

Framework: Low Force Manual Adjusting

Introduction and Principles

by Marc Heller,DC

This is the first of a 14-part series of articles on "Framework," a system of low force manual adjusting, which is my compilation of methods from the world of international manual techniques. My major influences are French osteopaths, including Paul Chauffour, pioneer of the "mechanical link" method, Jean Pierre Barral, author of *Visceral Manipulation*, and Canadian chiropractor George Roth, who developed the trademarked Tensegrity therapy.

The name of the method, Framework, refers to working with the structure (the frame) of the body. It also means I want to give you a framework or context in which to look at the body. It is not a traditional "do this, do that" technique, but a set of tools to integrate into your own set of techniques. It is my intention to make these articles simple and practical.

First, what is our philosophy? What we believe strongly influences how we practice. Here are some principles that guide this work:

1. **Search for the cause** rather than strictly treating pain.
2. **Respect the tissues**, which possess an infallible memory for trauma.
3. Learn to **trust your own hands**. Our hands, when guided by an open mind and a caring heart, are incredible tools.
4. **Honor innate; have respect for the integral healing power** of the human organism.
5. Use "**just enough**" force, the minimum possible to get the body to change.

Let's look at a few basic concepts. I'll introduce two hands-on exercises to help you start using these tools. These ideas will be further explored in future articles.

1. Barrier Palpation

Most DCs are trained to take the joint all the way to the far edge of the joint barrier, the end of the physiological joint space, for both assessment and treatment. Low-force techniques, including positional release, muscle energy, and functional technique, as well as the release techniques of visceral manipulation, address the barrier differently. Instead of pushing all the way to the edge of the barrier, the doctor's contact leaves some form of play available within the barrier zone. At this "feather edge" the movement or release occurs, allowing the tissues to participate more fully in the changes that occur. This different approach to the barrier is used both in assessment and in treatment. We'll call our palpation IRT, or initial response testing. Try the exercise below, to enhance your appreciation of the edge of the barrier.

Palpation Exercise: Initial Response Testing

Experience the Beginning of the Barrier

Find a subluxation, a restricted joint, with your usual palpation methods. Now, instead of assessing at the very end of the range of motion, back off and soften your hands. Where can you first find the restriction? It should be well before the hard-packed end feel. See if you can feel the restriction immediately, just as you start to push, at the very beginning of motion. You are engaging the tissues, feeling for a lack of give, instead of actually moving the joint.

2. Low Force Adjusting

These methods do not force motion, but allow or coax it. Their beauty is in the inherent safety, comfort, and the way the body's own response can guide the practitioner. Low-force, low-velocity manual methods are a qualitatively different way of addressing subluxation patterns and joint dysfunction. Framework uses four main low force methods. It explores muscle energy, which is postisometric relaxation applied to joints, and positional release, slacking and holding to allow release of tender points. Another approach, taken from visceral manipulation, is what I call ELF (engage, listen, follow). This is similar to a direct form of myofascial release, aimed at restricted joints and other fixated structures. I also use a variation on toggle recoil found in *Mechanical Link*. With recoil, we'll push in to the edge of the barrier, then apply a sudden quick motion, with minimal thrust and maximal release.

Try a Different Style of Adjusting - ELF (Engage, Listen, Follow)

Move *gently* into the edge of the barrier. *Engage* the barrier, listen (feel) for the three-dimensional quality of the restriction, and *follow* until the tissues finish releasing, which will occur within 5-30 seconds. You are letting the patient's own tissues do the work; you are just the guide. Simultaneously maintain the resistance at the beginning of the barrier, and gently guide the release you feel happening in the tissues. Remember, "just enough" input. You have completed an ELF low force correction. Go back to your usual assessment, and see if you have corrected the subluxation and freed the restriction.

Further Palpation Tools - There is a series of variations on palpation within our methods. Muscle energy addresses the three-dimensional quality of spinal dysfunction, focusing on the deficits in rotation, lateral flexion, and flexion-extension. Muscle energy palpation is similar to motion palpation, but instead of assessing during motion, we have the patient move into flexion or extension, and assess both position and restriction at that point. I've already discussed the "beginning feel" of initial response testing, assessing motion at the very beginning of movement. From visceral manipulation, let's bring in an assessment tool called "listening" to help focus on the location of the major restrictions. Another tool, "inhibition," involves the manual comparison of one restricted area to another, engaging two areas at once to see which one is primary. Indicator testing, from tensegrity (somewhat like a palpation based therapy localization), uses the change in feel

of a selected indicator tissue to assess the significance of the individual joints you have engaged.

A global approach to the tissues - In chiropractic some of us limit our manipulation to spinal joints; others focus on "soft-tissue," often ignoring joint restrictions or seeing them as secondary. Too many of us either just work on the painful area, or do a general adjustment without really looking at what structures are the key. This work acknowledges that all elements of the body's fascial systems can be injured and/or restricted. We use adjustments aimed at all of the joints and ligaments. We also use these techniques on intraosseous restrictions of the long bones; the cranium; membranous structures including the spinal dura mater; and the supportive tissues around the organs (visceral manipulation). Low force manipulation is a powerful tool that can be applied with success to all restricted structures. We will go back to our basic chiropractic philosophy of finding restricted structures and releasing them. We will add a more global, gentler approach to finding and correcting the key lesions.

References

1. Chauffour P. *Lien M³chanique (Mechanical Link)*, 1986. (The English version of this French text should be published in 2001.)
2. Barral JP. *Visceral Manipulation*. Eastland Press, 1988
3. Barral JP, Croibier A. *Osteopathic Approach to Trauma and Whiplash*. Eastland Press, 2000
4. Greenman P. *Principles of Manual Medicine*, 2nd edition, Williams and Wilkins, 1996.
5. Tensegrity Seminars 1999-2001. George Roth,DC. Framework 1 classes 2000 & 2001, by Marc Heller,DC.
6. Framework 1 classes, 2000 and 2001, by Marc Heller,DC.

Marc Heller,DC
Ashland, Oregon

About the author:

Dr. Marc Heller is a 1979 graduate of National College of Chiropractic, and has had a private practice in Ashland, Oregon for 21 years.

Dr. Heller's initial interests were AK, and he studied with John Bandy and Allen Beardall. He took the 360 hours orthopedics course with Richard Stonebrink in Portland, Oregon. He has had a long interest in low force methods including craniosacral, and soft tissue techniques. He has also studied and incorporated the rehabilitation principles of Drs. Janda and Liebenson into his practice.

He had the opportunity of working in a multidisciplinary clinic for four years. His focus over the last seven years has been low force international manual methods. His recent mentors have included Jean Pierre Barral (*Visceral Manipulation*), Paul Chauffour (*Mechanical Link*) and George Roth ("Tensegrity"). He says his passion is in synthesis, bringing a broad understanding of what is the essential message within different manual techniques. He has taught seminars throughout the northwest.