

# What is Myofascial Release?

**Lisa Klein, PT**



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**Rebekah Kelley:** Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today we'll be discussing What is Myofascial Release, with Lisa Klein. Before I introduce Lisa, I want to remind everyone to subscribe and receive all the variety of casts in audio, video and transcription at [HumanizedHealth.com](https://HumanizedHealth.com). I'd also like to thank our lead, sponsor Village Green Apothecary, at [MyVillageGreen.com](https://MyVillageGreen.com).

So about Lisa. Lisa is a physical therapist and the founder and owner of Total Health Physical Therapy, a PT practice specializing in manual therapy and total body rehabilitation. Lisa has spent the entirety of her 30-year career pursuing excellence in manual medicine and total body-mind healing.

So, Lisa, thank you so much for being with us. It's always a pleasure. So let's get right into it. Talk to us about myofascial release.

**Lisa Klein:** Okay. So, when the team that I ended up studying with and being mentored by was trying to figure out how can you help people better, how can you be more efficient and effective, this was mostly a team of physical therapists, although one was a PT and a chiropractor, and the goal of the team was how to help neuropediatrics, actually, more. And the goal was to figure out, how can you find out what's wrong inside the body? And what they did is look at, what is happening in the body – cellular physiology, pathophysiology, anatomy, pathomech anatomy – and there's a lot of research coming out as to the power of fascia and how, again, every cell is covered with a lipid bi-layer, everything is covered with a layer of a fascial envelope. So again, from every cell to the liver, where the fascia around the liver is enormous.

So you have this system that's now being considered like another organ platform because it's so important. It takes into consideration different types of tissues. So your IT band is a kind of fascia. Your Achilles tendon is a kind of fascia. Your pericardium is fascia. It's a type of tissue that is mostly collagen. And it's not muscle, it's not bone, it's not nerve, it's not lymph, it's not artery, but it's this in-between tissue that basically surrounds everything and controls everything, in a way. It metabolizes, it's filled with water. It's kind of like the glue that everything is sitting in in your body. So it's a regulator, it's a protector.

And what we found in manual therapy is that when we can put our hands on a patient and tune into, with our hands, the fascia, the fascia will tell us what's happening in that body. Because anything that happens to your body physically, even emotionally, [for example] trauma physiology, will imprint on that fascia. And so what the team developed was a way of assessing patients called fascial mapping. So what we do when patients come in to see us is we map their fascia. We're trying to figure out what happened to you. And what has created inflammation and scarring in the fascia that then is affecting the rest of how your body's functioning.

**Rebekah Kelley:** That's amazing. That's amazing.

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**Lisa Klein:** Oh, it's super cool. It's super cool.

**Rebekah Kelley:** Super cool. Okay.

**Lisa Klein:** Yeah.[Laughs]

**Rebekah Kelley:** Tell us more, tell us more.

**Lisa Klein:** Okay. Okay. So the more important the organ tissue, the thicker of the fascia around it. So people know your pericardium, that's a very thick membrane around your heart. The dura – everybody's heard of an epidural, right? – the dura, which is short for dura mater, which is "tough mother," is this extremely thick membrane that surrounds your whole brain and spinal cord. Every nerve in your body, to get where it's going, has to go through that fascia, through that dura. When the dura is bound, anywhere in the system, it will take up the slack and make it harder for the nerves to go through it. So this is how patients go into chronic pain, complex regional pain syndrome, migraine headaches. Many, many aspects of pain are related to how well are the nerves able to pierce that dura and how mobile is the dura in the body.

**Rebekah Kelley:** Wow.

**Lisa Klein:** So it's tremendous. That's just an example. Your connective tissue – the dura, pericardium, pleural tissue, the ligaments around the liver, your respiratory diaphragm – your body has these very important, we call them the "usual suspects." So when somebody comes in with chronic pain, we're like, okay, what are the usual suspects doing? What's the dura doing? The thing that's great, again, about manual therapy in the hands is that they can be trained to feel for these tissues. You can get information about what's going on in the dura from an MRI or CT scan, but it's not going to show you the dynamics. It's not going to show you scar tissue unless it's to a certain level of scar tissue.

So again, you have a whole world of mechanics and tissue that's supposed to be moving and you will have problems, you'll have pain and dysfunction when that movement stops. So we often see children who are having problems as they hit the teenage years. It's because often they've had trauma from either 12 or below that wasn't really reset, because you know, who really does that, but now that they're growing, now you see the problem. So all of our kids who come in with POTS, headaches, all kinds of teenagers, when you dial back, you're like, oh, they had this pretty significant injury when they were younger that has again bound things down in an area, and now they're growing on scar tissue. But that can also happen with adults.

**Rebekah Kelley:** Right.

**Lisa Klein:** Yeah, so basically our bodies are filled with these really important tissues that all need to be moving on each other. And when that doesn't happen, that's when you have

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problems. And people all the time say, well, I was in a car accident. I had a patient who was in a rollover car. Oh, I was fine. I'm like, you are not fine. You walked away, but you were not "fine." You know, your tissue is imprinted from all that trauma. Like, the body doesn't just poof it back up again. You have to set that tissue over.

**Rebekah Kelley:** So, just because I'm really not aware and I'm not sure our listeners and watchers are aware, how exactly do you accomplish myofascial release? When you say you put hands on...

**Lisa Klein:** That's a good question. So, people say, is it like massage? And I'm like, not so much. So, muscles are fabulous and I love massage. And when you want to open up a muscle, you have to fill it with blood and bring the spasm down. So manually kneading a muscle works great for that. The fascia though is a little bit thinner. It's like thick layers or thinner layers of saran wrap. So when we're working on the fascia, we're very light and it's a very interesting thing. We're kind of on the body, we're moving the fascia very, very gently in this methodology. If you want to do deep, you have to go light, because if you start putting a lot of pressure on, the body will push you out. So myofascial release is a very light and very gentle technique, where you're working to reset the tissues that got smashed by something that happened.

**Rebekah Kelley:** So that's why it's hard for you to get in, right? Because it's pushing out, it's protecting.

**Lisa Klein:** It's already smushed. You got it.

**Rebekah Kelley:** You're having to gently go in and almost ease it in so that it's like... yes. Wow.

**Lisa Klein:** Yes. So say, for example, if you're in a car accident, you hit your head on the windshield, right? All that tissue in terms of physics that was affected is going to lock down, because that's the only thing the body can do, swell, and then scar. So what we do is we would come in with our hands, we do the opposite of those forces. We take the tissue where it wants to go. We open it up, it's called creating a fascial fulcrum, and we basically make those forces unhappen and say, okay, now can you reset to where you were before?

So, the entirety of myofascial release is about decompressing tissue that was either physically traumatized and got stuck that way, or physiologically or whatever got swollen inflammation, which breeds scar tissue. So we're like little fascial fairies where we just go [laughs], say okay, what happened? What happened? What happened? And we're going in, and we're basically helping the body to reset from what happened.

**Rebekah Kelley:** Our bodies are so smart, how they decide to protect.

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**Lisa Klein:** They are, they are! And they know what's happening. The body never makes a mistake. It's more like, okay, why are you doing this? Why is this a presentation that we're seeing? And always, we can figure out, I'd say 99% of the time, what happened. Okay, well, your body's doing this because when you were 8 years old, you fell off a rope swing onto your head. Which I've had a patient that happened to, and then she had other concussions and then she had another concussion, and then she was out. Her body's like, I'm out. The white flag went up. But when we dialed it back, say, okay, how are you in so much dysfunction at 20 something? It's like, oh, you know, falling off a rope swing onto your head at 8 years old will cause a tremendous amount of unhappiness in the head, and it stays there. It doesn't just open up again. That's not how things happen. It's against every law of physics. So, yes.

**Rebekah Kelley:** So if we're being told, oh, you know, you're all right. We don't see anything. You're fine. But yet you're still not feeling all that well, the body's basically saying, get some help. Right?

**Lisa Klein:** Right. Exactly. So it's more subtle things. You may not have, again, a broken neck, but you can have soft tissue fractures of the neck. So, imaging is good, but it's not the be all and end all. It's like, let's get our hands on, see what happened. If you had physical trauma to your body, it left a mark. And at a certain point, you may have too much of that happen, and your body's like, bye-bye.

So you're trying to figure out what happened to the person and then reverse those forces. Reset the fascia and open up everything to be able to move correctly.

**Rebekah Kelley:** Well, and this podcast really is all about personalizing your health and nutrition, right? So, this particular physical therapy, myofascial release, is going to be very personal to everybody that you've had, whether it's from childhood, whether it's as an adult. And I know for me, I sometimes forget things that happened. Like, you know, you roll with it and you keep on going, so [you think] it might not be connected. So how do you... I'm assuming you do an intake where you ask people questions, or you have a...

**Lisa Klein:** We have a 14-page intake form. So the patient gives us an entire history. But often they don't remember some important stuff, which is totally fine. So we have a symptom checkoff sheet. So we have a lot of information before we put hands on them. And then we put hands on them. We look at how they're standing. We look at the range of motion, we get them on the table and then we're like, okay, fascia, tell me what you need to tell me.

So when I was first training in this, I was like, all right, let me see if I can figure this out because it takes a lot of practice. So for years, I'd have the patient not tell me anything. I wouldn't look at the intake and I would map them first. And then I'd be like, okay, what are we looking at? And then I look at the intake and the history, and by doing that hundreds of times, and you're like, okay, you know, my hands are getting a lot of practice here. I can often pick up the main

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issue when the patient is in, before I even look at the history, but then the history gives you some valuable information.

So the goal is to train up your hands so you can get what you need out of the body. We listen to what the patient says, but we don't treat by that. We treat by what the body tells us. Because half the time, again, the patient's forgotten some critical stuff.

**Rebekah Kelley:** Wow, thanks, Lisa. Those are really, that's amazing. So, listeners out there, you know now, like if something's going on, it's not showing up, see what you can do with myofascial release. Obviously if you're looking for Lisa Klein, she can be found at TotalHealthPTDC.com. And I'm going to spell that out. It's T O T A L H E A L T H P T D C.com. Let me remind you, subscribe and get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders, like Lisa, on personalized health at HumanizedHealth.com. Thanks so much for being with us. It's such a pleasure to have you.

**Lisa Klein:** Thank you. My pleasure.