

double-crossed: looking at structure

In nearly every issue of *News & Notes*, I have mentioned that structural (postural) stress is *always* an important consideration when treating pain and injury. It's about time that I elaborate on that idea with a brief introduction to structural bodywork. Understanding why problems happen is essential to understanding the treatment. I guarantee you'll be reading more about this in future issues!

Depending upon their function in the body, our skeletal muscles are put into one of two groups. Muscles that fall into the **stabilizer** group are principally concerned with endurance and stamina; they're postural muscles. Muscles in the **mobilizer** group are principally concerned with power, speed, and action.

When we have dysfunctional posture and movement patterns, we recruit muscles to do things that they're not structured to do. The two groups respond to this very differently.

Stabilizers generally shorten and tighten, possibly weaken as well. Mobilizers become weak and inhibited, perhaps even lengthening.

In this issue of *News & Notes*, we are taking a look at two very common postural dysfunctions: lower-crossed syndrome and upper-crossed syndrome (pictured below). It is helpful to think about these as common wear-patterns that develop because of the way mobilizers and stabilizers respond to dysfunction. Yes, every person has his own unique habits and history, which create individual patterns of strain. But both the lower-crossed and upper-crossed patterns are quite common – one or both are present to some extent in many people.

Why so common? Consider the fact that many of us sit for a good part of the day. This chronic positioning causes our hip flexors (stabilizers) to shorten and tighten. This is just one example of activity that contributes to

the development and perpetuation of lower-crossed syndrome. (These patterns have emotional and psychosocial components as well, which can be quite significant, and which will be addressed in another issue.)

In treatment, it is a common mistake to want to strengthen the weak muscles first. The reason that often doesn't work is due to the simple neurological fact of *reciprocal inhibition* (see inset on page 2). When you have muscles that have shortened and tightened, the opposing muscles must let go because of reciprocal inhibition. Trying to strengthen those opposing muscles doesn't work well because they are neurologically inhibited. Releasing the tight and short muscles *first* allows the opposing muscles to be strengthened.

I try not to slouch, I've heard from many clients, I try to sit up straight. It is important to know that until tight muscles are released and weak muscles strengthened, that is, until good posture is effortless, you can't expect to achieve it. ***It needs to be a position of ease, not be one of effort.*** You can't hold your shoulders back and down because the muscles that do that are weak and neurologically inhibited. They are inhibited from becoming stronger because the muscles that pull your shoulders up and forward are chronically short and tight. So please be gentle with yourself. Receive bodywork, do your homework, and your body will adopt a new posture with improved function.

(Continued on page 2)

(Continued from page 1)

A structural approach to bodywork is also essential in the treatment of trigger points. Sure, a trigger point can be deactivated with treatment. But trigger points will return if the underlying cause isn't treated. Strain and dysfunction are what caused (and are perpetuating) the trigger point in the first place. If you treat the trigger point and not the underlying dysfunction, the trigger point will return.

More about trigger points in the next issue of *News & Notes*. Until then, I hope that reading this issue gave you a better understanding of the importance of structural bodywork and how it connects to the other work we do in session. These are important concepts for your long-term health and wellness. As always, please feel free contact me with your questions.

**WHAT IS
RECIPROCAL INHIBITION?**

Imagine you are curling a dumbbell with your right arm. As you curl that dumbbell up, your biceps (on the front of your upper arm) are contracting, and your triceps (on the back of your upper arm) *must relax and lengthen* to let your arm flex and move the dumbbell. This is reciprocal inhibition: the muscles opposite the action must let go to let the action take place. Your nervous system sees to it that this happens.

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NEWS & NOTES

Inside this issue ~

Double-Crossed: An Introduction to Structural Bodywork

Looking ahead to the next *News & Notes*... Understanding Trigger Points