

## *Guidelines for Applying The Foundations Seminar Approach to Manual Therapy*

When first starting this work, there are a few suggestions that may make this abstract process of connecting with your patient's preferences and complaints a bit easier.

1. Once you've collected their history and complaints and spoken on their functional needs, ask them where it is that they feel their issue. The issue/location could be where they feel the pain, the part of their body where they feel their movement difficulty, where their voice has challenges, where swallowing is impaired, where the tongue gets tight, or whatever brought them to you. Ask them where they feel the problem lies. Some may have no idea, while most will be able to localize the problem area.
2. Let them know that the point of this evaluation process is for you to be able to touch, press, stretch, or do something with your hand(s) that *connects* them to their complaint. You may increase the feeling to a point where you bring it to the edge of the patient's awareness or even calm the issue to a point where it is barely apparent, but either way, you need to do something with them that they feel relevant. You are looking to replicate a *familiar* feeling.
3. If they are confused by this, or ask, "why do you want to make me feel it?" I suggest that you tell them that it is not your goal to make them worse or to make the problem worse. However, the nature of this work is such that to know that we can help requires us to connect them with their issues. If we cannot replicate the symptom or link them to their problem, both from the periphery (the tissues) as well as from their perception (sensation), then we stand a lessened chance of helping.
4. If at rest, they feel nothing, none of their issues, let them know that you may be seeking to allow them to begin to feel it through the therapy process. The concept of bringing their concern to their awareness may be difficult for them, as, for instance, they only notice the problem after doing something. Someone with a vocal strain that only occurs after a performance may wonder how you will be able to replicate the feeling when they've not sung. Someone suffering from back pain that comes on only after standing for a certain length of time may wonder how you will be able to get them to feel something familiar when they've been sitting and have no pain. Let them know that this is your mandate; to connect them with their issue, whether it is present at that moment or not.
5. Ask permission to touch them and then proceed to place a hand or hands on the identified area. Initially, do nothing, allow your hand to rest on their skin lightly. I will typically then ask them if they feel any of their issues. That gives me an idea if I need to mildly replicate the feeling of the problem or try to reduce it with my stretch.
6. Begin to apply a light stretch in the 1-2/10 range on your scale.
7. Work in slow-motion; do not move quickly or apply heavy or aggressive pressure. Your pressure might be a lateral stretch in any direction to the skin or deeper layers, used with a combination of pressure or mild inward probing. The type and orientation of stretch necessary to connect with the patient's condition are unique, varying from person to person. Think of this process as one of talking to a person who speaks another language. Each of you has little ability to speak each other's language, and communication will be slow. It takes each of you a while to find the correct word to communicate an idea correctly, so you work your way through the process until each of you made your point. This process of evaluation is similar. You are trying to find a direction and pressure of stretch in and around the soft and hard tissues, one that your patient begins to feel that you've touched their problem.
8. Once you have found a connection, you will need to work out if what you are doing should be continued as treatment. Ask the patient:
  - Does this feel familiar?
  - Are you feeling a replication or lessening of the issue?
  - Does this stretch feel like it might be helpful?
  - Is there anything about what you feel that feels like it could be harmful?
  - Would you like me to add more pressure? If yes, slowly add pressure until the patient says that now better feel connected to their issue.
  - Finally, once you've adjusted the pressures and direction, ask them if they want you to continue with the stretch.
9. When you are first starting to use this work, hold a stretch for 2-4 minutes. During the stretch, you are asking the patient if they still feel like the stretch is helpful. After 2-4 minutes, slowly release your pressures and retest. Do they feel different? Have you been able to help them modify the sensation of the issue?
10. Depending on your comfort with the techniques, you may now wish to treat more in the same spot or try a slightly different area. Or, if the patient has felt a change, you might move into the other intervention strategies that you use.
11. Treating for 2-4 minutes is a suggestion. I spend much longer with this work, often allowing a series of stretches interventions to a single area take up nearly the entire session.
12. No matter if you are using just this myofascial release work or combining it with other interventions, always teach the patient self-treatment. Many forms of manual therapy are too passive; they do not build self-efficacy. I always encourage my patients to follow through with self-stretching as well as increasing their movement.