*The* **Integrator**

The newsletter of the Academy of Integrated Therapies

ISSUE 2 SUMMER 2009

## PART 1 MUSCULOSKELETAL THERAPY (MST)

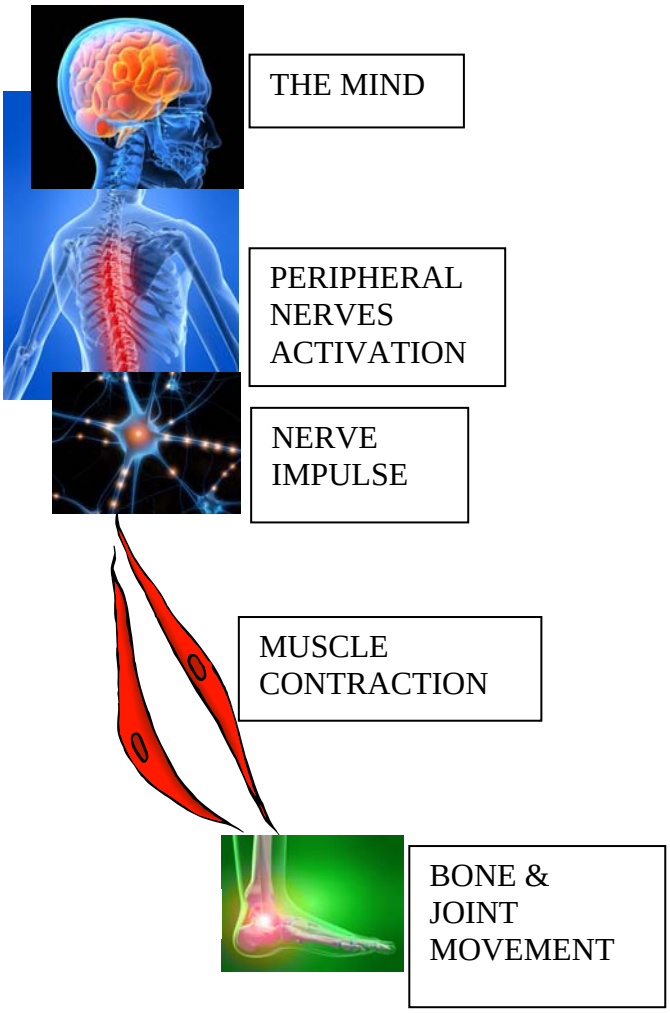
MST is a new development in body therapies. For a long time there has been two primary approaches to correcting structural problems in the body. Either you were focusing on the skeletal bones and joints, or you primarily working on the muscles. Chiropractors and Osteopaths have been traditionally the bone therapists while massage workers, Bowen therapists, trigger point and Myofascial workers etc. were the soft tissue therapists.

The bone therapists obtained registration from the health department and made it difficult for others such as soft tissue therapists to treat the skeletal structure of bones and joints. So this action further increased the gap between the two. Specialisation become more obvious, so if you had a back problem which may have had a component of muscle spasm and a misaligned bony segment then some people found that they had to go to the masseur for a loosen up and the chiropractor to have the offending bone thrust back into place.

### Integration a key quality

Structure is the word we give to all of the physical parts of the body that are solid and are designed for movement. These would include bones, joints ligaments, tendons, muscles and fascia. These structures all work together to perform their mechanical functions and so in order to correctly assess any problems that may be occurring with them it is essential to be enlightened in all of these structures and have an integrated knowledge so you do not see it only from one point of view but from combined viewpoint.

Musculoskeletal therapy has achieved this and therefore is able to provide answers to problems that formerly were difficult to solve.



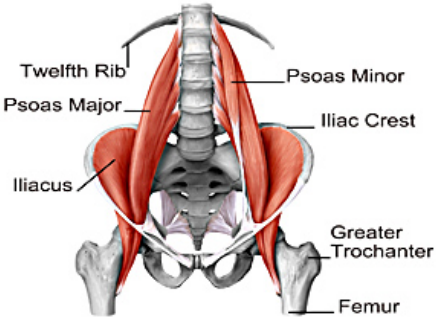

### The principle of hierarchy

To fully understand integration you need to be aware of the line of hierarchy that the body uses to carry out its structural functions (see diagram). As with all body functions the mind is the first principle, it directs impulses chiefly through the

peripheral nerves to contract or stretch the muscles that exert a pull onto a bone via its tendon to create the mechanical movement. So in regard to body structure it can be said that the muscle is the master and the bone and joints are the slaves. In all structural problems including misalignments muscles must be the cause and bone is effect. This is all backed up by fundemental physiology that says that the skeletal muscles are the tissues that act on bones to create all movement. My clients say “Well that’s simple it all makes sense to me and I am a lay person” then they say “why don’t all body therapists use these principles”.

The muscle is the master and the bone and joints are the slaves

## THE POAS MUSCLE Part 2




In our introduction or part 1 of this amazing muscle called the Psoas we told you a little about the Psoas including where it is and some of the symptoms that you may experience when it is causing problems. Let us now look at other aspects of the Psoas.

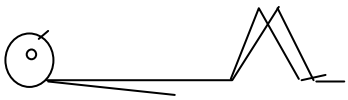
**What keeps the psoas in contraction?**
The psoas will stay contracted because of postural habits and trauma. The way we stand, walk and sit can distort the psoas. If we walk or stand with our chin in an overly forward position the muscle will tighten. Sitting through much of the day the psoas shortens to keep us bio mechanically balanced in our chairs. Over time we develop a “normal” way of holding the psoas that is dysfunctional.

Unresolved trauma can keep the psoas short and reactive. The psoas is a primary muscle in flight, fight, freeze or fear responses to danger. When survival is at stake, the psoas propels the body to hit the ground running. When startled, it ignites preparation of the extensor muscles to reach out (grab hold) or run. Until the psoas is released the muscle may stay contracted and go into further shortening and spasm very easily.

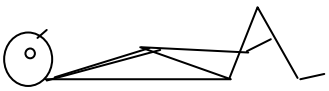
**How to stretch the psoas**

**A passive stretch**
If you have a very painful back you need to start off with an easy stretch first and then progress into stronger stretches when you are able.

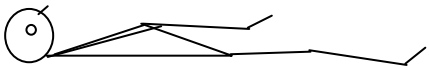
1. Lay on your back on the floor with both legs bent and feet flat on the floor.



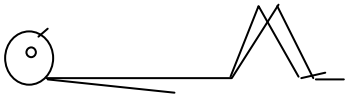
2. Bring the right knee to the chest, holding the leg just under the knee. Maintain this position for a few seconds.



3. Then, while holding the bent knee, straighten the left leg out on the floor. Hold for 30 seconds,

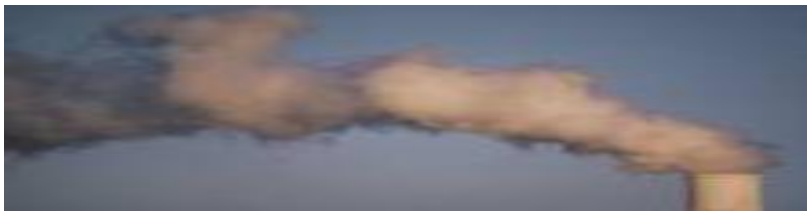


Then, bring the left leg back to its original bent position. Switch legs.



We will provide you with progressively stronger stretches in part 3.

# Our Toxic World Part 2



**PCB's are chemicals that were originally used as insulating and cooling fluids for electronics and caulk. They were outlawed after being linked to thyroid problems and decreased function of the endocrine, immune, nervous, and reproductive systems. In addition they were linked to breast and other forms of cancer. Despite the fact that they were banned more than 30 years ago, scientists are still reporting detectable levels of PBC's in water, soil sediments and municipal sludge (sometimes used as fertilizers on farmers fields). Dr. David Pimentel, Professor of Entomology and Agricultural Science, has reported that 65% of the pesticides used in the United States are applied by aircraft and 50 to 75% of this amount ends up in the environment generally, with only 25% attacking the intended target. So, it is easy to see the toxic formula here. Pollution has spread to 90% of our water, and contamination creates acid rain even in remote and once beautifully pure lakes. Along with artificially doctoring the soil, we have developed powerful pesticides to doctor our plants. With this we are poisoning ourselves and our future generations. It is almost impossible to not come into some type of contact with environmental toxins. From digestive care and nutrition expert Brenda**

**Watson's book, The Detox Strategy: Vibrant Health in 5 Easy Steps, "every citizen of an industrialized nation now carries an average of seven hundred synthetic chemicals in his or her body from food, water, and air – most of which have not been well studied**

(To be continued)

# COLLEGE NEWS

Our newly accredited advanced diploma of MST will be definitely going ahead next year. Out plans are well advanced and we will give you more updates in January.

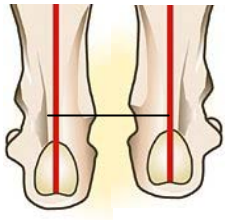
We intend starting with some free introductory evenings in February followed by the first unit of the course in March.

Here I am again. with some tips on how to improve your structure. When you have a painful body part analyse why it is in pain, is it because you traumatised it? If so then there may not be any other part involved. However if you cannot work out a direct cause then look at the part and see what relationship it makes to other neighbouring parts. What are they doing? Are they under some kind of stress also. Look at the bigger picture and you may find out some important information that explains why you have some pain.

For example your 2nd toe (next to the big toe) is sore. You have a bunion on the big toe and the toe is pushing your 2nd toe out at an acute angle. So assist the big toe and the other one will also get some help.

**THE INTEGRATOR**

**THE SHORT LEG - PART 2**



In part 1 in the last issue of the integrator we introduced the very common concept of the short leg condition and how we measure it. Let us look at this condition still further.

**What symptoms should make a person think of short-leg syndrome?**

First, any symptom that is exaggerated by running, such as low back pain, hip, knee, ankle or foot pain. A tendency to pull repeatedly the same muscle even though you have given it sufficient time to heal is a symptom commonly seen. Also, shin splints and sciatic neuralgia (inflammation of the sciatic nerve that produces pain in the buttocks and down the back of the leg) are very common symptoms.

How does a functional leg-length difference develop? Over a number of years, one side of the spine may develop stronger than the other. Sleeping on one side; carrying items on one side; running clockwise on a track; using the phone on one side; facing traffic when you run; lifting suitcases;

carrying kids; acquiring injuries when as a child, or even forceps delivery at birth, for example, can result in a functional imbalance.

A person with a large difference in leg length often first notices something peculiar in photographs of himself or herself. One shoulder is a bit higher, and the head is always tilted a tiny bit to the side of the high shoulder. Sometimes the person that hems pants is the first one to notice the leg-length discrepancy.

Many runners with leg-length discrepancy tell us that when they run, they feel one foot impact the pavement more than the other. Some runners state that they feel a bit “lopsided” when running, and as noted earlier, one heel usually wears away faster than the other. Further, sometimes runners notice the difference when they receive photographs in the mail from the "finish-line" photographers. At the end of a race, fatigue has set in and the true raw structural imbalance can be viewed in its entirety.

After it has been determined which syndrome is evident, a correction can be considered. With an anatomical shortness, correction is made simply by placing a heel lift in the shoe of the short leg. The lift such as an extra sole can be inserted into the shoe itself