

## **Myofascial Palpation**

By David Razo, MAOM, NCTMB

Palpatory examination of the myofascial network is necessary in treating musculoskeletal and pain disorders. Bodyworkers from various backgrounds have embraced palpatory assessment as their only tool in deciphering and reading - like braille - the texture of soft tissue and the tension patterns of myofascial dysfunction.

I am excited to see a growing number of acupuncturists integrating myofascial palpation into their acupuncture practices. I am hopeful that as Oriental medicine gains momentum and respect in national health care, educational institutions will extend training in palpatory diagnostics of the soft tissues to students.

Myofascial dysfunction may manifest in the body and create pain because of emotional scars suppressed from childhood; poor habitual patterns, both postural and from movement; postsurgical scarring (much of which looks more like mutilation); or a car accident that may have thrashed the soft tissues. The "fascial web connects and communicates throughout the body; thickened areas transmit strain in many directions and make their influence felt at distant points, much as a snag in a sweater distorts the entire sweater."<sup>1</sup>

A palpatory examination of the myofascial structures may reveal valuable information that may be correlated in other findings, giving the practitioner a broader understanding of the influences of the patient's condition and the ability to form a possible treatment approach - or, at the very least, enable the practitioner to refer to a specialist. A palpatory examination includes but is not limited to:

1. Thermal palpation. Alon Marcus states that thermal diagnosis should be conducted several centimeters above the skin,<sup>2</sup> which is thought to reflect the body's vitality or, in Oriental medicine, some aspects of defensive *qi*;
2. Palpation of the myofascial network;

3. "Palpation of joint structures";<sup>3</sup> and
4. "Assessment of passive segmental mobility."<sup>3</sup>

Layer palpation within the myofascial network is a systematic method that should progress layer-by-layer, assessing mobility, myofascial restrictions, the texture of soft tissues, and tension patterns.

Additionally, "The superficial palpatory examination includes tissue temperature and moisture and light touch to determine the extensibility and integrity of the superficial connective tissues."<sup>3</sup> A common error in palpating the superficial fascia is applying firm pressure. It has been my experience that each layer must secure a myofascial release before examining the next layer for appropriate palpatory reading.

Cantu and Grodin also state, "The deep palpatory examination includes compression, which is palpation through layers of tissue perpendicular to the tissue, and shear. Shear is movement of the tissues between layers, moving perpendicular to the tissue. The structures palpable are muscle sheaths, muscle bellies, tendons, myotendinous junctions, tenoperiostial junctions, joint capsules, and the deep periosteal layers of tissue."<sup>3</sup>

Palpation of the myofascial network is not an assessment technique limited to orthopedic and physical medicine acupuncture specialists. When the body is not in harmony because it has been compromised emotionally or because of a weakened immune system, the myofascial system adapts by displaying tension patterns to protect itself. This work adds another dimension to how we view the body, and not just in a mechanical sense.

### *References*

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2. Marcus A. *Foundations for Integrative Musculoskeletal Medicine: An East-West Approach*. North Atlantic Books, 2004.
3. Cantu RI, Grodin AJ. *Myofascial Manipulation, Theory and Clinical Application*, 2nd ed. Aspen Publishers, Inc., 2001.

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