Trauma in the Fascia: Undoing the Damage and Supporting the Healing

AMERICAN ACADEMY OF OSTEOPHY
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WORKSHOP
Trauma: A Tale Told in the Fascia

• Bio-responsive
  ï Bio-energetic interface

• Directional & Proportional
  ï Writing the tale waiting for discovery

• Multi-dimensional
  ï Affects all aspects of the person
Interacting Bodies

HEAD

SPIRITUAL

SELF

MENTAL

PHYSICAL

EMOTIONAL

LEFT

RIGHT

FEET
Why the Fascia?

Â Dr. Still directs us:
Â The causes of death do the destruction of life in the fascia
Â Spirit of man resides in the fascia
Â Homeostasis monitors, acts and reacts in the fascia
Identifying the Trauma Pattern

• Trauma history
• Physical exam
• Identifying the primary trauma site
• Components of the reaction to the event
• Relationships in the fascia and the whole person
Case Example Acute
I can’t sit down!

“I was off roading on my 4 wheeler 3 days ago and went over a large crevice and was airborne and landed on the edge of the seat on my tailbone.”

Symptoms:
- tailbone pain, discomfort with bowel movements, achy pain in the butt, and poor inhalation

Diagnosis:
- displaced coccyx with loss of pelvic floor motion

Treatment:
- address all diaphragms and coccyx/sacral relationships
<table>
<thead>
<tr>
<th>Trauma history</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Chronology of trauma</strong></td>
<td>Chronic, acute, age, length of symptoms</td>
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<tr>
<td><strong>Events surrounding the start of signs and symptoms</strong></td>
<td>State of health, illness, stressors, overt trauma, life changes, depression</td>
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<tr>
<td><strong>Mechanism</strong></td>
<td>Fall, MVA, blunt force, surgery, birth, concussion</td>
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<tr>
<td><strong>Direction of force</strong></td>
<td>Hit in right side of head, rear ended and thrown into steering wheel, fall on ice onto left hip</td>
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<tr>
<td><strong>Signs and symptoms of original trauma</strong></td>
<td>Swelling, pain, loss of function, fractures, dislocations, loss of consciousness, visceral symptoms</td>
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<td><strong>Evolution of symptoms</strong></td>
<td>Radiation, migration, transformation of symptoms, functional changes, constitutional changes, overflow to other systems</td>
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<tr>
<td><strong>Imaging and testing related to the trauma</strong></td>
<td>Medical record review from previous providers, ER records, MRI, CT, x-rays, labs</td>
</tr>
<tr>
<td><strong>Types and responses to treatment</strong></td>
<td>Improved, worsened, unchanged, ER visit, OTC and prescribed medications, surgery, PT, CMT, injections, supplements, acupuncture</td>
</tr>
<tr>
<td><strong>Pre-trauma disease and any changes since trauma</strong></td>
<td>Diabetes, hypertension, IBS, mental function, organ function</td>
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<tr>
<td><strong>Post-trauma disease emergence</strong></td>
<td>Chronic pain, IBS, RSD, fatigue, fibromyalgia</td>
</tr>
<tr>
<td><strong>Other traumas prior to or since the presenting trauma</strong></td>
<td>Multiple falls, other MVA, surgeries, fractures, etc. with or without known continuation of symptoms</td>
</tr>
<tr>
<td><strong>Disability associated with this trauma</strong></td>
<td>Worker’s Compensation, short or long term disability, social security disability, poor cognitive function, personal injury</td>
</tr>
<tr>
<td><strong>Disability not associated with this trauma</strong></td>
<td>Worker’s Compensation, short or long term disability, social security disability, poor cognitive function, personal injury</td>
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The Fascia Knows

Â Body memory
   ï Trauma pattern recorded within the fascia
   ï Remains until released

Â Cognitive memory
   ï Distant traumatic events are often forgotten
     Â Childhood, years ago
   ï Severe trauma is often repressed
     Â Abuse of any type

Â Physical symptoms may have roots in emotional, mental, or spiritual trauma
   ï Iceberg effect
Follow the Pattern

• History provides a picture of the trauma
  - Perspective at time of event
  - Progression of symptoms and dysfunction
  - Status at present and where to start the exam

• Physical exam identifies the areas of dysfunction

• Combined they provide guidance to:
  - Choose a portal of entry into the fascia
  - Identify the trauma pattern
Diagnostic Dialogue

Â Portal of entry
   • Diaphragms & cables

Â Float in the fascia for diagnosing
   • Set the fascia in motion and follow the pattern
   • Be an observer first
   • Partner with the patient
   • Remember and record the pattern and dysfunctions identified
Treatment Dance

- Based on diagnosis and recognition of the trauma pattern choose a portal of entry

- Intention
  - Focus on the patient’s innate healing capacity
  - Surrender your ego

- Attention
  - Sense the pattern and don’t question it
  - Follow it to the primary dysfunction

- Activation
  - Respiratory assistance with 3 respiratory cycles

Release is patient mediated
Reassess
THE OLD DOCTOR PONDERs ON THIS ISSUE

¿ WHAT DID YOU FIND?
¿ WHAT DOES IT MEAN?
Compensation Patterns

Å Functional compensation

- Fascia compensatory, distributive, and absorptive mechanisms are intact
- Treatment concern for decompensation
- Flare ups as trauma pattern resolves are common

Å Dysfunctional compensation

- Fascia compensatory, distributive, and absorptive mechanisms are compromised
- Address the most significant dysfunction first
- Limit intervention to respect systems need to recoup
Case Example Chronic
I feel crooked!

“\text{I was walking to my car and my right foot slipped on the ice and I landed on my butt a year ago and I just seem to be getting worse}”

\textbf{Symptoms:}
\begin{itemize}
  \item Initial: localized pain, sciatica
  \item Subsequent: progressive limp, feels crooked, bronchitis twice this winter
\end{itemize}

\textbf{Diagnosis: pelvic up slip with progressive dysfunctional compensation}

\textbf{Treatment: identify the trauma and compensation patterns and release them}
3D TUBULAR THORACIC CAGE

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CORONAL VIEW
What If There Is More Than 1 Trauma?

- 50yr old with fibromyalgia & headaches
- Recent divorce
- MVA rear-ended 10 yrs ago
- Football injury in high school
- Traumatic birth
Methodical Treatment Approach

Å Peeling an onion

- Treat the most dysfunctional pattern first
- Respect the intelligent fascia in it’s choice of trauma pattern to release
- Chronology should not be your guide
- Multiple treatment sessions are needed
- Address emerging patterns as they present themselves
Holographic Concepts

Å Diagnosis in the fascia
  ï Access to all bodies
  ï Intelligent fascia knows what needs to be addressed, where and in what order
  ï Trauma patterns
  ï Compensation patterns

Å Treatment is tailored to the individuals need
  ï Activation of homeostatic mechanisms
  ï Release through the application of OMT
Case Example Dysfunctional Compensation
I have asthma.

 “I was a difficult birth. Mom says she had a long back labor and they used a vacuum to get me out and my head was shaped funny. I cried so much my Mom said she had to leave me in my crib a lot because they could not get me to stop.”

 Symptoms:
   ï Initial: inability to breastfeed, colic, frequent ear infections
   ï Subsequent: asthma, social anxiety, IBS

 Diagnosis: birth trauma with dysfunctional compensation

 Treatment: address dura and fascia strains and traumatic patterns
Venous Sinuses of Dura Mater
Cranial Floor - Superior View
Anterior Thoracic Wall
Internal View
The Challenge of the Multilayered Release

Patient memory

- Physical releases trigger emotional, mental & spiritual releases
- Have resources available to address these

Respect patient’s culture and belief

Be ready for personal enlightenment
The Continuum

Reflective relationship: As above so below
- Unity of all systems
- Dysfunction manifest throughout the whole
- Access to all is found in the fascia
Intracellular to Extracorporeal
Physical to Metaphysical
TREATMENT SEQUENCE REVIEW

Å INTENTION
   ï TO ASSIST THE PATIENTS INNATE HEALING CAPACITY
       Å Put our egos and expectations aside and approach with humility

Å ATTENTION
   ï Palpatory dialogue with the intelligent system
   ï Identify the trauma pattern and its compensation pattern
   ï Choose appropriate techniques for the dysfunctions

Å ACTIVATION
   ï Apply techniques mindful of activating a homeostatic response

Å RELEASE
   ï Activate with respiratory assistance

Å REASSESS
I Know You Can Do It!
Sometimes You Need A Little Help