THE EVOLUTION OF RELEASING THE CORE DISTORTION

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All my previous articles in *Massage Today* have included information about the core distortion found in the body. This article will explain how the term *"core distortion"* evolved and why other medical professionals have not described it in these terms. I will also include evidence that it exists. I will then describe the process of discovery that led to effective treatment of the client's musculoskeletal pain by releasing this functional structural core distortion pattern.

It is understood in the medical establishment that 90% of musculoskeletal pain comes from distortions in the structure. In other words, structural imbalance creates pain and dysfunction, and structural balance creates pain free function. In 39 years of developing and practicing Structural Energetic Therapy (a structural therapeutic bodywork modality to bring the structure into pain free balance and function) I evaluated the structural alignment of my clients from a standing posture. I then used both applied and functional kinesiology to further evaluate and verify the standing postural observations. What emerged was a consistent pattern from the head to the feet that showed a spiraling twist going around and through the body. What became apparent as I viewed the body from the anterior, posterior and both sides was the consistent anterior rotation of the left ilium and posterior rotation of the right ilium. This was verified 100% using functional and applied kinesiology. I have not found any terminology describing this full body distortion in any literature or in research, yet almost everyone recognizes major parts of it. Consequently, to help clarify the concept I chose to name it the "core distortion" since it involved the legs, pelvis, spine, thorax and cranium – the core of every client.

Some of the professionals who have read the articles about the core distortion have questioned why the medical establishment has not recognized it. The fact is they do recognize portions of it but have not looked at the whole body in its standing posture. In reviewing physical medicine and chiropractic research there has been confusion about what exactly the ilium / sacrum relationships actually are. From my reading of their research it appears that the discrepancies about the rotations of the iliums, the resulting long leg/short leg relationships and the tipping of the sacrum are more a matter of description and interpretation than disagreement. An example of this is some professionals view the anteriorly rotated ilium as producing or being produced by the short leg, where others view the placement of the acetabulum which is lower due to the anterior rotation as creating a functional longer leg. There are many other examples where people have examined the same structure and drawn different conclusions based on their point of view and their interpretations of what the rotated iliums produce.

Functional kinesiology has been 100% accurate in my assessment of the core distortion in the bodies of my clients and has been very useful in the development of my protocols to restore weight bearing support and minimize structural distortions leading to long term rehabilitation from pain and return to function. I have mentioned in previous articles that the core distortion is observable in 16 week old fetuses. Unfortunately, there has not been a radiological study to either confirm or disprove this observation. However, if we look in ESSENTIALS OF SKELETAL RADIOLOGY, Vol. 1, 2nd ed. by Dr. Terry R.Yochum and Dr. Lindsay J. Rowe (the text book used in many medical, osteopathic, and chiropractic schools), we find on pages

175-176 recorded measurements of normal acetabula angles of infants 0-3 months and 3 months to one year that show an average of 20 degrees difference between the right and left ilium with the left being anteriorly rotated and the right being posteriorly rotated.[1] On page 176 in table 227 normal iliac angles are charted in babies from 0-3 months and 3-12 months, again absolutely verifying the difference in the angles of the iliums to be significant in normal children congruent with the core distortion. Thus, it is clear that normal children are born in the core distortion creating imbalances and weakness throughout the body. Injuries, stresses, and developmental patterns that occur throughout their lives result in further collapse creating musculoskeletal problems.

Chiropractors and physical therapists who have taken my Cranial/Structural Core Distortion Releases workshop and attended my one year SET Training have shared their frustration and challenges in trying to bring the hip complex (ilium / sacrum relationship) into weight bearing support. The Chiropractors try adjusting, blocking, applied kinesiology, and the use of special belts to try to maintain weight bearing support for the sacrum and the ilium. The physical therapists have related that the hip complex is almost impossible to balance no matter what strengthening or the balancing techniques they use. None of their treatments lasted long term.

Thirty-nine years ago I started practicing a myofascial restructuring therapy based on Structural Integration. I was quickly frustrated when my clients came in with pains and dysfunction in areas that weren't the focus of the first 4-5 sessions. Often clients would feel that I was not paying attention to their area of complaint and would not want to continue their sessions. I began looking for a different paradigm that would incorporate the deep myofascial body restructuring techniques but would allow me to bring the initial area of complaint into balance first, and then bring the rest of the body into balance to support the changes in the area of client complaint. To do this I viewed the core distortion as it related to the entire structure as well as to the client's area of complaint, and incorporated applied and functional kinesiology for verification with great success.

Now I could be confident that I understood how the area of pain and dysfunction was related to the core distortion and design a myofascial release protocol that would release the core distortion in this area. I also discovered that I could work not only the surface layers of the fascia, but also the deepest layers in the initial sessions by using slower directed myofascial unwinding strokes followed by more specific individual myofascial fiber releases at deeper levels in the same session. This was stepping outside the concept of working just the surface layers of the fascia first and then the deeper layers in subsequent sessions. Because I was working within the parameters of releasing the core distortion many of the changes were able to be maintained, and actually affected other areas of the core distortion that were not actually being treated. However, if the area of complaint was in the upper body I found that within the first three sessions it was necessary to work with the soft tissue affecting the pelvis to start releasing the anterior / posterior ilium and sacrum rotations, even if the pelvis and low back were not an area of complaint. So,

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[1] ESSENTIALS OF SKELETAL RADIOLOGY, Vol. 1, 2nd ed,, Terry R.Yochum, BS, DC, DACBR, FCCR, (C), FICC, and Lindsay J. Rowe,. M. App. Sc. (Chiropractic), M.D., DACBR, FCCR, (C), FACCR. (AUS), FICC, Williams & Wilkins 1996, pg 175, Table 2.26, pg 176, Table 2.27, 2.28

not only was I treating the area of client complaint early in the sessions even at deep levels, I was also releasing the sacrum/ilium rotation and imbalance in the early sessions which was key for longer term results. Clients immediately began experiencing relief of their symptoms and structural improvements. However, like the chiropractors and physical therapists, bringing the sacrum/ilium relationship into long term weight bearing support was seldom completely achieved.

The big breakthrough occurred when the relationship of the cranial motion and the rotation of the iliums was fully understood. The wings of the sphenoid relate directly to the ASIS of the iliums with the same distortion pattern as the rotation of the iliums. The ridge of the occiput relates directly to the PSIS of the iliums with the same distortion pattern as the rotation of the iliums. Thus when the torsion was released from the cranial motion, the rotation of the iliums was diminished resulting in weight bearing support of the sacrum and the leg length was equalized. The hip complex would now provide long term weight bearing support and balance. With the sacrum more level, there was support for the spine and thoracic ribcage. Now whenever a soft tissue myofascial protocol was applied after the cranial/structural correction the changes would be supported long term.

The first session for every client started with the Cranial/Structural Core Distortion Releases (CSCDR) which would reduce the rotation of the iliums and create weight bearing support for the sacrum and spine. This also initiated unwinding of the soft tissue throughout the core distortion and often pain and discomfort in areas that were not actually treated just disappeared. Structural evaluation after the CSCDR showed a lessening of the core distortion throughout the body from the head to the feet. In addition soft tissue myofascial holding patterns of the core distortion that had been resistant to release were now actually trying to unwind. The myofascial work was working with where the body wanted to go not fighting an imbalanced myofascial holding pattern of how the body thought it had to be. The balance and function that was now being achieved with the integration of the CSCDR and the deep myofascial protocol was speeding up the rehabilitation from pain and dysfunction for the clients. Another benefit also showed up as the body's alignment improved throughout the entire structure. Muscular weakness that had been the effect of the imbalance was immediately strengthened. The end result was long term rehabilitation from pain and dysfunction and increased muscle strength and flexibility, joint stability, and increased physical potential in sports and life in general. Many serious joint and spine issues were so dramatically improved that surgery was no longer necessary. This is the answer for long term rehabilitation of 90% of musculoskeletal pain and a great tool for massage therapists to maximize their healing potential

CORE DISTORTION
IN THE HIP COMPLEX
(Adult Pelvis)

Left ilium rotated anteriorly creating a longer left leg - hip joint lower
Right ilium rotated posteriorly creating a shorter right leg – hip joint higher