Myofascial Release for Organic Dysfunction (Reflex Zone Therapy or “Bindegewebsmassage”)

By

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• Demonstration of Reflex Zone Therapy
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Objectives

• Determine the scientific basis of Reflex Zone Therapy (“Bindegewebsmassage”)
• Demonstrate the different techniques and describe the various reflex zones in the body.
• Teach clinical applications of Reflex Zone Therapy
History

1929: Elizabeth Dicke: endarteriitis obliterans
1938 prof. Kohlrausch
1946 Teirich-Leube: Grundriss der Bindegewebsmassage (Basics of Connective Tissue Massage)
1890: Head’s zones: skin
Prof. Kohlrausch: vibration in Head’s zones
1917: Mackenzie: muscles
Sachs-Piet, Piet
Ebner
Pathogenesis

- Embryology: connection between dural tube (CNS) and ectoderm (skin)
- Due to certain diseases or dysfunctions alterations in the connective tissue can occur
- Changes exists due to reflexes along neurovegetative paths
- Increase in tension and decreased movement in between the layers
- Segmentation of the mesoderm and the ectoderm
- Segment: dermatome, myotome, sklerotome, viscerotome, etc.
- Diagnostic value de to connection between organs and skin
- Head: hyperesthesia in skin areas associated with organs
- Mackenzie: increased tension of segmental muscles
- Vogler; periostal points
- Link with acupuncture theory / meridians?
Autonomic pathways

• Afferently: activation of the ANS through a somatosensory spinal nerve via the posterior root ganglion to the gray matter OR over the vascular plexus to the same segmental sympathetic ganglion OR to the ganglion of the neighboring segment, through the ramus communicans albus to the posterior root and grey matter of the spinal cord

• Efferently: impulses from the autonomic lateral horn, or the intermediolateral column, over the anterior root, ramus communicans, to the segmental sympathetic ganglion or to the ganglion of the neighboring segment and finally to the diseased organ.

• Viscerocutaneous, visceromuscular, visceroperiostal, etc. reflexes
• Cutanovisceral, musculovisceral, periostalvisceral, etc. reflexes
Reactions of RZT during and after

- Sharp cutting sensation is desirable
- Dull pressure is not desirable
- Objective skin reactions: dermographia rubra, elevata, alba
- Vaso-dilatation
- Diffuse and localized sweating, warming of hands and feet
- Alleviation of symptoms
- Segmental and non-segmental effects
- Pleasant fatigue
- Bowel movements, diuresis
- Reduction of edema
- Hormonal distribution
Indications

• Residual conditions after organic dysfunction and/or disease
• Organic dysfunction such as constipation or secondary amenorrhea
• Circulatory disturbances of arterial, venous or lymphatic nature
• Post-traumatic residual disturbances, e.g. neurovegetative dystrophy
• In case of local contra-indications RTZ can often replace traditional massage
• Pain management: headaches
• Asthmatic condition
Indicated conditions in arm and shoulder girdle

- **After** acute and **during** chronic arthritic conditions: PHS, arthropathy, frozen shoulder
- Neuralgic and rheumatic conditions: neuralgia, trophical disturbances with paraesthesias, epicondylitis, tendovaginitis
- Trophical disturbances in peripheral paralysis and inflammation, circulatory dysfunction, Dupuytren
- Posttraumatic dystrophy after fractures, dislocations, post-operative
- Shoulder and arm complaints coming from other organ zones like heart, lungs, stomach, gallbladder, liver and intestinal zones, such as cardiac insufficiency, asthmatic conditions, gastritis, ulcers, hepatitis, headaches, sleep disturbances, low concentration
Indicated conditions in the pelvis and leg

- **After** acute and **during** chronic complaints: RA, arthritis, arthropathy
- Lumbago, sacralgia, sciatica, bursitis, tendinitis, tendovaginitis
- Trophical disturbances with peripheral nerve lesions, trauma, sprains, subluxation, inflammation
- Trophical disturbances during the circulatory dysfunction, such as **after** thrombophlebitis, ulcers, lymphatic problems, paraesthesias, fatigue in legs, edema, claudication intermittens
- Disturbances coming from the various internal organs: amenorrhea, dysmenorrhea, dysuria, diarrhea, constipation, irritable bowel, bladder infection
Absolute contraindications

- Malaise without any cause
- General exhaustion
- High fever
- Excessive histamine reaction of the skin
- Skin defects (local contraindication)
Relative contraindication

- Spastic muscle spasm
- Malignant tumors (consult with MD)
- Serious neurological diseases, e.g. with MS, only treat secondary problems
- Menstrual period
- Pregnancy
Evaluation

- History
- Visual inspection of the zones
- Test normal skin reaction:
  1. Dermographia rubra
  2. Dermagraphia alba
  3. Dermographia elevata
- Palpation of the zones
  1. Skin zones: not visible. Can be detected with light stroking to determine movement between the dermis and subdermis. In case of a problem, the patient will experience a sharp sensation and the therapist a rough, raspy sensation. More present in acute conditions.
  2. Connective tissue zones: detect movement between the subdermis and fascia in the area of the posterior and anterior aspect of the trunk. Present in more chronic conditions. Use skin rolling, sliding of skin and other techniques.
- Further questioning of the patient: determine whether the zones are active or silent.

- A barely visible or noticeable to touch zone: +
- Obvious visible zone: ++
- Very visible zone: +++
- Silent zone (no apparent associated complaints)
Treatment

• In case of skin zones: use the skin technique

• In case of connective tissue zones: use the rolling of the skin as a preparation, then proceed to the deep technique.

• Finish with concluding strokes along the bottom of the ribcage and the top of the pelvis to avoid irritation and autonomic disturbances.

• Reassess the patient
Reflex Zones

1. Bladder zone
2. Kidney zone
3. Vein-lymph zone
4. Arterial leg zone
5. Small genital zone
6. Large genital zone
7. Large intestine (colon) or constipation zone
8. Small intestinal (ileum) zone
9. Duodenum zone
10. Heart zone
11. Bronchial and lung zone
12. Asthma zone
13. Stomach zone
14. Liver and gallbladder zone
15. Pancreas zone
16. Spleen zone
17. Head zones
18. Arm zone
Bladder Zone

- Silver dollar size area at the top of the anal cleft.
- Swelling in the immediate surrounding area
Kidney zone

- Paravertebral (from T11, 12 to L 1,2 )
- If only one kidney is affected, only that side of the zone is visible
- Kidney stones, colic
- Kidney infection
- Cold feet (circulation in the lumbar and sacral segments is disturbed)
- Spasm in the urethra
- Back pain whereby the patient has the feeling not being able to walk up straight and sometimes this can’t do
- Headache with pressure on or behind the eyes
Vein – Lymph Zone

- Band-like drawed-in tissue from the middle third of the sacrum, running lateral, parallel to the iliac crest.
- May occur on one or both sides
- Insufficiency of the venous or lymph drainage
- Varicose veins
- Edema of the lower leg and foot
- Lower leg ulcers
- Nightly cramps and paraesthesias in the leg
- Thrombosis or the status post thrombosis
- Status post trauma such as dystrophy post fracture
- Feeling of fatigue in legs
- Primary lymphoedema
- Often occurs in combination with the arterial leg zone
Arterial leg zone

- Broad drawn-in tissue in the area of the greater trochanter
- In one-sided involvement is there increased weight bearing on the opposite side?
- Angiospastic dysfunctions (claudicatio intermittens)
- Cold feet down to the toes
- Trauma
- Postoperative conditions, especially after operations to the lower extremities
- Fractures
- Paralysis
- Degenerative arthritis
- Arthritic conditions
- Sprains/strains
- Post-traumatic neurovegetative dystrophy
Small genital or Menses Zone

- In women this zone relates to the circulation of the uterus. Ask for:
  1. Strong back and/or abdominal pain just before and during the menses (blood vessels are spastic)
  2. Unusual bleedings during the menses; blood vessels are atonic
  3. Irritation of the uterus due I.U.D.

- In men this zone relates to the circulation of the penis
  1. Impotence
  2. Hyperirritability of the penis
  3. Lower back pain
Large genital zone or hypomenorrhea zone

• In women this zone relates to the function of the ovaries:
  1. Hypomenorrhea
  2. Secondary ameneorrhea
  3. Late menarche
  4. Ovarian cyste
  5. Infantile development of the genitalia
  6. Influence from the pil or hormones

• In men this zone relates to the testes
  1. Inflammation and trauma of the testes
  2. Late descent of the testes in the scrotum
  3. Immature sperm
Colon (large intestine) or constipation zone

- Bands of tightness extending from the middle third of the sacrum diagonally running downward
- Most noticeable during anti-lordosis
- Constipation: sometimes during times of stress
- Headaches in relationship to defecation
- Shoulder problems left and right ventral side
- Back / hip problems
Small intestine or ileum zone

- Above the sacrum at the level of L5, but still slightly between the left and right ileum
- Diarrhea
- Fast, incomplete digestion
- Shoulder pain dorsally over scapula AC joint
- Back pain over L5 area
- Right side of this zone relates to the lower part of the ileum and the appendix
- Left side relates more to the top portion of the ileum
Duodenum zone

- On the back this zone is hard to be recognized since the zone coincides with the gallbladder zone
- Ulcer duodenum
- Pain on an empty stomach: the patient enjoys eating breakfast early
- Sometimes complaints of skeletal system, e.g. back and hip
Heart zone

- Broad drawn-in area posterior left thorax and left scapula
- Coincides with stomach zone
- Cardiac complaints such as coronary insufficiency and MI
- Arhythmia during exertion or emotion
- Status post angina, MI or myocarditis
- Status post heart surgery
- Shortness of breath during exertion
- Edema around ankles
- PHS left shoulder
- Ask whether patient can sleep on left side
- Anxiety / restlessness
Bronchial and lung zone

- Large drawn-in area at the level of the scapulae
- After bronchial pneumonia
- During and/or after chronic and acte bronchitis, also smokers’ bronchitis
- Bronchiectasis
- Asthma bronchiale / COPD
Asthma zone

- A larger area is affected on the back side than in the lung zone.
- The whole paravertebral connective tissue from the occiput to the sacrum is tight.
- Notice the tension over the iliac crests and the bottom of the thorax.
- Bronchial asthma.
Stomach zone

- Left thorax
- Overlapped largely by the heart zone
- Stomach pain during mental or physical exertion
- Stomach pain after eating late or too little
- Loss of appetite
- Stomach ulcer
- Post-operative stomach surgeries
Liver and gall bladder zone

- Broad drawn-in area over the right side of the thorax
- Most specific area for gallbladder is the area of the lower thoracic vertebrae, medical aspect
- Most specific area for liver is in the same area, but more lateral
- During and after hepatitis
- Right PHS
- Functional complaints as produced by history
- M. Pfeiffer
- No appetite or tolerance of fatty foods or alcohol, but butter is tolerated well
- Patient has a “liver rhythm”: gets up late, goes to bed late
Pancreas zone

- Conincides with the stomach zone
- Paravertebral level of T10-12
- Meteorismus intestinalis as a result of poor protein digestion
- Tendency to diarrhea
- Diabetes mellitus
- Back pain in the area of the thoracolumbar junction
Spleen zone

- On the left lower lateral aspect of the thorax at the level of T8-T9
- M. Pfeiffer
- If the patient has a fatigue due to unknown cause and has a spleen zone, CZT may work very well
- Spleen is important in the menstrual cycle and daily rhythm.
Head zones

- On the sacrum above the bladder zone (#1)
- Around T12 (#2)
- Large area in between the scapulae (#3)
- Band-like drawn-in area around the neck at the level of C7 (#4)
- May occur as a group or individually
- Headache: one-sided headache may give one-sided tension
- Migraine
- Status post cerebral concussion
- Eye defects
- Sleeping disturbances
- If only #3 and #4 are present, think of thyroid
- If only #4 is present, think of inflammation in the head
Head zones –continued–

• Sinusitis
• Tonsillitis
• Post-operative tonsillitis
• Tooth and jaw infection / inflammation
• Throat inflammation
• Cold
• Acne
Arm zone

- Over the scapulae under the spine scapulae
- Clearly visible through the flattening of the deltoid contour
- May occur on one or both sides
- Cold hands, dead fingers
- Hot, moist hands
- Blue fingers
- Numb hands and/or arms
- Paraesthesias
- Swollen, tense hands at awakening
- After trauma
- Tendovaginitis
- Epicondylitis
- Post-traumatic neurovegetative dystrophy (Sudeck)
- Contracture of Dupuytren
- Neurological deformities of the arm and hand
Case study 1
Case study 2
Case study 3
Demonstration of RZT


3. Holey L, Connective Tissue Manipulation, SportEX Dynamics, 2006 Apr(8):15-7(23ref)


Additional reading

- Connective Tissue Manipulation, by Ebner, M, 1985, Krieger Publishing Company
- Clinical Applications of Neuromuscular Techniques: Vol 1 and 2 by Leon Chaitow, Judith Walker Delaney, David G. Simons, 3/7/08, Healing Arts Press
- Modern Neuromuscular Techniques, by Leon Chaitow, Churchill-Livingstone, 4/29/03.
- Manuelle Segmenttherapie, by G. Quilitzsch, Verlag Muller & Steinicke, 1981.
Conclusion

- Don’t try this method without training
- If interested in training in Reflex Zone Therapy, contact me.
- E-mail address is:

  josdorrestein@hotmail.com
Thank you!
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