

From Our Members

Myofascial Release Therapy

Richard W. Hall, BSc, JD, BCFE, MG, Park Forest, Illinois

In 1926, my acute illness from infantile paralysis left me with an atrophied left leg that had been forcefully extended and curled toes, which made walking difficult. A triple arthrodesis operation in 1933 fused my left heel into an upright position to my anklebone. This helped to minimize the shortening of my left leg and released the tension on my toes giving me an increased ability to walk.

Prior to a right knee replacement and removal of an encapsulated lung cancer in 1986, I had been hyperactive and involved in many athletic events, including more than 20 canoe trips to the Boundary Waters in Canada. Following these surgeries, I noticed an increased breakdown of my built-up left shoe. Walking x-rays revealed a latent twist in my walk, which related back to walking on my heel before the arthrodesis operation, was causing the breakdown.

Additionally, I experienced weakened musculature in the swallowing area causing me to swallow food unevenly. In November of 1998, I began having a loss of vocal projection, and a biopsy confirmed there was atrophied muscle tissue on one side of my voice box. The diagnosis made at that time was post-polio syndrome.

After experiencing unaccustomed fatigue and new muscular pain in my legs and lower back, and onset of occasional incontinence, my primary care physician referred me to physical therapy to help with ongoing pain to my right knee joint and general stiffness on the right side. Eight sessions of physical therapy gave me no improvement and left me wearing a metallic right knee brace.

Because of discomfort caused by the brace, I traveled to Bakersfield, California, to consult with the manufacturer of the brace. While on the California trip, I was given one session of myofascial release (MFR) therapy in Los Gatos with very positive results.

Upon returning to Chicago, I obtained a referral to Irwin Siegel, MD, a polio specialist at Rush Presbyterian Hospital, who gave me a prescription for myofascial relief therapy. I took the prescription to Karlene Cantrell, a specialist in MFR with 20 years of experience in the field of physical therapy and 13 years specializing in MFR with the prominent John F. Barnes, PT.

For the past six years, this team of a polio specialist and MFR therapist working together has kept me mobile, using my cane, rollator or scooter. I am able to fulfill my assignments of hearing mandatory arbitration cases in the circuit courts of Cook and Will counties in Illinois. Occasionally, I use a voice amplifier.

Although I must travel 45 miles round trip for my myofascial release treatment, I find these services so valuable to my health that I make the trip no matter what the weather and without regard to mileage.

Do you have a special device or trick that helps you live independently?
Have you located a talented shoemaker, back brace or corset maker, or other specialist? Send your solutions to editor@post-polio.org or to PHI, 4207 Lindell Blvd., #110, Saint Louis, MO 63108-2930 USA.

Each MFR session begins with an evaluation of current symptoms, description of areas of stress or pain, measurements of capable movements, some mild exercises, and checking of stress points. Generally, I experience lessening of my symptoms if not at the end of the session, then the day following treatment.

My goal is to maintain stability to avoid falls. In 2002 and 2003, my primary care physician urged me to try physical therapy as an alternative to MFR sessions. During these alter-

native sessions, I experienced instability, which led to a fall down some stairs in my greenhouse, as well as a severe fall while walking in a restaurant that caused a large hematoma above my left eye and some cracked teeth. Thereafter, MFR sessions were resumed and have been ongoing to the present time.

I personally feel that I have been very fortunate and blessed to be under the care of my excellent polio team. I wouldn't know what to do without them. ▲

What is Myofascial Release?

Myofascial release is a hands-on technique that provides sustained pressure into myofascial restrictions to eliminate pain and restore motion.

Fascia is very densely woven tissue that covers and interpenetrates every muscle, bone, nerve, artery and vein, as well as all of our internal organs including the heart, lungs, brain and spinal cord. The most interesting aspect of the fascia is that it is not just a system of separate coverings, but is actually one structure that exists from head to foot without interruption.

Fascia also plays an important role in the support of our bodies, since it surrounds and attaches to all structures. These structures would not be able to provide the stability without the constant pull of the fascial system.

In the normal healthy state, the fascia is relaxed and wavy in configuration. It has the ability to stretch and move

without restriction. When we experience physical trauma, scarring or inflammation, however, the fascia loses its pliability. It becomes tight, restricted and a source of tension to the rest of the body. ▲

Source: www.myofascialrelease.com, the website of John F. Barnes, PT, developer of this technique.

There are four Myofascial Release Treatment Centers in the USA (Paoli, Pennsylvania; Sedona, Arizona; Boulder, Colorado; and San Francisco, California.)

The website www.myofascialrelease.com contains a listing of individuals trained in myofascial release. Each is rated as *Novice*, *Intermediate*, *Advanced-Intermediate* or *Advanced*. Look for the Therapist Directory.