too much pressure is used, the subconscious mind goes into a protective mode and yields only temporary results. If too little pressure is used or not enough time per technique is provided, the piezoelectric phenomenon (the generation of electric fields in the cellular level) does not occur, again providing only temporary results.

When you apply pressure into the body/mind complex, the felt sense is that of softening and some motion. This is the elastic and muscular component of myofascial stretching. This is what all other forms of therapy thought was the release. It is not! This is just step one of a multifaceted process that is required for long-lasting results. After the elastic and muscular component releases, one then encounters a “dead halt,” which is the collagenous barrier. The dead halt feels like you have hit a brick wall. The collagenous barrier will not release from force. The therapist must then wait at the collagenous barrier with gentle but firm pressure for a minimum of 90 to 120 seconds before the collagenous barrier will respond by softening, reducing the enormous pressure on pain-sensitive structures and increasing motion.

It is therefore important to utilize the correct pressure and sufficient time to elicit the piezoelectric phenomenon. The fascial system is a piezoelectric system. Piezoelectric means pressure electricity. The crystalline structures of our cells are piezoelectric, which means electrical fields are generated when compressed or stretched for a sufficient amount of time.

The correct amount of pressure is extremely important. The Arndt Schultz law states that heavy pressures

inhibit physiological activity and light pressure enhances physiological activity. With myofascial release, less is more.

The ground substance of the fascial system that surrounds every cell of our body is colloidal in nature and influences the gel-to-solvent transition (the softening felt during a release). In other words, our sustained pressure eventually converts mechanical deformation into bioelectric flow. The myofascial system tends to dehydrate after trauma or inflammatory processes, turning the ground substance into the equivalent of glue or cement. Other forms of therapy release the cross-links that occur from trauma, but do not change the dehydration and resultant solidification of the ground substance.

Myofascial techniques release the cross-links, and also, very importantly, cause the thixotropic gel to change to a more fluid state, allowing for decreased pressure on pain-sensitive structures and increased motion, and allows the solidified, dehydrated thixotropic gel to transition to a liquid state. Hence, the temporary results found with other forms of therapy, since only part of the myofascial restriction has been released.

Myofascial release is the “missing link” in health care since it is successful in releasing the cross-links and rehydrating the ground substance. This rehydration of the ground substance allows for a complete release all the way down to the cellular level.

As I mentioned earlier, all the research on the fascial system has been done on cadavers, which as you know, are brittle. Therefore, the focus was on the fibrous web and the cross-links that developed from trauma and inflammation. However, in life the fascial system holds the fluid of our mind/body. When the fluidity of the fascial system hardens, it takes sustained, gentle pressure to rehydrate the ground substance via the piezoelectric phenomenon.

## Never force through resistance

The therapist, bodyworker or energy practitioner using myofascial release always approaches the body slowly and

gently. Her hands are soft, her mind quiet, and she slowly sinks into the fascial system. She will eventually engage what I call the depth barrier. Resistance is our guide to truly individualize treatment. The therapist should use gentle but firm pressure, like making handprints in soft clay. Do not force.

Next, stretch out the elastic and muscular component. This is the first release. This is what other forms of therapy think is the release. It is not! This only produces apparent change and temporary results. This first release will produce results for a couple of hours or a few days only because not enough time was spent to release the collagenous barrier.

After the elastic and muscular component have released, one will hit a dead halt. This is the collagenous barrier, which cannot be forced and must be gently engaged for a minimum of 90 to 120 seconds. This is only the beginning of the collagenous release. I suggest holding for 3-5 minutes to release the multiple layers of fascial restrictions. Your patience will pay off incredibly, and will produce consistent, comprehensive results.

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