## The Importance of Knowledge: Part II©

O.K. kids, in the interest of stirring up more participation in the Onsen Technique courses, I would like to discuss the importance of knowledge in a different context. You may remember that in Part I (Jan. 02 Journal, P. 33) I stressed the structural aspect of the Onsen Technique, and that learning to assess and correct structural deviations would increase your skill level in identifying and alleviating sources of pain. Now I'd like to concentrate more on the functional classes (Vols. 2 & 4) where part of the importance of knowledge is first to make sure that we *do no harm*.

Did you know that muscles can be under compressive *or* tensile stress: Compressive stress is probably the one we are more familiar with: the muscle is tight, shortened and hypertonic and our aim is to loosen and lengthen it. Tensile stress is manifested in a muscle that is <u>stretched</u> tight: this can often fool us because it feels tight on palpation, and the client complains of it feeling tight. For an example, bend over and stretch your hamstrings; then reach back and feel how tight and hard they are.

An article on this subject by Rich Phaigh (Onsen Technique developer) in the early 90's really got my attention. He basically said that if a person were complaining of tight hamstrings the first thing he would do would be to check to see if the ilium of the symptomatic side was anteriorly rotated or tilted forward. If it was, this would move the ischial tuberosity/origin of the hamstrings in a superior direction, thereby placing the hamstrings under tensile stress, or stretching them tight. Rich noted that when muscles are stretched tight, they are vulnerable to tearing and I could instantly relate to that. I had an anterior rotation of my right ilium (I didn't know it at the time), and I refused to do lunges because I'd always strain my right hamstring at the origin. The *last* thing we'd want to do to an already stretched muscle is try to lengthen it with deep tissue work! In fact what we'd want to do is correct the anterior rotation with Hold/Relax stretching, assign <u>strengthening</u> exercises for the hamstring to anchor the ischial tuberosity and stretch the corresponding hip flexors and lumbar extensors.

Most practitioners are aware of the anterior rotation/tight hamstrings relationship, but other muscles under tensile stress can also be quickly addressed. Have you ever run into a tight piriformis where a whole session of work yields no results? These days, I simply perform medial rotation (tests length of lateral rotators) and if the ROM is greater than normal, I can tell that the piriformis is actually overstretched. Usually, just having the client do a few piriformis contractions against my resistance is enough to produce the softness achieved by relieving tensile stress. This has also confirmed my suspicion that the muscle is weak. This client should not return to me for help with this symptom: their solution is to strengthen the piriformis and keep it strong. Would you care to bet that this is what's happening with those stubborn levators that never seem to want to let go? Together they act as neck extensors, which are usually stretched tight because of the forward head posture most computer users incur.

Try this one on for size: say you have a side bending curve to the right in your lumbar spine. If you bend over to the right and palpate your erectors, the left (convex) side will feel tight. Now feel the right side. It feels soft. Since it's on the concave side shouldn't it be under contractile stress and feel tight? Would you like to be able to tell if the lumbar erectors, psoas or QL is having an undo influence on the lumbar spine? All it takes is a quick observation while the client executes a forward bend.

As you can probably tell, there is quite a lot to check for and be aware of when we are trying to produce results for our clients. The Onsen Technique covers most of the bases as far as I can tell. These classes have improved my effectiveness more by far than any others I have encountered in my 27 years of practice. Part of that effectiveness comes not just from being able to find a tight muscle, but having the tools to identify and correct *the cause* of the tight muscle. This way we eliminate chasing symptoms and avoid working only on the symptomatic muscle, possibly to its detriment.