

Dynamic Fascial Release: An Experiment Becomes an Integrative Movement Practice

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Abstract

The primary investigator's past experiences with proprioceptive neuromuscular facilitation (PNF), martial arts, yoga, and dance improvisation, in combination with her current studies of structural integration (SI), visceral and neural manipulation, and other subtle techniques from the osteopathic tradition, have informed her opinion that performing a variety of slow arcing movements with light resistance and eccentric workload can significantly change structure. She has explored this type of movement, which she distinguishes from PNF, with colleagues and clients, and she has developed, in collaboration with a colleague, a protocol for partner-facilitated movement exploration. In teaching this protocol to manual practitioners and martial artists, she confirmed for herself that its practice has the potential to change posture, function, and embodiment. She offers a summary of her findings to fellow structural integrators, and the basic protocol of this practice (which she has named Dynamic Fascial Release or DFR), so they might also be inspired to explore application of DFR's simple principles. She proposes that this practice could be useful in an SI context as an integrative technique that can help to "rewire" neuromuscular coordination, change interoceptive patterns, and cultivate a client's kinesthetic intelligence, in the process empowering the client to be their own agent of structural change.

Overview of the Project

In March of 2012, I began an experiment in collaboration with Jeff Godfrey, an advanced qigong practitioner and director of the Portland Kunlun School. Jeff reached out to me with a simple concept and an invitation to help him explore it. My enthusiasm for my SI practice had made an impression on him three years earlier. Specifically, though, he sought me out because he knew I had experience with PNF (proprioceptive neuromuscular facilitation). He was hoping I could call up my PNF skills in order to help him invent some partner-facilitated integrative exercises that would change fascia and help him with his qi gong.

For those of you who aren't familiar with PNF, it is a rehabilitative stretching and exercising methodology that makes use of isometric and isotonic contraction, reciprocal inhibition, and post-isometric relaxation. PNF is used by physical therapists and massage therapists to integrate manual work, improve range of motion, and refine motor coordination. It involves both active and passive stretch, but it is *not* generally considered to be a fascial release technique; it is considered a neuromotor rehab technique (PNF stretching, 2012)

Jeff's main interest, however, coming from a solid background in martial arts and Chinese medicine, was actually in opening *chi blockages*, places where the energy just isn't flowing; he was interested in the structural causes of chi blockages. He explained to me that there is an ancient qigong practice called Yijin Jing, which is translated as "muscle and tendon changing classic," or "sinew and tendon changing method" (Yijin Jing, 2012). This method, or set of exercises, was classically used by the Shaolin monks of China, to build strength, flexibility, speed, and coordination. There is much writing and conjecture about the teachings, and there are old illustrations diagramming the movements, but it is hard to learn "the ancient secrets" of a movement practice through pictures and writings. Jeff had a hunch that he could address his own lingering chi restrictions by attending to his fascia through movement, and get a better glimpse into the esoteric and legendary qigong teachings simply through experimentation.

Now, Jeff's explanation of the *martial arts context* for his idea piqued my interest, because in the past, I too have studied and practiced Asian healing and movement arts. However, since those days of study, I have been steeped in Western anatomy

and physiology, specifically the study of myofascia, viscera, and nerves. So, as Jeff explained to me his hypothesis about using a specific kind of movement to open up chi blockages, my SI practitioner brain turned immediately to how and why this specific kind of movement could free up fascial adhesions and promote glide, especially where tendons and nerves are crossing the joints.

As we started to explore, I also got very excited about the potential for finding subtle fascial release through partner-facilitated movement in which the client is the primary agent of change. I had a vision of SI practitioners making great use of client movement to produce subtle release of lesions in a way that just isn't done in the osteopathic, visceral, and neural mobilization worlds.

Distinctions from PNF

My initial work with Jeff was inspired by the basic PNF upper extremity diagonal patterns. (In the Resources list at the end of this article, I refer you to some specific videos on YouTube, which will allow you to compare PNF diagonal patterns and the analogous DFR arcs.) I will explain in the Methods section how the DFR arcs that we developed are actually something quite different from the PNF diagonals.

Fundamentally though, this is how I draw a distinction: basic PNF emphasizes coordination through proximal and distal joints within the extremity, whereas DFR emphasizes coordination (and fascial linkage) through the proximal extremity and the core of the body, with the distal extremity being used as a lever to reach along fascial chains into the core. PNF seems to primarily use concentric workloads, multiple repetitions, and a rapid pace, but we chose to constrain our explorations to working only with eccentric workload, doing a single repetition of each arc at a very slow pace, and with a very light resistance.

In contrast with PNF, DFR isn't a prescriptive practice "for relieving x-problem or pain, use y-technique." If it were, it would be more of a physiotherapy approach—it would be some version of PNF. What I am exploring and now teaching is a simple facilitated movement technique that can be applied therapeutically for integrative purposes by following a few *familiar* SI strategy guidelines:

- Start with what is short.
- Work bilaterally.
- Balance the front with the back.

- Access the core from the periphery.
- Take your time with each move or arc.
- Have the client stand up frequently to assess how they feel in gravity.
- Do initial work with the client lying down and then progress to seated and standing work.

In the process of doing the work, some symptoms (pains and chronic functional issues) seem to magically resolve themselves. The more profoundly felt results are a sense of integration, ease, connection, fluidity, lightness, support, and strength.

Protocol Development

Throughout our experiment, Jeff's inquiry came from an Eastern perspective, and mine came from a Western perspective, but we had a common question to explore: Can we create profound and lasting changes in the body through slow eccentric movement, using very light resistance provided by a partner, while moving through a variety of arcs?

We took that idea and we played with it during 30-plus hours of exchange, spread out over three months. A bit like kids hanging out in a tree-fort, we negotiated our play, made up our rules, and figured out how to navigate within our newly invented "universe." During that three-month period, we also experimented with solo practice and with applications of "our toy" in our respective practices. (I worked with my SI clients, and he worked with his qigong students.) Then, we developed a five-hour upper-body beta class for a mixed group of manual and movement arts practitioners, followed by a similar four-hour test class for a different group of practitioners. (Marilyn Beech, Certified Rolfer® and Anita Boser, Certified Hellerworker, shown



Figure 1. Participants in the first beta class.

in Figure 1, were in this first beta class and offered valuable feedback.)

Soon after holding these classes, Jeff decided to focus on his qigong practice. From his perspective, it was a successful experiment; he felt complete with this investigation, his questions were answered, his structure had undergone some intriguing transformation, and his qigong studies and tea business were now calling. For me, though, this experiment had just entered a new phase!

Marilyn expressed to me through email that she was feeling significant and lasting benefit from our weekend of movement work. She had begun using this technique as an integration tool in her own practice and was interested in having more guided practice. So, Marilyn found eight interested practitioners (just massage therapists and SI practitioners this time), and hosted a two-day workshop. This third class I taught in November of 2012.

In prepping for a full-scale workshop, I felt like I needed a new collaborator, someone local to me, so I recruited Michele Wren, a fourth degree martial artist and massage therapist who had been in the first beta class. I worked with her privately to teach her more about what Jeff and I had been exploring, so that she could assist in teaching.

Soma practitioner Aric Spencer attended this workshop and was the third structural integrator who I introduced to DFR. My conversations with Aric, Marilyn, and Anita have confirmed for me something that I was expecting and hoping to find: it is not just me, this technique or method is *intriguing* to other structural integrators as well. Although the massage therapists were wowed by this work, the SI practitioners in particular could readily feel and see the potential benefits of adding this integrative tool to their practices. Three months after the weekend class (in February 2013), we will be holding a one-day *advanced lab* as follow-up for the November workshop participants. In my view, the principles and basic technique are simple and can be taught in a weekend; learning how to creatively adapt and apply the technique takes place over time, ideally in partnership with other curious investigators.

My thesis here is that I have *found* (developed in collaboration with a colleague) a movement modality or technique that structural integrators will find *interesting, useful* for helping clients to integrate the more manipulative SI work, and *mysteriously effective* for resolving some of their clients' remaining

functional problems. I have some conjecture to share with you about *why* these methods might be so effective, and I will share some results in the form of a few brief case descriptions and practitioner testimonials, but first I must describe for you my methods, what it actually is that I am doing.

Methods

This modality or technique, which I have named *Dynamic Fascial Release*, is simply a new application of an ancient training technique that has been taught in many contexts. A fundamental mechanical description of the work is that we are using *very light resistance* (provided by gravity and/or the hand of a partner who serves as the facilitator) and an *eccentric workload* through a series of *slow arcing movements* to change the structural organization within our bodies. That's it: a light, slow, eccentric workload, through a variety of full-range arcs. A session becomes a slow, moving meditation that cultivates subtle perception and changes one's sense of embodiment.

What exactly does this new modality *look* like in practice, and how does it compare to other integrative movement practices? Well, just as with the Yijin Jing, it is difficult to capture in still pictures. Dynamic Fascial Release, as I have been teaching it, is partner-facilitated movement that is reminiscent of the therapeutic techniques of PNF and the mindful practice of push hands taiji.

In the partner-facilitated form of DFR, there are two roles: the *Doer/Active Receiver* and the *Facilitator*. The Doer in this work (the client, if practicing in an SI setting) is the more active agent of change, whereas the Facilitator is the observer/coach, the person who provides a tactile reference, directing vector, pace, and amount of resistance through touch. (If you have experience with contact improvisation dance, you will immediately understand this sort of tactile leading and following.) Facilitator and Doer also talk during the work, to negotiate and coordinate their efforts, but much of the communication is purely physical.

When the Doer is initially learning this technique, the role of the Facilitator is very important. As the Doer becomes more practiced however, the Facilitator becomes even more of an observer/helper/tool, while the Doer very effectively directs the work.

We start with a chest-and-shoulder-opening series of arcs, with the Doer lying on the floor or table. Working this way simplifies the action; the person on the floor is stabilized and has a clear reference

Sidebar 1: Basic Upper Body Arcs

From side-lying, with hips flexed to 45 degrees, start from a low “closed” position, with top arm extended, palm down near thighs (Figure 2). The Facilitator begins by feeling the weight of the extended arm, with palm-to-palm contact, and then asks the Doer to extend fingers, add resistance, and make an effort to *stick to the floor*. Next, the Doer reduces his effort to allow the travel of hands away from the floor. (If this were arm wrestling, the Doer would be *allowing* the Facilitator to “win” gradually.) Ideally, the Facilitator should contact the Doer’s finger pads as well as palm, to create some responsive tensioning of the Doer’s flexor compartment that will enhance the effect of leverage (not showed in photo).

On the way through the arc to the high-open position (position 1 in Figure 4), you will pass through the intermediate position (Figure 3). (Time yourself; it should take a *full two minutes* for you to arrive at this intermediate position.) At the midpoint, when fingers are pointing toward the ceiling, the Facilitator cues the Doer to let the *side* of his ribs *lift* to the ceiling, aligning the shoulder and scapula well by having fingertips also reaching toward ceiling. Then as the arm swings back toward the floor, the torso begins to twist, and the chest gradually opens toward the ceiling. Pressure between the hands of Doer and Facilitator will suddenly be reduced, because gravity assists in providing resistance during the second half of the arc. The facilitator may need to remind the Doer to “stay with me, stick to my hand.” (The Facilitator is in control of the rate of descent during this second half of the arc.)

If the torso has limited rotation available, the Facilitator can cue the Doer to allow the top knee to lift a bit. With extreme shoulder or torso restriction, the Doer may decide the arc feels *done* well before the hand reaches the floor. (Pain or a feeling of vulnerability is an indication to end the arc.)

When the arc is complete, the Facilitator returns the Doer’s hand to his side. The Doer lies there for a moment, then stands up to feel the change.

Repeat the procedure with a new arc, starting at the mid-closed position (position 2 in Figure 2) and finishing at the mid-open position (position 2 in Figure 4). Then do a third arc, but start at the high-closed position (position 3 in Figure 2) and finish at the low-open position (position 3 in Figure 4). For a big kinesthetic opening experience, do all three opening arcs on one arm, stand up to check, then do all three opening arcs on the other arm, and stand up to check.



Figure 2. Starting positions for the basic upper body arcs.



Figure 3. Intermediate position for the basic upper body arcs.

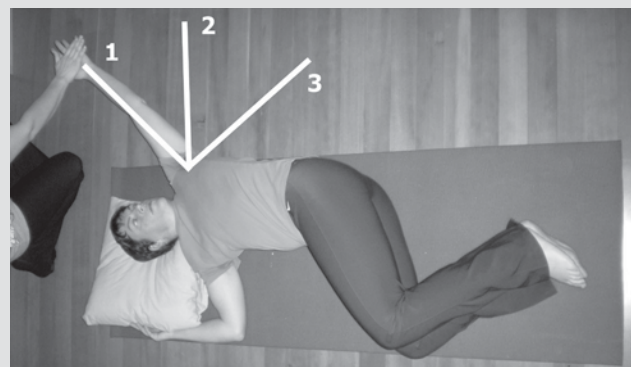


Figure 4. Potential ending positions for the basic upper body arcs.

to the horizontal plane. (Later, after the client has some experience with the work, it can be extremely interesting to work upright in gravity, either sitting or standing.)

I refer to these arcs as *the basic upper body arcs*. They are based on the PNF upper extremity diagonals, but they are simplified to focus on the shoulder area (the more proximal joints), and they include trunk rotation. In the PNF diagonals, every joint of the upper extremity is moving through its range and the core simply stabilizes (or is stabilized by the table): fingers extend and abduct or flex and adduct, the forearm pronates or supinates, and the elbow flexes or extends, but the torso does not rotate during the arc. Whereas in the DFR basic upper body arcs, the fingers are held straight throughout the exercise, and the elbow does not appreciably flex or extend, but all the joints of the spine and rib cage move, and the muscles of the hips and legs are involved. With these basic upper body arcs, the Doer and Facilitator engage in steady palm-to-palm contact, and the only other touch used is an occasional physical cue (to breathe into the ribs *here*, for example). (See Sidebars 1 and 2.)

Just as with a regular SI session, when doing a series of arcs, it is important to take ample time for integration. In between moves, the Doer/Receiver lies flat for some moments and then stands up to process the latest input while upright in gravity, allowing first and second impressions to arise *before* conversing about something else, and before moving on to the next significant system-input. The facilitator serves as witness during this time, but may prompt the Doer/Receiver with a few Feldenkrais-type questions, to help the Doer register these significant changes in relational body awareness. The experienced Doer/Receiver already knows what kind of questions to ask himself:

“What has changed?”

“How does the left side of my body compare with my right?”

“Do I have a different sense of my body’s shape?”

“Do I have a different relationship to the floor or the environment around me?”

“How does gravity pull on me now if I let it take over?”

“How does walking feel different?”

The answers that arise are typically similar to the responses you would feel after receiving some manually applied SI work, reflecting increases in

length, openness, connection, freedom, grounding, and smooth action:

“I feel taller on the right.”

“My right side is really grounded.”

“My chest feels so open.”

“Wow, I feel really twisted ... Let’s do the other side!”

“My leg moves differently ... I can leave my foot behind me as I walk.”

A natural outgrowth of partner-facilitated DFR practice is solo practice, in which gravity is the source of resistance, and all the direction and regulation of the work comes from the Doer’s “listening” to his body’s continually changing responses. If you’d like to experience a taste of solo DFR practice, check out the Snow Angel exercise described in Sidebar 3.

Results

How do you know that you have witnessed or experienced lasting structural change? The client/receiver usually feels some type of change right away, then as time passes and the client integrates the work, an aspect of that change lingers (for days, weeks, or months). The newness of the change might wear off, but the client reports that he is more comfortable, and perhaps reports that some past complaint has diminished or disappeared. This sort of change is subjective, and it is not the sort of measurable change that scientists like to write about, but subjective change is real and can be profound. Practitioners and clients can both appreciate that.

If you are a practitioner witnessing structural change during a session, you do feel a difference in the tissue, you can observe functional changes, and you likely will see shifts in posture after each move and at the end the session. As time passes, you may observe that the client’s postural shift has been largely retained, *and* you may note some return to the earlier, pre-intervention posture. If you palpate the tissue weeks after the initial changes that you felt, though, you will likely be assured that, “Yes, the tissue change is real and still palpable.” Jeff and I didn’t try to document changes in our structure through photos, even though before and after photos are traditional in SI practice. What was more important to us was the change we felt inside ourselves over the course of days and weeks.

Our perceptions and felt experiences evolved. We had fun watching each other experience dramatic changes in perception and function after getting up

Sidebar 2: Variations on Basic Upper Body Arcs

After the opening arcs, do the complementary closing arcs. (Reverse the path and remember the Doer begins with *sticking to the floor*, this time from the open position, so that the workload is still eccentric. The muscles on the back of the shoulder are now working.)

If one shoulder is injured, alternate doing one opening arc, followed by one closing arc. This won't give as big of a "wow" experience, but it might help the shoulder feel more comfortable and safe. Balancing front and back as you go will reduce feelings of vulnerability.

If you are short of time, feel free to do just one opening arc on each arm, but don't work only one side of the body. Working bilaterally will help balance the brain and the neuromotor system.

To enhance the feel of opening and lengthening cross-crawl movement, the knee can be extended (with foot raised off the floor) throughout the second half of each opening arc. Reaching with the lower leg will extend the workload, increasing *actively* produced tension along the myofascial chain. This is helpful for Doers who are very open, because it distributes and increases tension along the myofascial continuum, making the work more effective at targeting what is tight or restricted. For Doers who are more restricted in torso rotation, extending the lower leg will reduce the amount of *passive* stretch through the torso. (Muscles in the hip remain engaged, so that the leg hovers off the floor. Abdominal muscles will also be more active.)

If you suspect that there is restriction at the junction of latissimus, teres major and triceps, then do a steeper arc. With the Doer in side-lying position (active arm on top) or seated position, start with the hand at hip level. Contact the Doer's little finger edge of hand, and progress in the sagittal plane until the shoulder approaches full flexion. Ask the Doer to allow the elbow to bend as the shoulder approaches maximum flexion. Adding eccentric work for the triceps will help the triceps tendon and latissimus and teres major tendons to glide with respect to one another. You will arrive at a position that reminds you of getting ready to throw a ball.

Next, do the complementary arc: Begin from the finish position, with the Doer attempting to

stay (or return to) this shoulder-and-elbow-flexed, cocked-for-throwing position. The Facilitator's job then is to gently unfold and extend the Doer's arm, returning the hand to the hip, and then continuing the arc past the hip to open the front of the shoulder.

If you want to try a seated version of the upper body arcs, refer to Figures 5 and 6. Working upright allows you to add flexion and extension of the spine.



Figure 5. One starting position for a seated upper body arc (low to high).



Figure 6. One ending position for a seated upper body arc (low to high).

to integrate each arc, but we recognized that much of the initial change in posture and movement that we observed was due to perceptual change, which shifts rapidly. After that initial shift, Jeff felt it took him a full five days to integrate each session. I felt like things usually settled out into their new norm within a few days. How I felt in yoga and during running were my baseline references. Jeff was abstaining from qigong during this time (his movement practice was simply to “chop wood and carry water”), so mundane activities were his most valuable reference. As we gave each other our reports of what we were experiencing from week to week, I appreciated his ability to tune into minutiae; it made me smile regularly. For a few weeks, he was reporting with enthusiasm that he could feel lingering effects within his brain. He said that even his facial expressions had changed, and his wife had commented on the shift.

Ultimately, what lured us forward in our journey through ten or eleven intensive sessions (in which we kept inventing new arcs for different body parts) was the fact that we did feel our structures were clearly shifting. A session might begin with Jeff’s report: “My hips feel looser, my spine moves more freely, and now it feels like what is stuck is in my lower legs and my feet. Let’s do something for the lower leg.”

At this point, I thought it would be interesting to include a summary of the *types* of somatic changes that various investigators of DFR have reported (functional and experiential changes that seem tied to structural change). This summary also provides a glimpse of the additional arcs that we have developed. Here are some abbreviated case histories.

Investigator A (me)

History

Moderate scoliosis (an s-curve) and a persistent lean to the left, with a functionally longer right leg. History of asthma and brachial plexus tension; shoulders generally held in elevation. Some sort of persistent restriction in the right leg, feeling like neurovascular tract tension or restriction in the region of the inguinal ligament. Shoulders restricted in flexion (with baseline reference being how they feel reaching overhead and in *downward dog* posture during yoga). Have received 30 or more traditional SI sessions in the past, not so many in recent years. Five or so visceral/neural/osteopathic sessions received in the previous eight months.

Highlights of the Results

Early on with the upper body arcs, I felt many micro shifts in scapulae position and a general opening right after doing the arcs, with greater ease in some yoga poses during the weeks after. More dramatic release for the shoulders was felt after seated arcs for the neck (diagonal arcs involving rotation and flexion/extension of the neck with ultra-light resistance).

While doing the lower body cross-crawl arc (in right side-lying position, with left hip and leg in extension, spine also extended and right rotated, and left arm reaching in cross-crawl), I felt a profound shift beneath my diaphragm, some sort of visceral release that happened as Jeff encouraged me to breathe into the sides of my ribs. After the release, I had the impression that I may have had this restriction for twenty or more years; the release I felt was profound. (The same arc, repeated a few weeks later, just didn’t feel as interesting and dramatic, I assume because whatever had been restricted was now freer.)

Four months after the series of ten sessions with Jeff, I had a session with Michele in which we invented a new arc for the hips that involved a greater degree of rotation. The persistent feeling of neurovascular restriction in the right lower abdomen/groin, which I’d had for several years was instantly relieved. (It had not been relieved through multiple osteopathic sessions in which *general listening* was dutifully followed. Once or twice, my practitioner had released something in the area, but it never felt complete.) Six weeks after performing that pair of arcs just once (right and left leg), the feeling of a glide or tension issue in that right inguinal area remains resolved.

Investigator B (Jeff)

History

Past martial arts training, both “hard” and “soft” styles, past military training, and a current advanced qigong practice which was temporarily on hold. Relatively flat foot arches. Childhood respiratory illness (walking pneumonia) involving a seven-day hospital stay. Jeff had not previously received a full SI series before. He had received about three sessions from me three years earlier.

Sidebar 3: Exploring Solo Practice With the Snow Angel

You probably know how to make an angel print in the snow. This is the same arm movement pattern. Lie on your back and hover your arms just off the floor at your sides. Move (abduct) both arms slowly in a double arc, hands staying just above the floor, until your arms are extended beyond your head. Gravity is providing the resistance. You can actually start anywhere in the arc, but take a full four minutes to travel both directions. Keep your reach extended broadly out through your fingertips, and feel the micro-adjustments your body is making to shoulder and scapula alignment as you travel through the arc. Imagine the *stringy elements* crossing the shoulder (tendons, nerves, arteries) sliding and gliding over one another as you travel.

You can refer to an article that teaches this solo exercise, plus two other variations, at the following link: <http://www.agilebodyportland.com/2012/06/25/shoulder-restriction/>. Within the article are links to audio recordings of instructions. These will pace you through each of the three arcs.

Highlights of the Results

Doing seated upper body arcs, with the added component of spinal flexion and extension (Sidebar 2), he experienced a persistent and strange need to clear his throat while moving through the arc (“a-he-he-hem, ahem-hem...” followed by, “Don’t stop, I’m okay ... a-hem-hem-hem...”). He attributed this to loosening of adhesions in the pleural lining and/or some sort of neural response related to his childhood experience with walking pneumonia. It was fascinating, because it kept going on through each of the four arcs, which each took about four minutes. The opening change he felt in his ribs and lungs afterward was hard for him to describe but profound. The following week he felt a strong need for a different arc to complete the work, and we found one that was satisfying, dispelling his intermediate discomfort.

During the lower body work, we invented arcs for his feet and ankles, which profoundly changed the way he felt the ground. (These diagonal patterns for the ankle and foot were borrowed directly from my PNF training, but we used DFR protocol, not PNF protocol.) A different more torsional arc, using

the dorsiflexed foot as a handle to affect the entire lower extremity, had the effect of sorting out some knee glitch and providing a dramatic change in the SI-joint area. While doing the lower body cross-crawl arc (described above for investigator A), Jeff reported feeling a tug or tension in his cranium, which seemed like a neural pull into his brain. This is the session that led us to create a series of seated arcs for the neck. Over the course of several sessions, the feeling of “brain tension” diminished and eased, which is when he reported that his wife observed that his face looked completely different, more open and almost reflecting a different persona.

Four months after his last partner-facilitated DFR session, Jeff reported that the biggest changes he felt in his system were in the muscle bellies. They felt differentiated, he said, as he gestured to his thigh. I am paraphrasing from memory, but he described the big muscles as feeling more articulate or refined, some sort of adjective that seemed uncharacteristic of big muscles. Jeff also said that he had resumed his qigong training with his teacher and he had experienced a profound breakthrough in his practice. He felt the DFR experiences had physically opened up his body and prepared the way for the recent mind/body/chi transformation that he’d experienced through qigong.

Investigator C

History

Had a hysterectomy to remove a large neoplasm and a year later was experiencing stiffness and SI-joint pain in that right hip.

Email Record of the Results Felt

Well, I'm very impressed ... When I got out of the car ... I didn't have any of my usual hip joint/muscle stiffness. I can feel that my right leg is rotating very differently now--lots of lateral rotation, my foot even points out just a tiny bit. The new tilt/rotation actually works a whole lot better with the shift that I'm stuck with, and I think that's contributing to the loss of SI pain on the left side. I'll take my usual morning walk tomorrow and see how it feels on a long walk. But I'm having lots of fun--this is the most major structural shift I've had since the first series I had eons ago.

Interesting thing on the way home: for about thirty miles I tended to keep veering to the right side of the road instead of staying in the middle of the lane. I had to very consciously retrain myself back to the center. Then about half way home my jaw started to chatter. Weird. It did that for about ten miles and then stopped. I was kind of spacey and tired too. I wondered if it was a

parasympathetic release--trauma thing or something left from the anesthesia/surgery. Having that right pectineus/[adductor] brevis area tissue release like it did was quite a big deal I think. (2012, personal communication).

Investigator D

History

Massage therapist with some sort of trauma in the past, details unknown.

My Observations of Her Experiences in the DFR Workshop

During the lower body arcs in particular, I noticed much shaking, and some jerkiness, which seemed to be unsettling for both the Doer and Facilitator. In part, they weren't sure if they were doing it right, but I recognized some sympathetic nervous system response. (This jerkiness of movement was much greater than the ratchety effort people normally experience through the challenging portions of the arcs.) I acknowledged that there could be some stored "charge" or memory of past interoception and reaction (Schleip & Jäger, 2012). I asked the pair of people to keep returning to sensation, dialing back their effort, gently breathing, etc. Then asked them to allow ample time in between arcs for the Doer to process her first impression of what had changed, and then her second impression, and then move from lying to sitting, and ultimately to standing. Over the course of the weekend, the shaking kept arising during arc travel, and I could see there was an emotional charge, but the Doer seemed able to contain and manage her experience.

I explained to the class that we have many neural receptors whose function is interoception, detecting, and communicating to the brain what is going on internally. We actually have more interoceptors than proprioceptors. I also explained that this sense is connected to the part of the brain that forms beliefs about safety and making choices, about whether to freeze, run, fight, or curl up and be sick (Pischinger, 2007). I kept an attentive eye on the pair of practitioners, and told them the shaking was okay, that it could be an example of somatic processing of some past trauma, and her body could be "rewiring" her response to internal stimuli, all while re-coordinating how to fire up just a few motor units. Then I suggested it is possible to unload a stored traumatic experience without having to unpack it and examine the contents. The physical sensations could simply be acknowledged in their passing

(Levine, 1997). As I observed the pair, it seemed that the Doer was experiencing shifting waves of intensity, but she was able to successfully process and trust her body's shaky progress through the arcs. I encouraged them to work lightly and slowly, but allowed them to manage and pace their own experience. I did not learn what the nature of her past trauma was, but the Doer seemed emboldened (albeit a bit exhausted) by the end of the weekend.

Investigator E

An Example of Symptoms Resolving Themselves

The investigator, a student from the weekend workshop, was working with a client who had a neck rotation issue, and the practitioner just hadn't been able to sort it out yet. She reported that she used the seated thoracic torsional arc (see Sidebar 4 for full description of arc), and she didn't have the client do anything special with her neck, just did the thoracic twist. She was thrilled to discover that when

Sidebar 4: Seated Thoracic Torsional Arc

The Doer sits tall on her sitting bones. Thighs can be level (sitting in a chair) or angled (sitting on the edge of a massage table), but the Doer's feet should be flat on the floor. The Doer's hands rest on thighs with elbows at sides, then using her core muscles (not her hands), *the Doer twists to her left to find the starting position*. The Facilitator places *one hand in front of the Doer's right shoulder* (at the acromion/upper corner of chest) and *the other hand behind the left shoulder* (against the posterior scapula/upper ribs). The Facilitator then tries to reverse this twist, while the Doer resists but gradually yields. (To make sure that you create an *eccentric* workload, start with the Doer twisted, then have the Facilitator reverse the twist.) This is a very short arc in terms of distance traveled, but it should take about two minutes to go from one extreme to the other. Slow pace will make this arc powerful. Stand up and assess internal sensation before doing the opposite arc.

Tips: Use a very light force to address the tiniest muscles and fascial restrictions (e.g. multifidi, peripheral nerve root restrictions, and tension in the arterioles that supply the intercostal muscles). Can you feel that this arc also addresses the subscapular "joint" between the shoulder blade and rib cage?

they were done, the client's neck swiveled almost normally.

Discussion

So, releases were felt, quality and range of motion changed, posture shifted, affect or apparent persona seemed to shift, but what was going on physiologically and structurally? And is DFR working differently than other movement practices? First, I'd like to contrast DFR with some other movement practices. Then I'll discuss the power of subtle effort, which will lead to my reasoning on why and how DFR works.

DFR is Distinctly Different From Other Movement Practices

In its solo form, DFR could remind you of yoga, qi gong, Ida Rolf's arm rotation exercises, the organically unfolding limb movements of a Continuum practitioner, or the free-form explorations of a slowly moving contact improvisation dancer in a *dance with gravity*. In contrast though, DFR is much simpler than yoga or qi gong (the movement pathways are very basic and not complexly sequenced). DFR involves contralateral movement and much more core involvement than Ida Rolf's arm exercises. Additionally, the arcs of movement explored in DFR are more systematically chosen than in the free-form practices of contact improvisation dance or Continuum.

Partner-facilitated DFR practice, in contrast to the therapeutic practice of PNF, is not so much about remedial or corrective intent. The work is bilateral (rather than being unilaterally directed at an injury). Arcs are chosen less to correct movement and more because they feel right and lead to a felt sense of a longer, taller, more grounded and expansive body.

DFR is also different from taiji push-hands, because in DFR the purpose is not at all "to win" or unbalance the opponent; the purpose in DFR is for the Doer to find greater freedom and ease of movement. Additionally, in push-hands practice the extent of a particular arc and the broad variety of potential arcs may not be fully explored.

All of the above practices have been used to improve organization within the body. Some teachers of movement practices will tell you that heavier loads and efforts are required to actually change tissue structure, whereas slow, mindful movement primarily serves to *educate* the body about smooth, "correct"

coordination. (This is often the party line amongst structural integrators as well.) Other teachers (of martial arts and yoga, for example), will tell you that slow mindful movement with a low intensity can also change the structure of the body, but they might be hard pressed to explain why.

Subtle Force Can Effectively Trigger Structural Change

I would now like to offer some conjecture about how mindfully applied slow, low-workload exercise can change not just overall organization but also tissue structure. Some of this is based on my exploration of DFR, and some is based on my experiences with subtle visceral, neural, and vascular manipulation.

Those of you with visceral or neural manipulation experience will readily agree with me that, when deftly applied, subtle movements of the manual practitioner can profoundly change tissue tone and body organization by *unsticking* fascial adhesions that may be elusive to the practitioner who uses more forceful and/or less specifically directed manual techniques. (When I refer to fascial adhesion, I am including "stuckness" between the layers of the myofascial chains, along the neurovascular tracts, and even within the glide planes of the viscera.) You simply don't need force to profoundly affect fascial structure, if you have specific discernment and intent.

Advocates of osteopathic methods would explain that without a detailed understanding of the anatomy, a gentle effort will be less effective. But osteopathic work doesn't always need to be tuned into a specific structure to be effective, as long as the therapist is using a long-handled approach and is *listening* attentively to the quality and vector of tensions within the system. (Jeffrey Burch in his Functional Methods class has taught me some long-handled, nonspecifically targeted osteopathic techniques that are quite effective.)

Now with DFR, when you are the Doer, your awareness is broadcast throughout your neuromyofascial net. You as Doer, may not really know what you have a "handle" on, and you may have limited knowledge of structures, ligaments, and glide planes. However, as you learn to tune attentively into the nuances of tension and pressure, you are able to direct and control the work enough to effect a fascial release. DFR is able to put the receiver of work in charge of the work, because the receiver is taught to *listen* well and respond sensitively to micro-changes in proprioceptive feedback. Subtlety

is part of the reason why DFR can be effective at changing structure.

A big difference between DFR and osteopathy though, is that with osteopathic work, the primary *doer* or agent of change is decidedly the manual therapist, not the client. (If the client in an osteopathic office were being trained to do their own self-care release work, it would definitely be a different practice.)

How and Why DFR May Work

What follows are highlights of my current reasoning regarding how and why DFR works.

Motor Units Are Trained to Work Independently Instead of in Unison

As a limb moves slowly through a broadly arcing path, individual motor units within the fan-shaped muscles and fan-shaped muscle groups (e.g. adductors) need to fire sequentially. If the neuromotor system is accustomed to firing all the myofibrils and motor units at once for a particular action (for instance combined adduction and flexion of the hip), then movement through a slow arc might be ratchety rather than smooth. Ratchety or shaky movement is indeed what we observed in the portions of the arcs that felt challenging. (I have been telling DFR students and clients that this ratchety effect is good, because it is an indication that training of new neural pathways is occurring; the body is figuring out how to fire the motor units sequentially.)

Slow Movement and Subtle Variation of Light Effort May Help Release Fascial Adhesions

Why is slow movement important? For one, Jeff and I just didn't feel the same profound effect when we rushed through the arcs. Secondly, I think slow movement reduces the likelihood that some part of the neuromotor sequence will be missed, so neuromotor retraining will be maximized. Third, it makes sense that *subtle fluctuations in effort* that occur where there is shaky movement actually cause subtle variations in tension on the tissue. These tiny variations in tension, especially when the overall effort is very light and slow, might provide an oscillating *first barrier stretch* on minor fascial adhesions—the kind of stretch that is often used in osteopathic release work.

Torsion Helps Engage Longer Fascial Chains

With the torsional arcs, rotation of the limb or torso twists the fascial linkages, locking up the fibers in the loose areolar layers so that force can be transmitted over a distance through the tissues. This is how it is possible to work with the foot to engage the myofascial chain all the way up to the hip. We are not just locking up the joint, as one might explain, we are putting a gentle twist on the myofascial net, locking up the loose areolar layers between motor units (and between overlapping tendons and muscles), facilitating force transmission of tensional or compressive force through the myofascial chain. (This is likely why Ida Rolf could feel her arm rotations reaching into her core.)

Interoception Is Cultivated, Which May Help With Trauma Resolution

My recent reading has me thinking about parasympathetic response to slow stretch, interoception, and trauma resolution:

- Certain mechanoreceptors in fascia respond to slow stretch (some are responsive at a very low threshold of stimulus). In so doing, they help regulate the autonomic system by promoting a parasympathetic reaction (Schleip, 2003).
- Post-traumatic stress disorders are associated with reduced interoceptive awareness (Schleip & Jäger, 2012).
- Feelings form a basis for decisions; sensations associated with prior traumatic experience warn us of situations that might be unsafe, triggering a sympathetic response (Pischinger, 2007).

[Many thanks to Marilyn Beech for suggesting these three cited sources, and for initiating the discussion about interoception.]

Integrating these three ideas, here is my reasoning on how trauma resolution might occur through DFR: Sensations may arise post-trauma, triggered for example by a body position associated with the original trauma, which then bring up a remembered sympathetic response (associated with the urge to flee or fight). Such a remembered response to proprioceptive and interoceptive stimuli could arise during a DFR arc, but if it arises in conjunction with mechano-stimuli that produce a parasympathetic response, a confusing juxtaposition of neural responses occurs. A rest period between arcs cultivates interoception, and all three kinds of neural

activity together rewrite the neural pathways that tell us whether we feel safe.

Conclusion: The Project Continues

What makes DFR unique with regard to other movement and manual therapy practices is a combination of goals and technical elements.

The educational, structural, and functional goals of Dynamic Fascial Release include the following:

- Coordination of core and limbs, including cultivation of the ability to move the periphery from the core.
- Filling in the *gaps* of reduced kinesthetic awareness by opening up movement in places that were previously *held* or less mobile.
- Cultivation of subtle perception, so that the Doer can self-tune his body more easily.
- Changes in interoceptive feedback patterns to the brain, so that new patterns can shift subconsciously held beliefs about what constitutes *safe* movement or posture.
- Exploration of movement around the edges of one's comfort zone to expand expressive repertoire.

Technical elements of DFR include:

- Continuous, ultra-slow, eccentric movement (not concentric, not rapid, not isometric).
- Very low resistance across changing vectors, to promote a smoother recruitment of motor units.
- Actively produced tension along a myofascial continuum, allowing leverage or reach from the limbs into the body's core.
- Limited use of repetition. (Each arc is typically performed just once, but multiple variations on an arc may be used to address many fascial fiber directions and promote glide between elements.)
- A variety of arcs that involve rotation, to take up slack and engage longer myofascial chains.
- The client is the primary agent of change.
- The invention or selection of arcs is organic, yet methodical; there is a suggested pathway or sequence. (Arc selection is not prescriptive or formulaic, nor is it completely free-form.)
- Knowledge of specific anatomy is not necessary. Kinesthetic intelligence is tapped into and cultivated.

Dynamic Fascial Release is an open-source modality; the name and acronym DFR will not be trademarked by me, and if you decide to explore on your own the concepts I present here, you are welcome to refer to your own version of the work as dynamic fascial release, in upper or lower case letters. (Recognize, however, that in your version of this work, if you are not working eccentrically, very slowly, with very low resistance, bilaterally, with a variety arcs, then what you are doing is not what I am doing.)

Before you experiment in using DFR with your clients, I recommend that you find another practitioner (manual therapist or mover) who wants to spend some time exploring this with you. You can't understand fully what the Facilitator needs to do unless you have experience being the Doer. Without an introduction from someone who has already experienced DFR, you also might do well to experiment with solo practice. (Start with the Snow Angel exercise, for example, or play with other arcs, moving *über-slowly*, eccentrically, with the resistance of gravity.) Actually *doing* the work, being in the receiver's position or "driver's seat," will be your greatest teacher about how to finesse this work as a Facilitator.

I offer DFR to you in this article, because I believe this integrative movement technique can function as an interesting and helpful complement to manual SI work. DFR is probably not useful by itself as a *primary* method for releasing adhesion and reorganizing fascia, but it does seem to release and open subtle adhesions that haven't yet been accessed by manual methods. I like that it provides a way to do subtle work with a high level of client involvement. Moreover, its potential for helping clients learn to reorganize and integrate their own bodies is exciting.

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Resources

Jeff Godfrey, a qi gong practitioner with training in Chinese medicine and Taoist martial arts, is

director of the Portland Kunlun School (<http://www.portlandkunlunschool.com>).

My YouTube channel (<http://www.youtube.com/user/agilebodyportland>) includes short video clips of many movement forms, gathered together for visual comparison. Included in the *partner-based movement* playlist: PNF upper extremity diagonals, DFR upper body arcs, contact improv, and a great overview of push hands technique. In the *solo movement practice* playlist: compare Ida Rolf's arm rotations, Continuum practice, a contact improv dancer in solo improvisation, slow yoga, and solo taiji.