

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(Massage Message, July-August 2014)

TO BREATHE OR NOT TO BREATHE - THAT IS THE QUESTION!

Weekly clients arrive at my office with some form of breathing dysfunction listed on their intake form. This includes restricted breathing, asthma, pneumonia, and COPD. Few realize that with appropriate myofascial release many breathing problems can be substantially reduced and sometimes resolved.

Looking at the breath mechanism we see that it needs to be able to fully expand and contract without restrictions in the soft tissue. It is obvious that the bones remain rigid in the shape that they have formed and that expansion and contraction of the thoracic area is all governed by soft tissue. Unfortunately many massage therapists do not look at a client's breathing and evaluate where the soft tissue restrictions occur so that they might release the soft tissue and assist the client in a more full respiration. Some of the soft tissue that restricts breathing is deep in the abdomen, specifically the diaphragm and psoas muscles, that affect the diaphragm through connective tissue (fascia). So, let us look at the breath process first and the soft tissue that can restrict it.

Starting at the top of the breath mechanism we see the mouth, nose and nasal passages. A deviated septum or overly tightened jaw muscles can restrict a client's ability to draw in a deep breath. If we then look at the neck, especially the muscles that surround the trachea, we can see another area that needs to be able to relax during breathing. Since many of the intrinsic muscles of the neck are responsible for the structure of the neck we can see that a misaligned structure can contribute to difficulty in bringing air down the trachea.

Next the thorax - tightened pectoralis muscles restrict expansion in the upper chest and contribute to medial rotation of the shoulders. The serratus muscles can further restrict the expansion of the thorax and contribute to the medial rotation of the shoulders. The subscapularis under the shoulder blade can also contribute to restricting expansion and medial rotation of the shoulders. Between the ribs we find the intercostals which expand and contract with every breath and dramatically affect thoracic movement in breathing. If we continue around the ribs we see the latissimus dorsi, trapezius and rhomboids surrounding the posterior thoracic region affecting the expansion of the thorax during breathing.

Looking at the abdominals we see the diaphragm - the bellows of the breathing, the rectus abdominus, and the internal and external obliques that have to be free to allow movement during breath. Looking deeper we see the intrinsic muscles of the psoas, quadratus lumborum and intestines that not only affect structure but also expand and contract in breathing.

When a full breath takes place there is also a rocking of the pelvis. The pelvic muscles affect the rocking which affects the breathing. The gluts, quadriceps, hamstrings, and adductors can all inhibit the rocking of the pelvis during breath.

Structural evaluation is a good way to initially evaluate the soft tissue that is restricting the breathing process. Is the head projected forward or tilted to one side? Are the shoulders medially rotated - if so is one more medial than the other? Is the chest sunken in? Is the whole thorax dropped down? Is one side of the thorax lower than the other? Is there a visible twist in the thorax? Do we see substantial tension lines cutting across the rectus abdominus? Looking from behind are the trapezius and rhomboids locking the shoulders back or raising a shoulder? Is the latissimus dorsi over developed or contracting with ridges of tension? Is there a shortness on one side between the posterior crest of the ilium and the thorax? Is there a twist in the iliums? Do the glutes appear over developed and bunched on one side? Are the legs medially rotated? Are the legs hyperextended?

At this point if you have noted more than three of the above you will start to see how imbalances in structure can limit the breathing.

The next step is to observe the client breathing. If the clients aren't breathing due to being stressed while you are observing the structure, ask them to breathe normally and note where there is little or no movement due to restrictions. Next have the client take several deep breaths and observe where expansion takes place and where it is limited. As the client takes a deep breath observe the tension and stress that are restricting the breath. You can also have the client take 10-15 deep, full rapid breaths expanding not only the thorax but also the abdomen. After 10-15 deep breaths note where the breathing process starts to tighten and further restrict the breathing. This is often where the client is blocking emotions along with the breath.

If you observed any structural imbalances along with the breathing restrictions you will now have the keys for releasing a restricted breathing process.

Start with the structural restrictions first. Many of the structural restrictions are from the core distortion. If you

know the Cranial/Structural Core Distortion Releases (CSCDR) this is the most effective first step in treatment. It will help bring the structure back into support and balance. The next step is applying soft tissue myofascial strokes to release the buildup of ischemia and toxins in the tightened, restricted muscles. Follow these with deep slow strokes in the direction that you want the release to take place waiting for the tissue to release and melt, not pushing through the tissue. This will start to release the myofascial holding pattern. Then observe several deep breaths. If there are any other restrictions isolate the individual fibers that are still restricting and hold with deep steady pressure until they release. Work the areas that you observed being restricted until all the areas of restrictions are released. Then step back and observe the client taking deep breaths. Often you will find some areas of restriction that were not previously evident that now need to be released in the same manner as above. Note that often as you release the restrictions of breathing clients will release emotions. Be sure to give the client room and acceptance to release whatever trapped emotions are held behind the restricted breathing process.

Annie, a four year old, had chronic pneumonia since the age of two. She had been treated with antibiotics and chemotherapy but nothing was working. The lower lobe of her left lung had a dark shadow indicating fluid and mucus that could not be released. The doctors were considering surgery to remove that lobe. Her parents hoped I could help her breathe more easily as the doctors had noted she had restricted breathing. The CSCDR was applied followed by myofascial releases in the thorax and abdomen to release tightened, restricted tissues. There was noticeable improvement in her ability to breathe. After two more treatments she was not only breathing better but also standing better and regained a lot of her energy. Two days following her third session her parents called in a panic. She was coughing up a black tarry substance was put on IV antibiotics. The next day after x-rays and tests the doctors were amazed – her left lower lung was clear - she no longer had pneumonia. Many of my clients with chronic pneumonia, bronchitis and COPD have been successfully treated using these techniques.

Jack a 35 year old, suffered from asthma since the age of two. It was always worse in the spring when the pollen was the heaviest. Structural evaluation revealed the core distortion with a sunken chest, medially rotated shoulders, thorax twisted to the right and down, and iliums rotated. The CSCDR was applied to start bringing his iliums into balance and allow the thorax to untwist and the shoulders to come out of medial rotation. Then myofascial releases described in this article were applied with special attention to the areas with most restriction.

After releasing the diaphragmatic arch Jack started to breathe rapidly and felt he was having an asthma attack. I encouraged Jack to keep breathing as this could also be an anxiety attack. He started shaking and shivering as the energy built up and released. After about 30 minutes Jack's breathing normalized. He reported that he had felt panicky just like his first asthma attack. He also said his breathing hadn't been this relaxed as long as he could remember. Jack had three more sessions and did not have any asthma attacks even though pollen was at its highest. Over the next five years jack reported only one mild asthma attack and wondered if maybe it had been anxiety instead of asthma since he was highly stressed during that time. Jack went from two asthma attacks a month to seldom having any asthma attacks at all.

As you can see, hands on soft tissue therapy can successfully rehabilitate breathing issues. It is well worth your time to study and understand how to release restricted breathing problems for your clients.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.