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Insight into

Fascia:

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By Karrie Osborn
Photography by Ellen Faskol

Addressing *Fascia* with Myofascial Release

A Conversation with

JOHN

BARNES

Fascia is where therapeutic answers lie and where healing begins.

That's the message John Barnes, physical therapist (PT), has been imparting to his clients and students for the past 50 years.

Barnes, founder of Myofascial Release Treatment Centers & Seminars, was a traditional PT for the first 15 years of his career before he began to explore the modalities and philosophies that would inform his work and become part of his myofascial release protocols today.

ADDRESSING THE FASCIA

“Temporary results—they're what drive me crazy and you crazy,” Barnes tells the group of therapists gathered in front of him, their nodding heads confirming agreement on why they've come to this Myofascial Release (MFR) workshop. “MFR is another dimension to massage and bodywork that helps to create more long-lasting results,” he says. At the heart of the solution, is fascia.

“The primary communication system in our body is fascia,” Barnes explains during a workshop break. “People have been calling fascia an insulator all these years, but it's really more like fiber optics.” As with any communication system, how well the transmission lines work is a key component to the system's health.



Barnes says that as fascial sheaths in the body are “glued” together as a result of injury, trauma, or dysfunction, they become unyielding. “Restricted fascia has the tensile strength of 2,000 pounds per square inch,” he says. “That’s two full-grown horses standing on the nerves that innervate the muscle. It’s crushing our cells. And it pulls structures out of alignment.” But restricted fascia is entirely capable of being changed.

While massage, energy techniques, and other forms of bodywork address fascia, Barnes says they release only 20 percent of the fascial system—the elastic and muscular components of the myofascial complex. “It requires very different principles to release the other 80 percent,” he says. When addressing fascia, Barnes says you must first get through the collagenous barrier, something that takes up to 120 seconds of pressure to even begin a release. Most therapists, Barnes says, are not that patient. “They’re either pushing their way through it or pushing over it; they don’t wait to be *allowed* through it.” The other side of that barrier is where myofascial release happens.

In addition to waiting on the tissue, and, in effect, being “invited in,” MFR is also reliant on pressure. Too much pressure, Barnes explains, and the client’s subconscious mind takes over and starts a guarding process—something a practitioner can’t muscle through. Too light a touch, and the barrier is not being engaged. “MFR is about ‘feeling’ into the client’s body and reading their body language.”

Once engaged with the collagenous barrier, Barnes says there is another 3–5-minute window where you illicit the piezoelectric phenomena. “Cells are crystalline in nature; if you put pressure into a crystal, it generates an electrical flow. So, in other words, our mechanical pressure, given significant time, begins to generate a bioelectrical flow. Couple that with mechanotransduction, and you elicit a biochemical response at the cellular level. This then leads to phase transition, into a period of chaos where change and healing occur.” From there we find *resonance* or *release*.

John Barnes (above), demonstrating a Myofascial Release (MFR) technique to a recent workshop participant, says he enjoys teaching as much as he did the first day. At right, Barnes illustrates soft-tissue mobilization and a cross-hand myofascial release for back pain and fibromyalgia.



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When fascia releases, Barnes says it feels like taffy stretching. “That sense of softening leads to a deeper barrier, and then you wait there for a while.” The art, he says, is finding the restrictions and applying the appropriate pressure. “You have to use your *feeling* intelligence, not just your *thinking* intelligence,” especially since these barriers are unique to each individual. Layer by layer, the tissues are addressed. No oils or lubricants are required, only pressure and intention.

Barnes tells students that a key to MFR is to never force the tissue; in fact, it's his mantra: “never force, never force, never force.” Approaching the tissue with patience avoids any fight-or-flight response and lets the client's mind be available to help begin the healing process.

The nuances required for therapists to address this fascial tissue include having a quiet mind while waiting for the tissue to let you in, using the proper pressure, and then feeling the subtle changes that occur in the ground substance—the fluid part of the fascial system. “It's in the silence and the feel that we heal,” Barnes says.

Ironically, most fascia research has been done on cadavers, Barnes says, where the fluidity of tissues is obviously no longer viable. He is still baffled at the disregard paid to the tissue's fluid component and its importance to health.

“Everything must go through the fluidity of the fascial system to get to the cell. If the ground substance [outside of and within the cell] has solidified because of trauma, surgery, or thwarted inflammatory response, that cell is dying—it's not breathing, it's not getting the fluid or the nutrition it needs.” By addressing the fascial system and releasing the restrictions, you can “reverse the solidity of that ground substance and change the frequency of the vibration.” By doing that, Barnes explains, the cells can rehydrate, the crushing pressure is removed, and then “our body becomes capable of healing itself.”

Despite the critical anatomical role of fascia and all of today's research being conducted on its relevance to health (including on *living* bodies), Barnes says the “health-care community is still not paying attention to the connective tissue,” something he considers to be a huge oversight when addressing issues of pain and well-being.

PAIN INFORMS THE MFR JOURNEY

Like so many in the healing professions, Barnes lived through his own somatic traumas and lets those experiences inform his work today.

A back injury suffered at a young age helped Barnes eventually devise his own MFR Approach. Training as a competitive weightlifter, the young Barnes found himself

without a spotter at the gym one day. Lifting 300 pounds from a squat, he fell, and in an instant, his life changed. With a herniated disc at L-5, he had a long road to recovery ahead of him—and his athletic goals vanished. Yet, it was through this trauma that Barnes figured out how to help others.

“After surgery to repair the injury, there was a point when I realized no one was going to help me but me,” Barnes recalls. Although he received only minimal information about fascia while in physical therapy school at the University of Pennsylvania before graduating in 1960, Barnes knew enough to understand that he felt better when he self-addressed this underlying tissue during his recovery. He began working his sore points, and eventually learned the nuance of being more gentle with his pressure as he addressed the significant solidification of ground substance in his tissue.

An understanding of the body-mind connection was also paramount in his journey. “My early experience with karate is where I learned about energy and flow,” he says, although some of that was lost over the years during his early PT training. “I had to be broken to get back in touch with my intuition.” This would end up being a critical component of his MFR development.

When Barnes signed up for a rudimentary course on the connective tissue system, he says his eyes were opened. The first day of the class, with beginning students working on him, Barnes’s back pain started to subside after years seeking help from a variety of experts. “I had positive structural change, where the best in the world couldn’t help

me before.” Eventually, Barnes’s exploration into self-care would help develop an approach—a mosaic of techniques—that would come to inform all his myofascial work and morph into MFR.

Today, Barnes has trained more than 100,000 physicians, PTs, and massage therapists in MFR techniques. Leading more than 40 MFR seminars a year, Barnes still enjoys watching his students arrive at their own “aha” moments of discovery. “I enjoy seeing the lights go on, when they switch to something deeper, and all of a sudden get it,” he says. “I enjoy teaching and treating, as much as I did the first day.”

Barnes maintains two treatment centers in Arizona and Pennsylvania, where he splits his time when not teaching. Many who come to him for help are therapists themselves. Having lived the workshop experience, they come seeking help for their own issues, with many participating in an intensive two-week program of care. Barnes says helping others find their way out of debilitating pain fuels his passion for the work. “I see how it changes people’s lives in a very positive way.”

OPEN TO THE POSSIBILITIES

The old adage that “seeing is believing” is what convinces people of the value of this work. “It’s important you experience and feel this for yourself,” Barnes says of myofascial release. “We don’t try and teach people this intellectually.” That wouldn’t work. “They have to feel how it affects their own body first.”

Many come to MFR workshops having reached a dead end in their own training.

John Barnes, illustrating the power of the fascial web in our bodies, says fascia is a liquid crystal.



The search for lasting results pushes them to find answers for themselves and their clients.

Barnes says from the beginning, massage therapists have been open to the concept of myofascial work and its potential. And PTs are opening further to the possibility that there’s something more going on in the body. Barnes says, “There’s starting to be a shift in their awareness.”

Barnes is excited about the fascial research taking place in the field today, and notes the work of Jean-Claude Guimberteau, MD (see page 54), Paul Standley, PhD, Carol Davis, DPT, EdD, and so many others as paramount to our understanding of fascia and its potential. He truly believes the answers lie within. “We will always need medicine and surgery, but with the potential it affords us, I believe myofascial release could be the health care of the future.” **m&b**

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For more information on Myofascial Release Seminars and the work of John Barnes, go to www.myofascialrelease.com.