

REHABILITATION OF THE BREATH PROCESS TO ACHIEVE HOMEOSTASIS

By Don McCann, MA, LMT, LMHC, CSETT

*"Republished with permission from the September, 2014 issue of Massage
Today, www.massagetoday.com."*

The Breathing mechanism is one of the systems of the body affected by the core distortion (the spiral twist in the body structure). Most clients that I see have restricted breathing issues. This includes COPD, chronic pneumonia and bronchitis, asthma, anxiety, stress, and just restricted breathing.

Full unrestricted breathing is associated with homeostasis and a healthy energetic life. Restrictions to breathing directly affect energy levels and the overall health of your clients. As hands on therapists we have within our scope of practice the opportunity to dramatically support our clients by maximizing their ability to breathe by releasing restrictions to the breathing process found in the structure and soft tissue.

Observing the structure within the core distortion (spiral/twist) we can see where there are significant restrictions in the breathing process. Starting at the top, the head is tipped slightly to the side and the neck extends forward. This imbalance can strain and tighten the soft tissue and musculature of the jaw, face and neck creating restrictions in the flow of air through the mouth and nasal passages as well as the trachea as it passes through the neck. The shoulders are medially rotated with the right usually more medial than the left. The pectoralis major & minor, serratus anterior and subscapularis are all shortened restricting the expansion of the upper thorax in breathing. The thorax is pulled down and twisted to the right with the right side lower than the left. The sternum is sometimes depressed creating a sunken chest. The intercostals, rectus abdominus, diaphragm, obliques, intestines, psoas and quadratus lumborum are shortened and tightened. The anterior/posterior rotation of the iliums also affects the deep intrinsic muscles of the abdomen. All of these can contribute to restrictions in the breathing process. In addition, the rotation of the iliums and the resulting imbalances and strains in the gluteus musculature, quadriceps, adductors, hamstrings, and iliacus affect the rocking of the pelvis which plays an important part in the breathing process. Observing the breathing process from the back, the trapezius, rhomboids, latisimus dorsi, serratus posterior and levator scapula hold excess tension restricting the expansion of the thorax in the breathing process.

The restrictions in the soft tissue due to the core distortion that affect the breathing are held not only in muscle tension but also in myofascial holding patterns. When we speak of muscles we are also including the fascia associated with the areas surrounding the muscles. In addition, when we add the accumulation of day to day stresses, injuries, learned behavior (including breathing patterns), and emotional holding patterns we now see the client who shows up in our treatment room with breathing issues.

The first step in treating a client with breathing issues is structural evaluation. Look at every aspect of the core distortion listed above. Are the shoulders rotated? Is one shoulder more medial than the other? Observing the structure in this manner starting with the head and working

down through the pelvis to the knees from both the front and the back gives you a good structural evaluation of the restrictions in the breathing process from the core distortion. Making notes of the areas of imbalance, tension, and twists in the structure and soft tissue will help you to develop a strategy for releasing the breathing restrictions.

Next, with client supine observe the client's normal breathing. Have your client take 10 normal breaths and observe what moves and expands, and what is static and restricted. Then have the client take several deep breaths and observe where expansion takes place and where it is static and restricted. Finally have the client take 10-15 deep rapid breaths and note where the muscles and soft tissue tighten even more after the deep rapid breathing. This shows not only restriction to breathing but also blockages of emotional energy. Taking notes will help you see the pattern of restrictions.

You now have the keys to freeing the breathing process by working with the soft tissue restrictions you noted both in the structure and the breathing.

If you know the Cranial/Structural Core Distortion Releases (CSCDR) you can release much of the structural imbalance and bring weight bearing support to the spine along with unwinding some of the twist in the thorax. This will give you structural support and start the unwinding of the tension patterns in the soft tissue from the core distortion.

Start your soft tissue therapy with the largest structural restrictions that are held in over developed and over tightened muscles and fascia. Start with slow opening strokes to release fluids, toxins and ischemia and clear trigger points. Then apply deeper slower strokes moving in the direction that will release the myofascial holding pattern in the direction of balancing the structure. **Examples:** 1) For a medially rotated shoulder work the pectoralis major from sternum to head of the humerus; 2) For downward pull on Thorax release the rectus abdominus from the lower rectus to its attachments at the sternum and ribs. After releasing the myofascial holding pattern in an area have the client take several deep breaths and observe the movement. If restrictions are still noted do deeper and slower specific strokes holding the restricted tightened fibers until they release. It is most effective to treat the anterior side of the client's body first, then the posterior. If you treat all areas noted in your structural and breathing evaluation you should see a significant increase in the client's respiration.

Ginny, a 73 year old retired office manager, was diagnosed with COPD - a bleak outlook for the rest of her life. Ginny had difficulty breathing for years with her body and head bent forward working on computers. Structural evaluation revealed that Ginny was in the core distortion with significant structural collapse of the thorax compressing her abdomen. Both shoulders were rotated medially with the right rotated the most. Ginny's head was tilted to the left, her neck was extended forward, and she had headaches and thoracic back pain. Ginny had been under years of deadline stress and had just lost her husband of 40 years. The CSCDR was applied to bring support to her spine and begin releasing the structural imbalances. This initiated an unwinding of the core distortion in her soft tissue. A soft tissue protocol was applied as described above working first to bring her pelvis into balance, second to release the down pulling in the abdomen on the thorax, third to bring the medial rotation out of her shoulders, fourth to bring her neck back into alignment with her thorax, and lastly to release the compensating holding in the

muscles of her back. After Ginny's fifth session she was no longer having headaches or back pain and was breathing deeper than she had in years. When she went to the doctor the fluid in her lungs was gone and he remarked that the wheezing was no longer present. Ginny had more energy and felt better than she had in years. She continued to come about once every three to four months and was able to maintain her structural improvements along with breathing improvements. 10 years later Ginny no longer shows symptoms of COPD.

Ralph, an 18 year old cross country runner, suffered from asthma and allergies since infancy. He had strained his back and was having trouble keeping up with the training during the cross country season. This was also a time when his asthma and allergies were acute with frequent attacks. Structural evaluation revealed the core distortion with a significant rotation of the iliums, thorax pulled down and head forward. Breathing evaluation revealed expansion in his lower abdomen but very little expansion in his chest. The CSCDR was applied to give weight bearing support to Ralph's low back, untwist his thorax, and bring the neck and head back into alignment with the rest of his structure. Soft tissue protocols were applied first to bring the iliums into alignment and support, and then to release the abdominal muscles, thorax, pectoralis muscles, neck and shoulders. After three sessions Ralph reported only occasional back pain and that he was breathing much better, especially while running. He had only one asthma attack in four weeks. Usually in this season they occurred weekly. Ralph continued treatments for three months and was able to fully participate in the entire cross country season posting his best times ever. He stated that he had not been having asthma attacks and was very amazed. I explained to him that he was breathing easier because we had released restrictions to his breathing that were contributing to his asthma. Ralph was very thankful and to this day seldom has asthma attacks.

Shannon, a 24 year old, was having a problem with chronic pneumonia that had developed when she was 21 and was still active three years later. Antibiotics had failed, so she was given interferon (chemotherapy). She contacted me as a last resort before having one entire lung removed. Structural evaluation revealed the core distortion with rotated iliums, a twisting and pulling down of the thorax, medially rotated shoulders, and head and neck pulled forward. The CSCDR was applied to bring structural support to her spine, release some of the twisting and pulling down of the thorax, release some of the medial rotation of her shoulders and bring her head, neck and shoulders into alignment with the thorax. Soft tissue protocols were applied working from the pelvis up through the thorax and neck. After three sessions she was standing straighter, breathing more easily, and felt more energetic. After six sessions the doctors said the pneumonia was disappearing and surgery was no longer necessary. After 10 sessions her lungs were totally clear and the pneumonia was gone. She resumed her normal full life and the debilitating pneumonia never returned.

These case histories show how structural issues affect the breathing process and restrictions held in the soft tissue contribute to disease and dysfunction. When they are released with hands on soft tissue therapy clients heal and are able to go on with their lives. Massage therapists who understand how to treat restricted breathing conditions can make dramatic lasting changes in the quality of life for their clients.