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# therapist

## Spinal touch

Restoring body balance

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# Standing tall

Allyn Edwards and Sue Weller explain spinal touch – a gentle massage technique that aims to realign the body and restore optimum health

The skull, spine and pelvis protect the central nervous system, which is the body's message pathway to organs, muscles, glands and other body parts. It has been shown that tiny misalignments of these bones can interfere with normal nervous impulses to and from the brain, which in turn disrupts the body's state of homeostasis. By using gentle and precise rubbing techniques along the postural muscles, spinal touch (ST) aims to realign the bones and restore the body to optimum health.

## How we become misaligned

When we are in a balanced state – physically, mentally and emotionally – our posture is upright when assessed at a plumb line; our skull, shoulders and pelvis are level and our spinal curvature is correct. See Diagram 1.

However, when we are subjected to high levels of stress, our neuromuscular-skeletal system reacts, which leads to tension of the postural muscles and distorted posture. The first area of the body to express distortion is the base of the spine, at the joint of the fifth lumbar vertebra and the first sacral segment (known as the L5/S1 joint and centre of gravity), and the third sacral segment (known as the counterweight). See Diagram 2.

At the plumb line, we can see this distortion as the person appears to drift to the left or the right of the midline of the body, which results in pelvic rotation and other postural changes such as a forward lean.

When the relationship between the centre of gravity and the counterweight is altered, the result is asymmetrical muscle tensions and developments. If not corrected, this can lead to the chronic misalignment of joints, especially those of the spine, including adhesions, fibrosis and structural derangements. At the plumb line we would possibly see these changes as uneven shoulders and pelvis, curvature of the spine, scoliosis, winging of the scapula, one knee forward and changes to the arches of the feet.

As our body's relationship with the



Performing a cranial pump rub-out

gravitational field becomes more and more compromised, the distortion becomes greater and places more demands on our resources and health. See Diagram 3.

## Plumb line assessment

As is the case with any therapy, a full consultation must be carried out before the client receives their first assessment and treatment.

To assess the level of distortion, the client stands at the plumb line, in either their underwear or a gown, with their back towards the therapist. With the client's permission, photographs can be taken in order to show before and after shots and as a point of reference for the therapist. Discreet marks are then drawn on the body with a skin pencil to highlight the level of distortion at the L5/S1 joint, the anterior hip and the

amount of forward lean from the side.

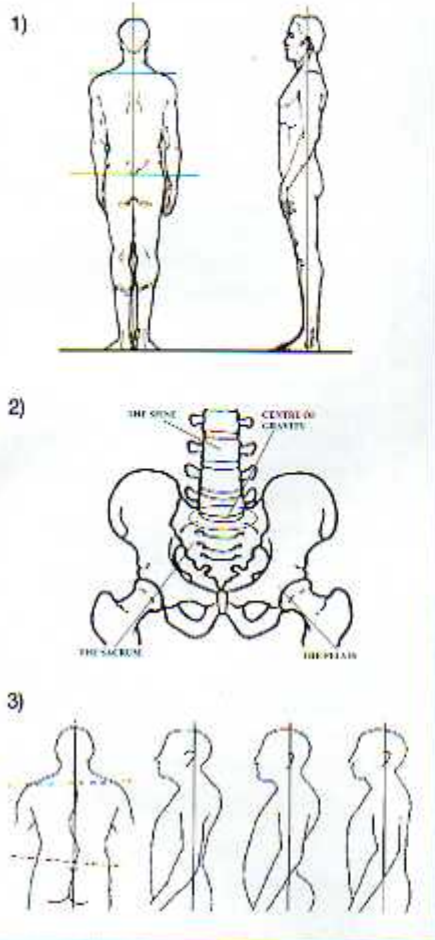
A 'contact point' will then be found and tested, which is usually around the gluteal fold, where the buttock meets the upper thigh. A contact point is a neuromuscular point that moves the base of the sacrum with respect to the fifth lumbar vertebra. There are 60 possible contact points, all of which move the sacrum in different ways. The one chosen by the therapist is determined by the distortion pattern of the client.

## The alignment

With the client lying prone on the couch, the therapist gently massages the client's postural muscles, starting at the buttocks and working up towards the cranial base. The technique is light and yet precise, and referred to as 'rub-outs'.

The contact point is held throughout the

## Spinal touch diagrams



## The history of spinal touch

In its original form, spinal touch (ST) was known as Aquarian-Age Healing and was developed in the 1920s by two chiropractors, John Hurley and his wife Helen Sanders. Quite an avant-garde title for the time!

John Hurley had been a structural engineer prior to becoming a chiropractor and he knew that if the centre of gravity of a static object, such as a building, became out of alignment with its counterweight, then the object would eventually collapse. In a dynamic structure, like the human body, compensations would delay this collapse.

Together, John and Helen used their knowledge of chiropractic, engineering, the laws of leverage and anatomy and physiology to determine what happens to a body when its centre of gravity is out of alignment. They found that chronic holding patterns built up in the postural muscles, which prevented collapse.

Once these chronic holding patterns developed the muscles were not flexible enough to self-correct any vertebral misalignments and this led to further tensions in the postural and surrounding muscles, creating a vicious circle of postural changes.

The pair developed unique ways of returning the centre of gravity to its correct position with respect to its counterweight, while at the same time reducing the holding patterns that built up in the postural muscles. This allowed their clients'

innate healing abilities to work, which restored their health and vigour. In 1932 they published a book called *Aquarian-Age Healing for You*, and began teaching their technique to chiropractors.

Since 1962 the person responsible for preserving, developing and passing on this technique is chiropractor Dr LaMar Rosquist DC. He renamed the technique 'spinal touch'.

After reading Dr Rosquist's book, The Encyclopedia of the Spinal Touch Treatment, Sue and Allyn, who are both McTimoney chiropractors, went to America in 1998 to train with Dr Rosquist. As chiropractors, they were not in the habit of assessing and treating the posture and were amazed at the changes they saw on the course.

Dr Rosquist asked if the couple would train to be tutors of spinal touch and teach his technique in Europe, and they became the first people from the UK to train as tutors in the authorised version of spinal touch. Dr Rosquist was adamant that spinal touch should be an add-on technique, which would complement any other treatment that promotes self-healing.

To differentiate their courses from others in the UK, Allyn and Sue renamed it *Ishta Spinal Touch* – *Ishta* standing for 'Integrating Spinal Health with Therapeutic Approaches', as the practitioner course is taught solely as an add-on technique to existing therapists.

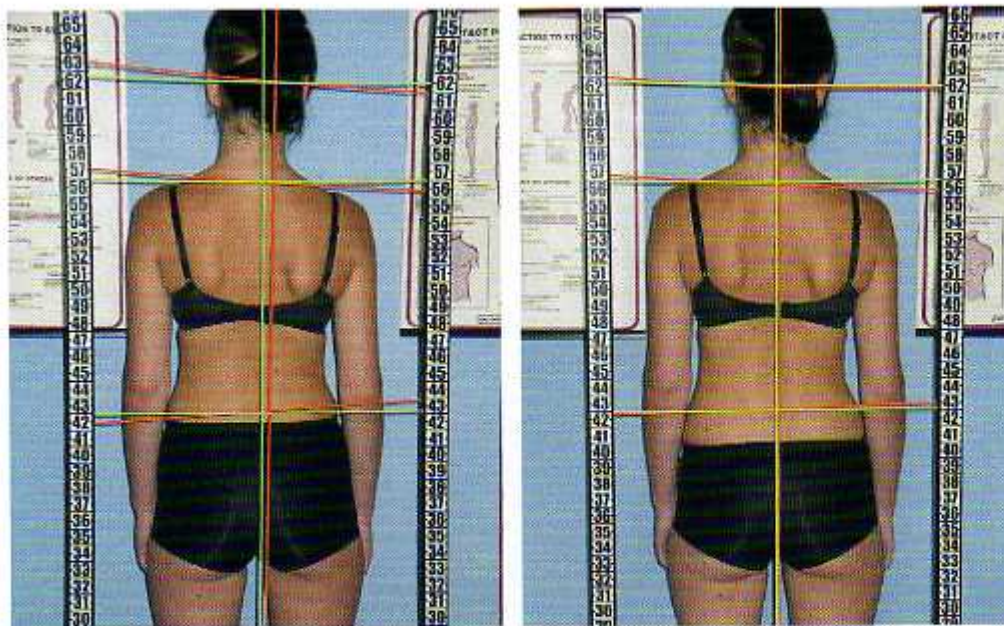
whole treatment and is separate to the rub-outs. The aim of holding the contact point is to restore the correct alignment between the centre of gravity and the counterweight while the distorted postural muscles are relaxed. This allows the muscles to regain a more balanced tension, left and right, with the centre of gravity in its correct position, removing tension in the muscular skeletal structure and allowing the body to repair any structural and postural changes.

Clients usually find the alignment part of the treatment very relaxing – some even fall asleep. During the alignment, the body begins to correct the postural distortion. If the distortion has been present for a prolonged period, a series of treatments will probably be necessary, and these should be explained to the client during their initial consultation. Diet and lifestyle changes may also be recommended in order to help the body regain its normal posture and health.

At the end of the alignment, the posture is reassessed and any changes noted in the client's records. Clients may experience some mild contra-contractions following treatment, including tiredness and stiffness or soreness for a day or two. This is due to the postural changes and is perfectly normal.



Performing an inter-spinous rub-out



Before and after treatment examples

**Before posterior (above left)** The green lines are where the client should be, the pink lines denote where she actually is. We can see that this person is leaning over to one side and that her hips, shoulders and occiput are not level. Also there is a pronounced 'winging' of the right scapula.

**After posterior (above right)** We can see that after the alignment this person is much more upright and the hips, shoulders and occiput are much more level than before.

**Before lateral (below left)** In the lateral aspect we see that the ear and the greater trochanter are much further forward than they should be. This has led to an increased lumbar lordosis in a bid to compensate.

**After lateral (below right)** We can see in the lateral aspect that the forward lean has reduced and the anterior head carriage almost completely gone. This is important as for every inch of anterior head carriage the posterior cervical muscles have to work 10 times harder.



## Case study 1

Cherie, 44, presented with chronic neck problems and had been diagnosed with spondylosis. As a result of her symptoms she had stopped work. After three treatments at weekly intervals Cherie was having more good than bad days and her pain was limited to the shoulder area only. After seven treatments during a four-month period Cherie was returning to work. She continues with regular check ups every two months and, four years on, is still doing well.

## Case study 2

Eight years ago, 56-year-old Paul presented with a sudden onset of right leg sciatica, which was painful on sitting, standing and lifting. After six treatments all his symptoms had subsided and he had fewer headaches, although these were not reported at the initial consultation. Paul continued with a course of appointments until his posture stabilised, which took five further appointments over the next 12 months. Paul is so impressed he has continued with check ups every six months for the past seven years and has remained, for 95 per cent of the time, symptom-free.

## Case study 3

Thirteen-year-old Ben was complaining of low back and neck pain sitting at school and after sport. His posture was typical of a teenage boy, i.e. banana shaped, with a very noticeable forward head, rounded shoulders and tight hamstrings. After four appointments he was much more upright and symptom-free. He is continuing with appointments at four monthly intervals while he is still growing.

## Membership and insurance

FHT and TIS Ltd cover spinal touch, including Ishta Spinal Touch, for membership and insurance purposes if you hold a recognised qualification in body massage, aromatherapy or reflexology. For more details, call FHT's membership office on 0870 420 2022.

## Contraindications to treatment

Spinal touch is generally safe because it is very gentle. However, certain modifications or referrals to another healthcare specialist may be necessary in some cases. Therapists will learn which conditions this applies to when they are being trained.



Allyn Edwards and Sue Weller were the principal and senior practical tutors at the McTimoney Chiropractic College before becoming European tutors in Ishta Spinal Touch. They write a quarterly newsletter called Plumline for the international spinal touch community and were founder members of the British and European Spinal Touch Association. For more information, visit [www.spinaltouch.com](http://www.spinaltouch.com) or tel: 01785 616409.