

Soft Tissue Motion Palpation

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One of the tenets of spinal motion palpation is to determine the direction of the barrier to decide the direction of the adjustment. This tenet applies equally to soft tissue palpation. The skin should have the ability to move smoothly in all directions over the superficial fascia; the superficial fascia should have the ability to move smoothly in all directions over the investing deep fascia. The investing deep fascia envelops the underlying muscles and the superficial fascia and allows the muscles to glide smoothly over each other.

Restrictions within the fascial component are responsible for failure of the motion of related soft tissue, since impaired fascia limits spindle cell function, muscle stretching and contraction, nerve and blood vessel movement, just to name a few. Shortening of muscles, nerve and vascular entrapment from fascial restrictions are a major source of structural stress resulting in a myriad of signs and symptoms.

With your patient lying prone on an examining table, simply put the flat of your hand lightly on the parathoracic spinal skin and allow your hand to glide in different directions. If the soft tissues are normal, the skin should move easily in all directions. This feeling of free skin motion should be present throughout the body and around the joints. The same feeling should be present with deeper pressure on areas where the deep fascia is present.

The flat of the whole hand can feel a broad fascial restriction. A localized restriction can also be palpated over the superior medial border of the scapula or lateral cervical spine. Normal motion is necessary for normal function. Determining the direction(s) of the barrier is essential before we attempt to release the area. Either a superficial or deep contact, depending on your palpation for the restriction, is taken in the direction of the barrier. A broad hand contact or a specific finger or multifinger contact can be taken. Hold the contact against the barrier, wait anywhere from 10 seconds to two minutes and follow the release either to the end where it remains free, or to another barrier where you might have to wait again.

The sacrum is an interesting area because the superficial fascia of the gluteus maximus and latissimus dorsi cross contralaterally over the sacrum resulting in a cross-hatched appearance¹ and a cross-cross alignment of the fascial tissue. Palpation of this area usually reveals a barrier in a variety of directions. Sometimes, a triplanar contact is necessary in which the applied pressure against the barrier is in two or three directions at once.

Evaluating the sitting patient from behind, palpate the sacrum for fascial barriers. Most barriers are tender; pressure exerted against the barrier will release the barrier and often the sacral restriction. Have the seated patient flex forward and obliquely forward until the patient feels pain or tightness. Search out the barrier and release it. Keep releasing barriers until the patient moves with less restriction and pain. Soft tissue motion palpation can be used throughout the body to find and treat fascial restrictions. Often the chronic subluxation will finally remain free, or that difficult segment that never moved with the adjustment just "clunks" into freedom.

Reference

1. Vleeming A, Pool-Goudzwaard AL, Stoeckart R, et al. The posterior layer of the thoracolumbar fascia: its function in load transfer from spine to legs. *Spine* 1995;20(7):753-758.

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