

# Myofascial Release Technique

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**JOHN F. BARNES**—*Founder of the J.F.B. Approach to the Myofascial Release Technique*

**D**uring my initial assessment of any client, I always look at foot placement—be it in walking, standing, or lying down. Foot placement speaks volumes to me.

The average foot placement is between 0-to-30 degrees of external rotation, meaning a tilt to the outside. Symmetry is very important, no matter where a person falls within those degrees. The foot spread while standing should be equal as well; both feet should line up with one another in stance.

Foot placement reflects what is going on at the hips. One or both hips could be anteriorly or posteriorly rotated. In some cases, they could be off in both directions, with one hip anteriorly and the other posteriorly rotated. Here are five examples of what I often see in my practice. (This is not intended to diagnose anyone.)

**#1)** The left foot is forward and internally rotated in stance more than the right. In supine (lying on the back), the left foot flops internally. Both feet seem to be pointing to the right. Leg length on left seems longer. Possible left hip anteriorly rotated. So now I check the asis/ilium rotation in the supine position. If the left seems restricted and tender at the lesser trochanter, it confirms

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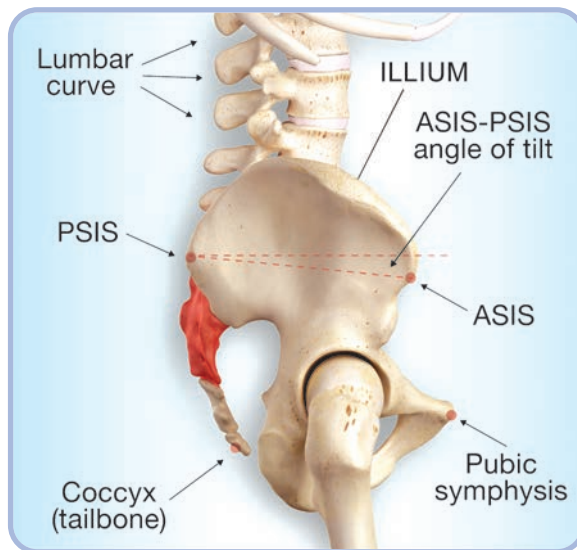
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the likelihood of the left hip being anteriorly rotated.

**#2)** The right foot is forward and the left seems more externally rotated than the right in stance. In supine, left foot flops externally, more than right, and seems shorter. Possibly the left hip is posteriorly rotated. So now I check the asis/ilium rotation in supine. If the left seems hyper-mobile and the right seems to move and has no anterior restrictions, it's possible that the left hip is posteriorly rotated.

**#3)** Sometimes one ilium could seem anteriorly rotated, and the other ilium could seem posteriorly rotated.



This might cause a significant leg-length discrepancy.

**#4)** Both feet line up, but both are internally rotated, and the belly is protruding forward. This indicates possible bilateral, anteriorly-rotated hips with an increased low-back curve. Client usually complains of tight hamstrings.

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**#5)** Both feet line up, but both are externally rotated, and there is a horizontal line across the belly. With this, the hips usually thrust forward with a loss of low-back curve.

**R**emember, bones don't keep tissue in place, tissue keeps bones in place! A tight muscle or restriction can pull bones out of alignment and cause spasms and nerve pain.

Myofascial Release is very effective in releasing tight muscles and restrictions around the pelvic region. As the soft tissue restrictions are released, bones and joints start to go back into place and stay in place. Then foot placement returns to symmetry, and the feet line up again.

Myofascial Release is a technique of hands-on, gentle prolonged and sustained pressure into a restricted area. How long is prolonged, sustained pressure? It can be 5, 10, or 15 minutes or longer. The reason it takes that long is because one needs to get past the elasticity of the tissue and fascia to cause change (increase pliability) of the restriction. When undue stress is removed from the muscle, soft tissue and joint balance is returned. Bones and joints go back into place. ■

Mary Loveless, LMT, PDA, C.Ped, is a practitioner of the *John F. Barnes Approach to Myofascial Release*. To find an MFR therapist near you, visit: [MyofascialRelease.com](http://MyofascialRelease.com). Visit their offices in Great Falls or Florence, MT.