

## Therapeutic Insight: The Myofascial Release Perspective—Women's Health

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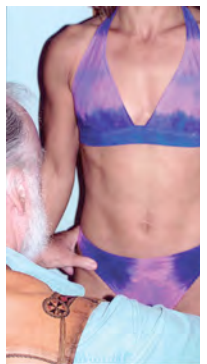


The female pelvis is unique due to the inseparability of its structure/function. Comparatively, a woman's pelvic joint surfaces are flatter than a male's and, therefore, more easily moveable. A woman's pelvis is wider and more easily torqued and traumatized. Every month when a woman experiences her menstrual period, relaxin is released in her system, slacking her ligaments and making her more prone to trauma. Our bodies contain more than 70-percent fluid, and the fascial system is the container and transport medium of our fluid. A person should receive myofascial release soon after trauma, childbirth or surgery—otherwise, the fascia's ground substance begins to dehydrate, creating enormous pressure on pain-sensitive structures all the way down to the cellular level.

Science has not paid any attention to the environment of every organ, duct, blood vessel, nerve and cell, the fascial system. All of our organs are fascial structures that ideally are capable of expanding and contracting. As you know, the bladder is a hollow organ that should be capable of expanding and contracting to hold fluid (urine) for a prolonged period of time. Fascial restrictions from trauma, scars and/or the delivery process can exert crushing pressure upon the bladder, creating the symptoms of frequency, urgency and/or incontinence.

Many times fascial restrictions will adhere to the bladder and the urethral areas creating the environment for infection, since fascial restrictions impede proper elimination of toxins and waste products from the tissues. If the fascia tightens around the bladder, it can limit the bladder's potential to enlarge sufficiently, creating the need to urinate frequently or painfully. When a woman coughs, sneezes or laughs, urine will tend to seep out since there is no give to the bladder. Inflammatory processes, such as endometriosis, can cause the fascial layers to adhere to adjoining tissue, creating pain and symptoms.

Scars from abdominal/pelvic surgery, trauma or episiotomy scars can also create havoc in the pelvic area, causing menstrual dysfunction, pelvic pain, painful intercourse, constipation, diarrhea and/or hemorrhoids. Recent statistics have shown that hysterectomies are performed, on average, every 45 seconds in the U.S., and it has been determined that more than a half million of these procedures a



year are deemed unnecessary.

Another common problem we encounter is coccygeal disorders from trauma, pelvic torsion and childbirth. A malaligned coccyx can cause a multitude of problems in the pelvic area, including some of those just mentioned, as well as back and neck pain, and/or headaches due to the influence of the dural tube. When the coccyx moves closer to the pubic symphysis, the musculoaponeurotic fibers from the pubis to the coccyx become so slack that they lose their tonus. If the origin and insertion of a muscle move closer together, a great portion of the muscle's power is lost. "Typical symptoms of a sacrococcygeal lesion in a female client are the inability to sit for long periods of time, declining quality of sexual relationships and cystitis ... the coccyx can lead to a general decrease in the motility of the entire body, and it should be checked in people who are devitalized or suffering from general depression," according to Jean Claude Barral, PT., in his book, *Visceral Manipulation*.

Myofascial release has helped many women with menstrual and premenstrual symptoms. Just picture the fascia tightening like a powerful three-dimensional net around the pelvic structures. Then, as the woman begins to bloat as her menstrual cycle begins, the combination of fascial tightness and increasing internal pressure begins to exert heavy pressure on nerves, blood vessels, etc., and the cramps begin, the back tightens and all the other unpleasant effects are a reaction to the abnormal internal pressure.

The nontraumatic, gentle nature of myofascial release is reassuring in that clients need not worry, since these effective procedures will not worsen clients' symptoms or cause harm.

Myofascial release can enhance every technique you do as a therapist and greatly improve the quality, flow and joy of your life.

Sincerely,

John F. Barnes, P.T.

### References

Barral D.O., Jean-Pierre. Merceir D.O., Pierre. *Visceral Manipulation*. Seattle, WA: Eastland Press; 1983, pp 260-261.

Fitzgerald, MP, et al. "Randomized Multicenter Feasibility Trial of Myofascial Physical Therapy for the Treatment of Urological Chronic Pelvic Pain Syndromes" (Abstract).

*John F. Barnes, P.T., L.M.T., N.C.T.M.B., is an international lecturer, author and acknowledged expert in the area of myofascial release. He has instructed more than 50,000 therapists worldwide in his Myofascial Release approach, and he is the author of Myofascial Release: the Search for Excellence (Rehabilitation Services Inc., 1990) and Healing Ancient Wounds: the Renegade's Wisdom (Myofascial Release Treatment Centers & Seminars, 2000). He is on the counsel of Advisors of the American Back Society; he is also on MASSAGE Magazine's editorial advisory board and is a member of the American Physical Therapy Association. For more information, visit: [www.myofascialrelease.com](http://www.myofascialrelease.com).*

For more information about myofascial release, you can now access two separate excerpts from the *Fireside Chat with John F. Barnes, PT DVD* on YouTube.

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[www.myofascialrelease.com/fascia\\_massage/public/sem\\_cal.asp](http://www.myofascialrelease.com/fascia_massage/public/sem_cal.asp).

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