

## Healthy back, muscular memories, posture and aches

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A new way to attend to people's wellness working differently on the body has arrived. It is a new method to become aware of ourselves in order to eliminate muscular tensions, joint blocks, aches, etc. This new method requires technical knowledge and the ability to do a "global observation". It is possible to realize this thanks to the "global non-compensated muscular stretching" and a new tool which eliminates the compensations the body uses and "forces" it to maintain a correct posture for the required time.

There are many factors that need to be analysed in a "global observation" of the patients: the way they stand, move, breath, walk, manage their movements, overdramatize their pain, episodes or traumatic facts that happened to them, the order of the painful episodes, etc.

### **Muscular memories**

The incredible strength of this method consists also of a series of principles the doctors, the therapists and the professors need to keep in mind. One of these principles is related to the mechanism of muscular memories, according to which a past trauma, even if it does not hurt in its original point anymore, will continue to have a "disturbing" effect on one or more areas of the body. For instance, people who hurt their quadriceps against an edge will limp for a while, and then they will start to feel better until they forget everything and go back to their normal walking. A precise postural examination will show how that trauma may have transferred its effect to any other part of the body. So, the muscular fibers hit by the trauma memorize the "impact" and remain in a contracted state of defense. Over the years, this state will lead to a fixed retraction.

This is how a quadriceps, even if it is hurt only in some of its fibers, can cause an excessive and constant traction on its insertion points and provoke an internalization of a hemipelvis, knee problems, axial rotation of femur or tibia (depending on which muscular fascia has been hurt), imbalance of pelvis and vertebral column. Of course, these actions will move and reach neck, arms, feet, head, etc. A very effective exercise in this case is the one shown in figure 1.

During the professional formation courses for doctors, physiotherapists, professors, kinesiologists, etc., all the elements that are needed to have a high percentage of success are taken into consideration. This discipline is one of the richest in terms of adequate tools. It all starts by acquiring a good mastery of

postural analysis and technical knowledge. From the awareness of how important correct curvatures in the vertebral column are, the technical concepts of cause-effect and globality, the ability to unblock the diaphragm, to the recognition of the data given by the patient and the usage of the right exercises in a specific way.

All the used tools aim to search for and solve the cause that is provoking malaise to the patient: from a simple tendinitis, to bursitis, synovitis, cervical pain, lumbar pain, back pain, slipped disc, arthrosis, etc. Any time a muscle remains stimulated in a defense attitude it will inevitably cause postural adaptations and so structural alterations that will evolve in muscular and articular pain or, at least, in a reduction of its function. The used tool, Pancafit®, aims to maintain a person in a correct posture in a very simple way during all the exercises that need to be done. Thanks to this tool, it is very easy to show the postural alteration of the subject and for this reason it is at the same time easy to “awake” the “muscular memory” responsible for the pain the person is going through now. It is the body itself, when put in a correct posture, to reveal the malaise somewhere and so also the area of the cause or of a concurrent cause. Session by session, posture gets better.

### **LAURA'S CASE**

This is a real episode happened to a young patient in which are involved many factors, both physical and emotional. In April 1998, Laura, an 11 year-old patient, came to our studio with a serious and worrying problem: for a month she has been walking with crutches due to a terrible pain in her left foot. The pain is so strong that she has to keep her foot 30 centimeters from the floor not to let it touch the ground and so insidious that it makes her cry and prevents her sleeping at night. The x-ray does not show anything and treatments and drug therapies result useless.

Laura categorically excludes any possible form of foot trauma. After asking her a series of questions, always in a “global vision”, we find out that a month before the girl had suffered from a pain in her right knee, which lasted for about three months. Her mother collaborates with us in trying to reconstruct her daughter's story back in time and finding out and connecting all the manifestations one with the others. Before the knee problem (January-February 1998), Laura had suffered from a really unusual cystitis, a bad vaginitis and an unexplained candida for about a month. At that time she underwent therapies, too, but the effects were not that good and the recovering times were unusually long.

At first, all these episodes do not seem to have any connection with each other, in particular with the foot pain, but if you go on reading the whole sequence of events will soon be clear.

Going on with our research in order to get to the cause, Laura's mother tells us that, before the bellyache started, her daughter had suffered from bad headache every day since the end of December and until the beginning of January. When the bellyache started, the headache slowly disappeared. Of

course, this reconstruction was not easy to do, since people usually tend to forget the events instead of linking them logically. What people always forget is that where there is an effect, there must inevitably be a cause, no matter how far in time and space from its current manifestation. With the right technique, adequate research and the method of global non-compensated muscular stretching, it is possible to go back to the initial cause. What is important to remember are the basic principles of this method and to apply them.

Back to the research in Laura's case, it comes to light a period during which she suffered from almost depressive sadness. It was the beginning of the school year. By asking her other specific questions, we find out that in the spring of 1997 Laura experienced a serious psychological breakdown due to a terrible fear of her fifth grade exam. As a matter of fact, her teacher, who wanted her students to get interested in studying, used to terrify them telling them the exam would be very difficult. Laura was a very skilled and happy student, but in that occasion she experienced both a physical and psychological breakdown. Her marks collapsed as well and she started to go through hysterical crisis often.

Apparently, this story could seem to have no connections. However, the therapeutic truth, which always has to be supported by real positive changes, becomes incredibly real after the first session of work. The foot seems in fact to be less painful and, for the first night after a month, Laura manages to sleep until 10 a.m. As she wakes up, an almost intolerable pain hit her foot for few minutes. When the pain stops, her famous knee pain comes out again. Then the pain moves to the belly first and to the head later. It is the same headache Laura has had in the past. At 12.30 p.m. Laura has one of her old hysterical crisis she had not had for months. After that, everything stops. Laura starts to lean the foot, stops using the crutches and can walk free again. Some days later, she can run and express a real joy and the will of living typical of healthy children.

The cause of her foot pain was connected to an "emotional-psychological cyst", i.e. an emotional trauma substituting a muscular one and expressing itself at musculoskeletal level.

The therapeutic intervention on Laura was extremely easy: it was enough to apply the basic principles of the method of "global non-compensated muscular stretching", together with a therapeutic good sense and the belief that if there is an effect, there must be a cause. All we need to know is how to find it.

## Global muscular stretching

Here are some simple exercises done in global muscular stretching, which can be executed in numerous variations.

### Exercise 1

It allows to stretch the quadriceps respecting the axis of the knee joint (unlike the hurdler's stretch) and with different levels of intensity. It is possible to raise the leg side of Pancafit® in order to also work femoral muscles which seem to be relaxed by stimulating the quadriceps which will be stretched thanks to the pelvic retroversion given by the resting leg. It is also possible to act from the back side: by lowering that side a pelvic retroversion is created. It will



Figure 1 Quadriceps stretching exercise.

take more tension to the quadriceps, but not to the femoral muscle on the other side. This apparently simple but actually very demanding posture presents numerous advantages: the stretching of the quadriceps is done in total respect of knee joint. In addition, it is possible to stimulate the two quadriceps in the same way and with the same intensity, since the therapist can fix the angles of work at the level he wants for both sides. Moreover, while the quadriceps is working, the opposite femoral muscle is stimulated, i.e. stretched, and the same happens with the spine, allowing a better and more functional breathing, too (Fig.1).

### Exercise 2



Figure 2 Exercise for the posterior muscular chain, particularly indicated for people having a kyphotic attitude.

This exercise can be done by using the inclination that best fits the patient's needs. According to the position of the back side, it is possible to stimulate in a more adequate way also the diaphragm (back side very low and leg side high): taking advantage of the force of gravity and acting more on the viscera will in fact indirectly act on the diaphragm as well. Such a position will notably stretch the posterior muscular chain. The hands hold the dedicated adjustable handles which go in parallel

with the column side of Pancafit®. Depending on how much the arms stretch, the work will act on a specific part of the back, and according to the internal/external rotation of the arms, it will act more on

the muscles that are closer or more distant from the spinal axis. With some variations of these exercises, the therapist can work on the curvature inversion in the thoracic area and with the appropriate accessories also on the reduction/inversion of the physiological curves of the cervical and lumbar tract in order to restore their physiology. This exercise highlights asymmetries, arms and back tensions that can reach lumbosacral region and sometimes also calves and feet, in confirmation of the existence of the “muscular chains”. It is an extraordinary exercise for those who have a kyphotic attitude and the tendency to close forward with the chest. In many cases, it has been a resolving exercise, for instance in case of pain due to slipped disc. All the suggested exercises are done adopting technical breathing which is appropriate for this kind of postural work (Fig.2).

### *Exercise 3*

This exercise is great for a general initial work and particularly indicated in case of retraction of the posterior muscles of the leg, because of the closure of the tibiotarsal angle and the pelvic anteversion that can be asked of the patient to increase the intensity of work. The posterior muscles of the thigh and lumbar region are stimulated thanks to the closure of the coxofemoral angle, whereas the back through the action of the arms. There is no limit in the number of variations and strategies that can be applied to



Figure 3 Exercise particularly indicated for retractions of the posterior muscles of the leg.

this exercise in order to get at any time different tension points. Depending on the angle used for the feet support, on where the hands lean, the angle of the knees, the rectification and stretching of the vertebral column, the push of the pelvis backwards and upwards, it is possible to reach a myriad of different effects that are extremely interesting and incomparable. It is often likely to happen with this exercise to have contradictory and motiveless tensions as another confirmation of the interaction of the muscular chains. Breathing must be done in such a way not to allow the diaphragm to negatively act on the spine (both through the ribs and the pillars), aiming to make emerge muscular tension that would not be possible to have otherwise. In conclusion, it gives results that are difficult to reach with other techniques (Fig.3).

*For more information on the Raggi Method®- Pancafit® please address to Posturalmed S.A.*

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