

## **Visceral Manipulation for Low Back Pain**

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*As we watch a graceful ballerina or enthusiastically cheer on our favorite tennis or football players is it only the agility and ease of movement of the musculoskeletal system that we observe?*

*Or is it that which lies within the cylinder that forms the torso that often is responsible for creating the flow of movement patterns visible to the naked eye?*

*Have you worked with clients precisely applying manual therapy techniques that relate to the fascial system, the neuromuscular system, or the craniosacral system, yet your clients are not experiencing long lasting relief from low back pain and dysfunctional movement patterns?*

A primary focus of orthopaedic and musculoskeletal education for massage therapists when addressing low back pain has been the study of how the structures that lie behind the spine influence the spine's mobility and function. The curriculum presented in the Visceral Manipulation Program offers a method for assessing and treating the influence of those structures that lie in front of the spine. Those influential structures can include organs and their fascial attachments, peritoneum, the greater omentum or blood vessels. Visceral Manipulation is commonly called 'organ specific fascial mobilization'. It addresses dysfunction within the contents of the cylindrical torso.

Visceral Manipulation was developed by Jean-Pierre Barral, a Registered Physical Therapist and Osteopath. He holds many positions including Director (and Faculty) of the Department of Osteopathic Manipulation at the University of Paris, School of Medicine, in Paris, France and Chairman of Department of Visceral Manipulation on the Faculty of Medicine Paris du Nord. He developed this form of manual therapy based on his theory that each internal organ rotates on a physiological axis. Each internal organ also has a relationship through fascial attachments to the spine. Today, his Visceral Manipulation courses are taught around the world by certified teachers who successfully complete a rigorous training program with the Barral Institute.

Consider the following orthopaedic dictum: any structure that crosses a joint has the ability to restrict that joint. It is certainly true for muscles. This also holds true for organs. Barral's in-depth study of patterns of stress in tissues of cadavers at the Lung Disease Hospital in Grenoble, France complemented his interest in biomechanics in living subjects. He recognized the potential for the organ system to create lines of tension within the body. This observation was fundamental to his development of Visceral Manipulation. His interest was also piqued when a client confirmed he felt relief from back pain after going to an "old man who pushed something in his abdomen." Since that time he has worked with researchers in France and North America

to create evidence-based data, documenting changes in the viscera with the use of x-ray fluoroscopy, endoscopy, doppler and ultrasound before and after manipulation of the organ.

How do organs become restricted? They can become restricted by a direct trauma (fall on a soccer ball), acute/chronic illness (pneumonia), absorbing the force of a motor vehicle accident (seat belt trauma), or scar tissue formed after surgery. We take approximately 24,000 breaths a day. Our heart beats 120,000 times per day. Any lack of mobility in these structures could promote chronic spinal restrictions – e.g. the attachment of the pericardium to the lower cervical and upper thoracic spine via the thoraco-pericardic ligament.

The mesenteric root of the small intestine can limit the mobility of the spine as it crosses the third and fourth lumbar vertebra. A mechanical restriction at the first lumbar vertebra may be influenced through constant irritation of an old appendectomy scar stimulating the autonomic nervous system. The cecum/appendix and L1 share this viscerosomatic interchange. Decreased flexibility of the fascial connection between the bladder and the head of the femur can limit the mobility of both structures. Chronic dysfunction of the right and left sacro-iliac joint can result from decreased mobility of the cecum and sigmoid respectively. A ptosed kidney on the anterior surface of the psoas muscle can compress one of five nerves (e.g. ilio-inguinal) in the vicinity. In fact, Jean-Pierre Barral has found through his clinical treatments and research that up to 90% of musculoskeletal problems have a visceral component.

The key in Visceral Manipulation is to find the most significant area of reduced mobility. A restriction will pull the surrounding tissue towards it. Another Orthopaedic dictum is that ‘the body hugs the lesion (restriction).’ With training, your hands will feel the pull of tissue to the area that is causing the greatest mechanical tension in the body – this is an evaluation technique known as ‘Listening’. You will also learn to evaluate visceral mobility - the ability of an organ to move freely in three dimensions in its anatomical environment. In addition, you will be able to feel visceral motility - the organ's inherent tissue motion. Like joints, organs must move to stay healthy. They have sliding surfaces that articulate with each other, with muscles, with ribs and with the spine. You will be able to ascertain what is normal or abnormal. This is not unlike what we learn about joints. The efficacy of treatment depends on the accuracy of your assessment and the specificity of the application of gentle manual forces in three dimensions to promote the health of the organ and relief of restriction in the body. There can be an immediate response to treatment or a response that becomes apparent over several weeks time as the body unravels a long standing restriction.

Gail Wetzler, P.T. of Orange County, California performed a clinical study that examined the neuroreflexive and structural relationship between the internal organs, their attachments and the musculoskeletal low back when in a state of dysfunction. The conclusion of the study showed

that low back spinal dysfunction may be more effectively and efficiently resolved with the addition of Visceral Manipulation into the treatment program.

We cannot imagine our practices without these tools. It is exciting, rewarding and challenging. Visceral Manipulation tests your knowledge of anatomy and inspires you to learn more. We invite you to be curious and learn to look inside the body for possible organ specific fascial restrictions that may be causing low back pain, as well as other dysfunctions in the body. For more information about the Visceral Manipulation, the Barral Institute and the availability of courses in your area, we encourage you to visit [www.barralinstitute.com](http://www.barralinstitute.com).