

Therapeutic Insight: The Myofascial Release Perspective—Frequency, Urgency and/or Incontinence

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You have probably seen the TV ad that starts out with a loud, menacing voice screaming,

“Overactive bladder!” The ad then goes on to extol the merits of a drug that will dry up everything you have. The screen then changes to a girl in a white pinafore skipping merrily through a field of daisies with joyful music playing. The music and visuals are distracting us from the soft voice listing contraindications and possible side effects—possible high blood pressure, strokes, heart attacks, dizziness, fatigue, extreme nausea and thoughts of suicide, etc.

This sad and deceptive scenario plays again and again. It also is an example of the flawed perspective of science, only looking for and treating the superficial effects, otherwise known as symptoms.

Science hasn't paid much 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 and create an environment for infection, since fascial restrictions impede proper elimination of toxins and waste products from 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 hysterectomies are performed, on average, every 45 seconds in the U.S., and it has been determined that more than half a million of these procedures a year are deemed unnecessary.

Another common problem we encounter is coccygeal disorders from trauma, pelvic torsion and childbirth. A misaligned 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, 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.”*

Myofascial release has helped many women with menstrual and premenstrual syndrome 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.

Myofascial Release can treat the unpleasant and/or painful symptoms of pregnancy and childbirth, recurrent bladder pain and infection, frequency, urgency and/or incontinence, painful intercourse, sexual dysfunction, elimination problems, coccygeal pain, painful episiotomy scars and the list goes on. These problems can, in many cases, be substantially alleviated or eliminated by myofascial release, nontraumatically and gently.

The nontraumatic, gentle nature of myofascial release is reassuring to clients, since these effective procedures will not worsen the client's symptoms or cause harm.

Myofascial release is not meant to replace the important techniques and approaches you currently utilize, but to act as an important added dimension for increasing your effectiveness and permanency of results in relieving pain and restoring function, as well as the quantity and quality of motion.

Sincerely,
John