

Abdominal Technique Part 1

So often the abdominal area is left untouched. Clients are afraid of being judged and therapists are afraid of offending their clients. Also, the more therapists I talk to the more I realize most massage therapists just don't know what to do when it comes to the abdomen.

In massage school we are shown a basic effleurage routine that follows the flow of the large intestines. This has value and can be used as to connect the upper and lower halves with some basic touch. Often times our clients don't want you to simply "rub" their stomachs though. Doing effleurage on their stomach can bring up powerful feelings of embarrassment for many people.

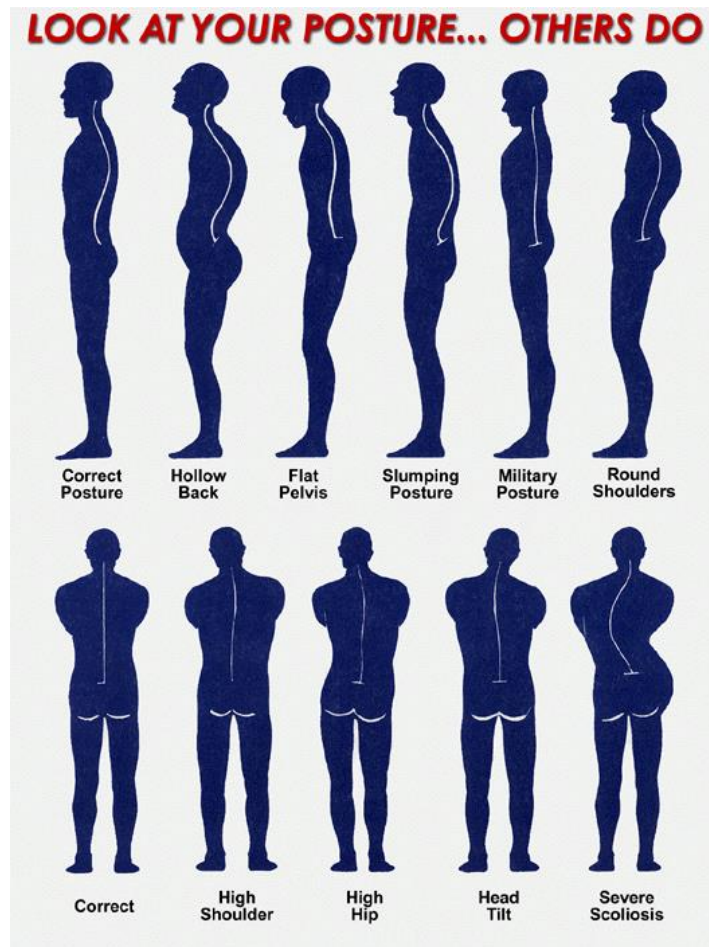
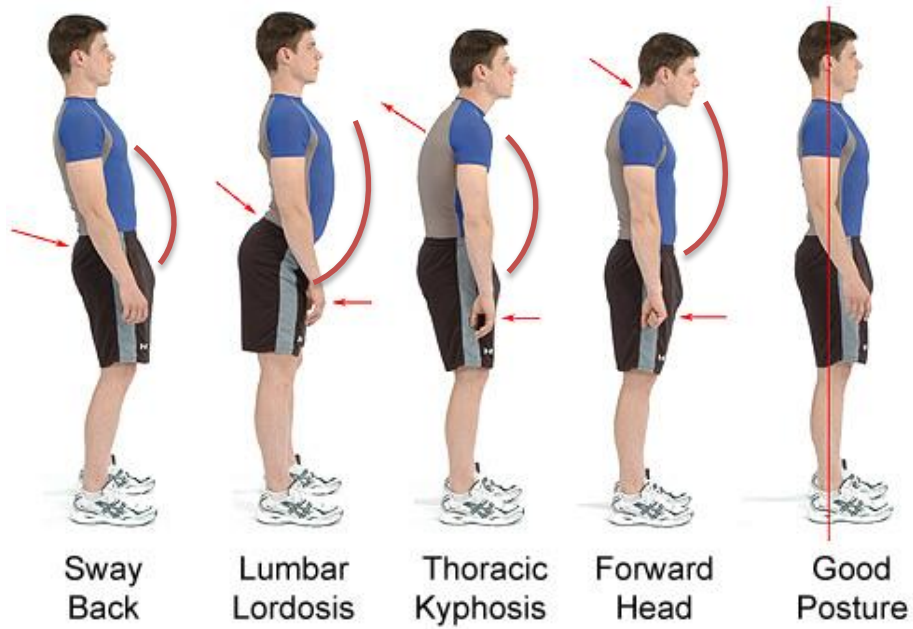


I find if you have a reason; a solid, fundamental, functional, left brain reason; you can convince your client to let you try just about anything.

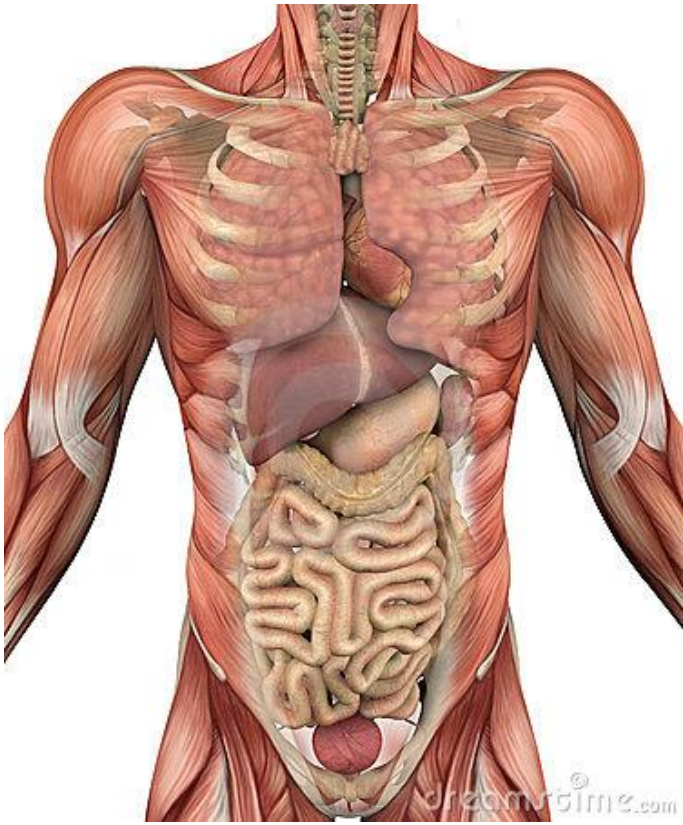
How do we come up with a Reason?

- ***Obtain Knowledge***
 - Anatomy
 - Mechanics
 - Compensation Patterns
 - Fascial Line of Pull Patterns
- ***Gain Proficiency***
 - Practice
 - Experience
 - Think
 - Be Creative

Let's look at some common postural dysfunctions and see if we can spot a reason or two to work the abdominal region.



The muscles and connective tissue of the abdomen help us move through space, stand up straight and protect our vital organs. As we become more and more collapsed and closed in our Front Fascial Line of Pull, we essentially strangle our internal organs. Besides common muscle pain associated with poor posture, people with collapsed abdomens will often experience digestive issues, increased menstrual cramp pain and difficulty breathing.

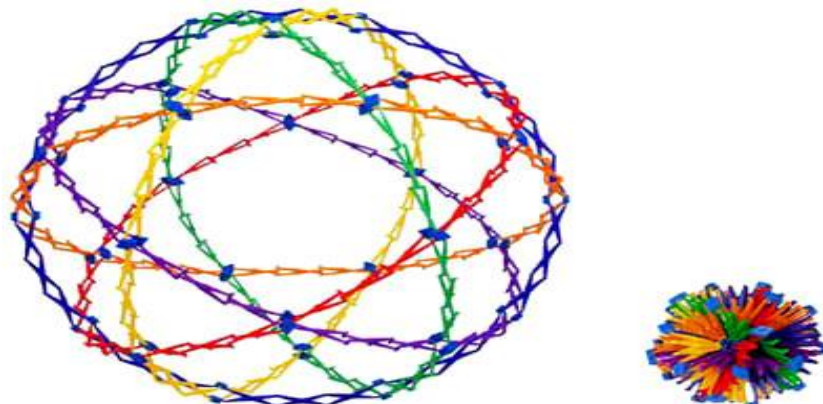


You can see how much “stuff” is in our abdominal region. We are focusing with this technique on the muscles and fascia, but by focusing on those 2 things we inevitably directly and indirectly affect all that lies underneath.

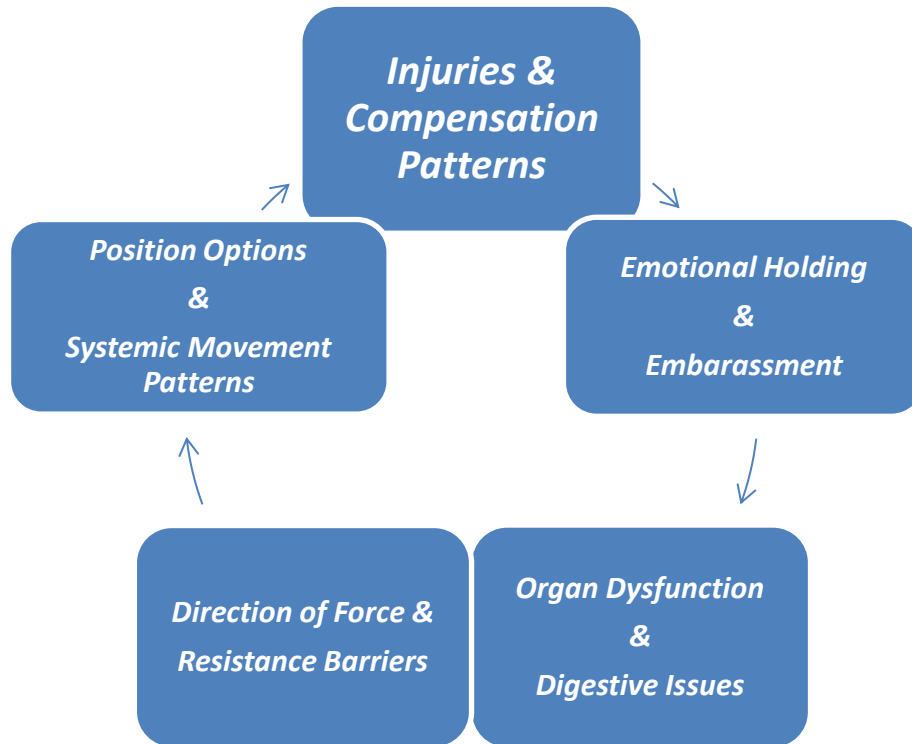
Remember, Fascia is the 3 dimensional web of connectivity that connects every cell of our body.

Bone Marrow → Blood Vessel → Organ → Muscle → Skin

I have a theory that whenever a musculo-fascial area has the ability to act as a stabilizer, when dysfunctional, has the ability to “suck in” everything. The best visual I have found to describe this is a hoberman sphere, which is pictured below.



There are at least 100 variations of working the fascial lines and restriction barriers in the abdomen. We could probably get a doctorate degree in Abdominal Therapeutic touch, well, at least a bachelors. There are just so many factors to consider.

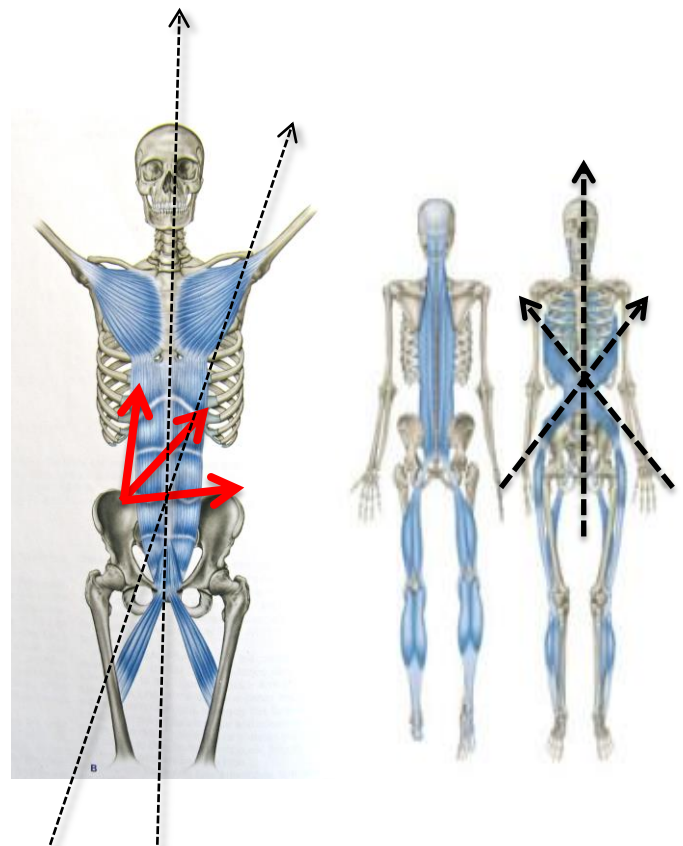


For Part 1 of my abdomen techniques we are going to focus on:

- **Directions of Force in 3 lines of pull**
 - Transverse or Horizontal
 - Vertical
 - Spiral or Diagonal
- **3 movement options**
 - Leg Rotation
 - Leg / Hip Flexion and Extension
 - Leg / Hip Flexion and Extension with Opposite Arm Extension

Focus and Intent for these techniques are:

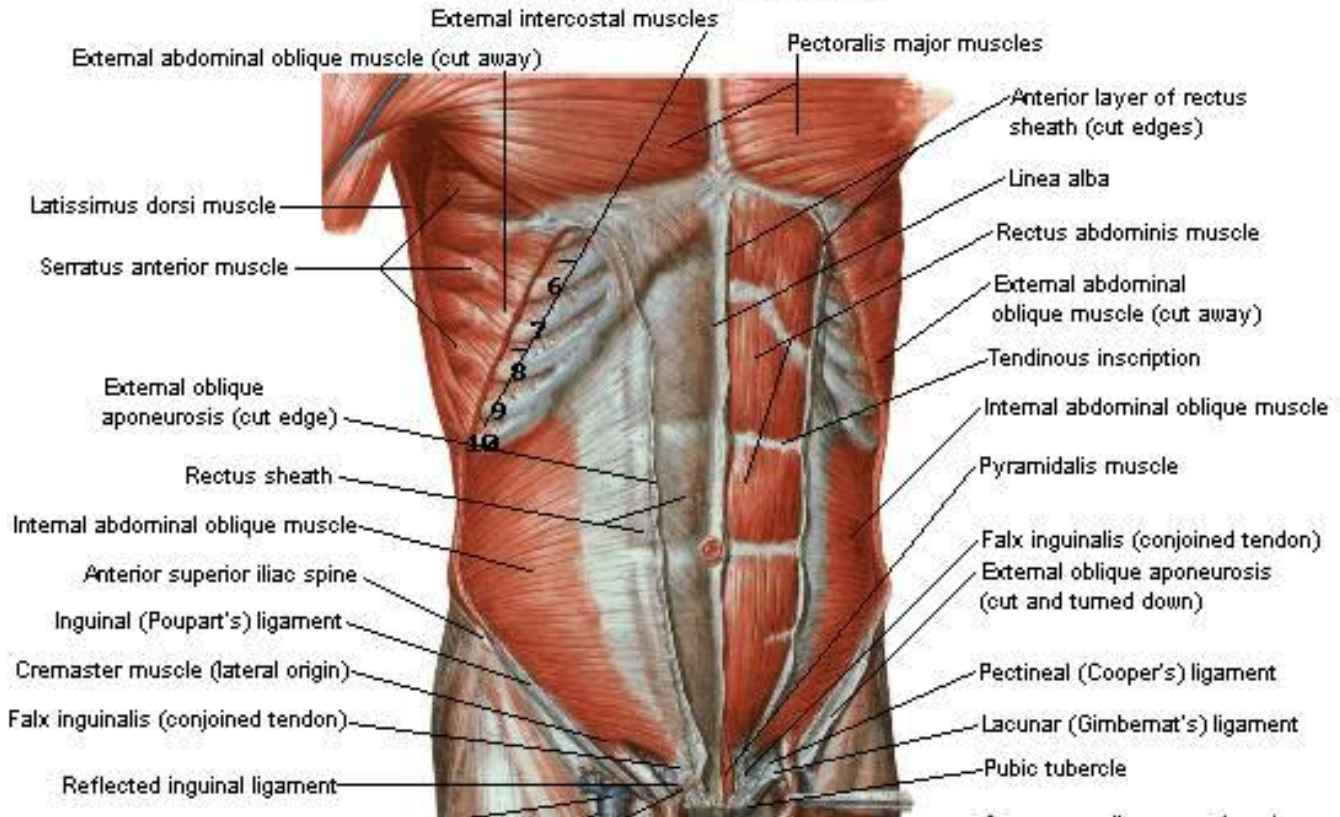
- Separating
- Lengthening
- Connecting



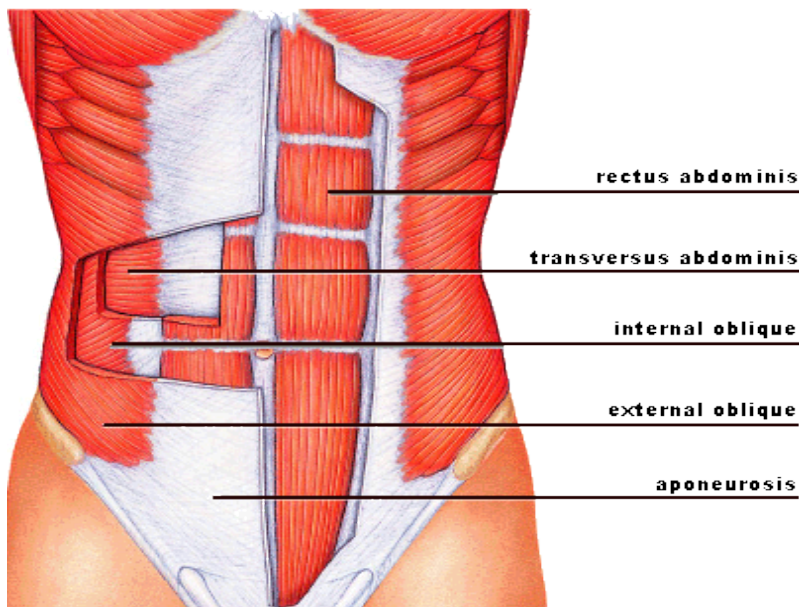
Know your Anatomy.

Know what you are working on in order to better understand why you should work it.

Anterior Abdominal Wall Intermediate Dissection



Anterior View of the Abdominal Muscles



Reason:

- Open up the Anterior and Spiral Lines
- Lift the rib cage off the abdominal area and hips
- Reduce compensatory rotational forces
- Connect forces and patterns from hips to the upper half

Client Position:

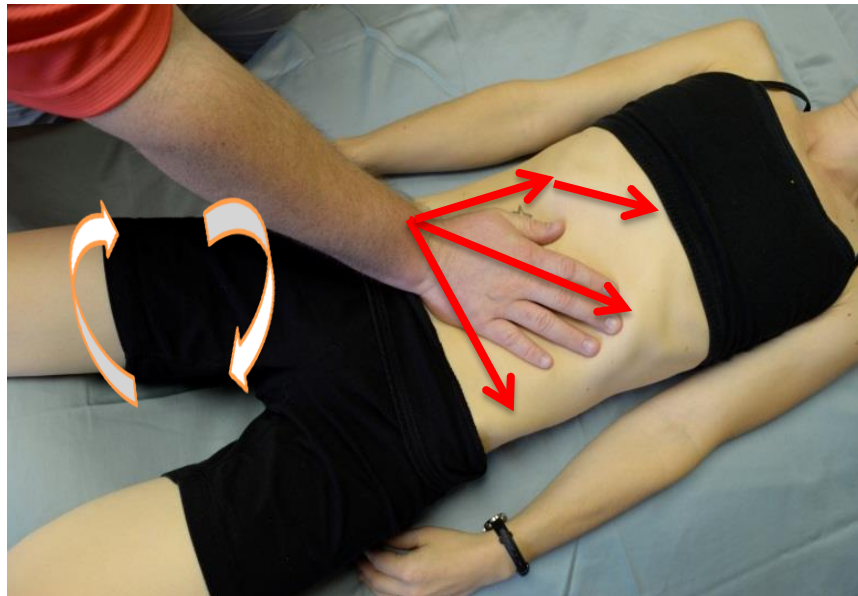
Supine with legs bolstered. You can also add additional pillows under the client's knees if their abdominal area is extremely restricted. This will "shorten" the region further allowing the tissue to be more easily manipulated. Some students have told me of success when using side lying position with some of these techniques. I think that is wonderful and creative and shows that they are thinking about the body and playing around. If you have a reason, understand the anatomy, mechanics and current dysfunction; playing around with positions, movements and directions of force are a wonderful thing to do!

Direction of Force:

Myofascial Release:

Choose which of the 3 directions you wish to follow (Transverse, Vertical or Spiral).

I like to start with my hand on the edge of the iliac crest just superior to the ASIS. As I sink over the iliac crest into the abdominal area I go slow downward until I reach the resistance barrier or depth I desire. Then I begin to apply pressure at a 45dg. angle in the direction I want. Generally I start with the Spiral Line Direction of Force. This allows me to effect the Vertical and Horizontal Lines of Pull indirectly.



My intent with this move is to go from the Iliac crest to the opposite side rib cage. Often times with the Spiral and Transverse Directions of Force you will get hung up at the Linea Alba and that is ok. Work as far as the body will allow you to. When you use the vertical direction of force you have to be careful of the ribs. I have the same starting point as with the Spiral and Horizontal DOF but end up slowly angling in, following the path of the rib cage towards the sternum. The vertical DOF is often the shortest one.

True Myofascial Release is extremely slow and done with very little or no lotion. What you want to feel is the tissue moving underneath your hands, not your hands moving over the tissue. There is a fine line but when you feel it, you know it! I am always careful to push up to the resistance barrier (the area where I feel the body begin to “push back”), not through it. When you push past the resistance barrier you are causing unnecessary discomfort and potential injury for your client, not to mention extra work for yourself.

Move at “The Speed of Fascia”

Start with Palm and move to deeper tools such as stiff fingers as needed. Remember, the more specific you get, the deeper it gets for the client. Go slow and stay attuned to their bodies as you move through one of the most guarded areas of their body.

Movement Options:

Movement Option 1 - - Same side leg rotation

As you apply the appropriate DOF you can passively move the client’s leg or have them actively do it. You are having them rotate from the hip joint slowly doing internal and external rotation.

As the client rotates their leg internally they are shortening the fascial line of pull. When they shorten the fascial line of pull you should apply slightly more pressure along your DOF to take up any “slack”. Hold your pressure and position as the client slowly externally rotates their leg, thus lengthening the line.

This movement is an excellent opportunity to communicate how connected the human body is to your client. As you apply your pressure and the client externally rotates they and you will feel the tissue pulling underneath your hand. The more you can educate your client about their body the better you can help them help themselves. A completely corny line, but a completely true one too.

Movement Option 2 - - Leg Hanging off the table, Flexion & Extension of the hip

Have the client scoot over to the side of the table and hang their leg off the table. Choose your DOF and sink into your resistance barrier. This is a very opened position for most people. While we want to “push” our clients to get better we also want to take care not to push them too far.

One thing to look out for with this position is if the client begins to have lower back pain or cramping sensations. If the Front Fascial Line of Pull is too restricted for the client to be relaxed in this open position the lower back / hip area will begin to fold on itself to “create” the space for the position we are doing. If this happens you can try some creative bolsting to prevent their leg from coming all the way down off the table or simply work them in a neutral position with no leg hanging off the table.

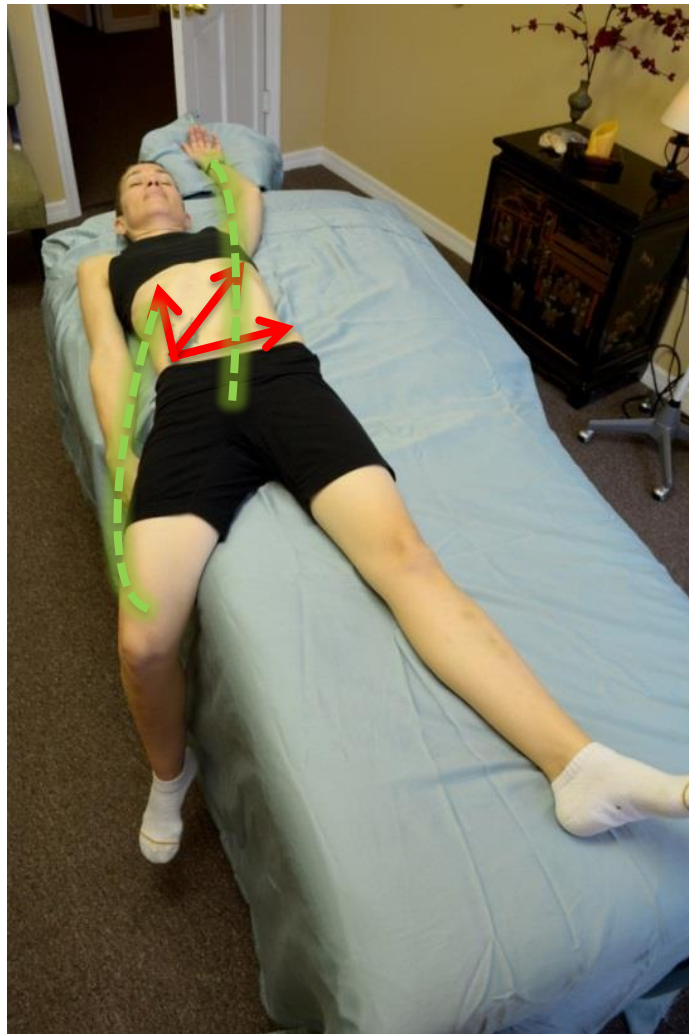
Assuming there is no lower back pain we can move forward with the movement option. Have them flex their leg up as if they are doing a crunch. As they are doing this you are already in position with your hand and have chosen your DOF. When they get to a “closed” position you sink into the resistance barrier, taking up all the slack you can and have them slowly lower their leg to the table first, and then slide it slowly off the table until their leg is hanging as relaxed as it can be. If the client needs a little extra “umph” you can apply light pressure with your non massaging hand on the top of their leg, creating a more intense feeling of lengthening.

Movement Option 3 - - Leg Hanging off the table, Flexion & Extension of the hip along with flexion extension of the opposite arm

This movement option is all about connecting the upper and lower half in a functional pattern.

The movement is the same as the one above only with an added arm movement. As the client brings their leg up as if doing a crunch, their opposite arm is coming down. I always tell my clients to have their hand touch their knee. This puts them in a fully closed position. I take up any slack and angle towards my chosen DOF. As the client lowers their leg down they also bring their arm up into full extension. This creates a wonderful pull along entire length of the body.

Have your clients try to make their arm and leg move at the same time to really create a sense of connectedness within their bodies. This has also been shown to improve balance and agility in the athletes I've worked with.



Remember, the abdominal area is a region filled with emotional holding. When this area is constricted it is not just a structural issue; More times than not it is structural brought on by emotional trauma. The fetal position is a position of safety and comfort which we all revert back to in times of fear and anxiety. We often times cannot roll into the fetal position in the middle of a work day, but we do tighten the fascial lines and slightly begin to fold ourselves over. Our breathing will become constricted when we do this, thus feeding into the loop and causing our chest and diaphragm to become more and more closed.

Closed is a good word to describe what is going on with most people throughout their abdominal area. They are closed down structurally and emotionally. They are afraid of putting themselves out there, so they close themselves off. They fear getting hurt again, so they don't allow themselves to be open to the world.

When we get in there and manipulate their structure, making it open, we are flooding them with emotions that they have been dealing with on a subconscious level, but consciously ignoring. We are creating a lengthened structure and an opportunity for them to open up physically, emotionally, intellectually and spiritually...if they want to.

Every time I teach a class someone has an emotional release when we work deeply through the abdominal region. This is an amazingly great thing that is a wonderful side effect of working the body in a Fascial Structural way.

Stay tuned for Part 2 of working the abdominal area where we focus more on "lifting" the rib cage and re-educating the muscles and fascia of the Abdomen.

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Thank you for taking the time to read through this information.

Yours in Health,

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