



MYOREFLEX THERAPY: FUNCTIONAL CHAINS AND CAUSAL PAIN THERAPY

Myoreflex Therapy is a highly specific form of manual regulation therapy based upon the physical principles of movement. It permits the efficient treatment of pain and limitations of movement. Here is a clinical example:

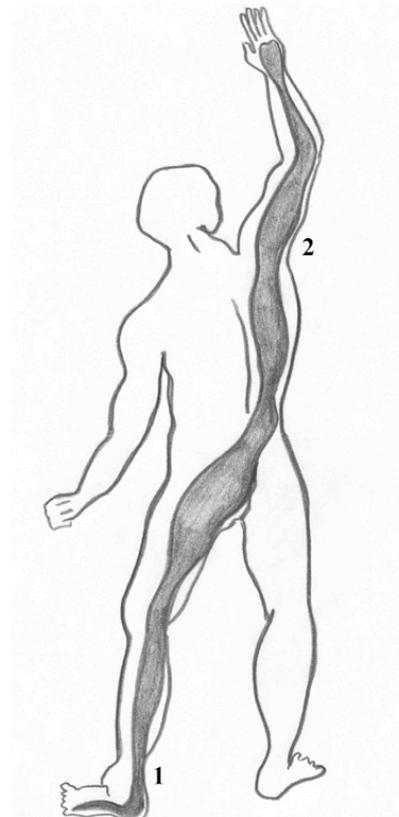
In February 1998, Mr. Jürgen P. (age 38) presented in our practice. The reason for his visit was severe stabbing pain in his left calf [1], which radiated across the entire posterior leg. When asked *when, and during which activity* this pain first arose, Mr. P. stated that it happened while playing tennis, *just after the execution of a serve*. The pain began suddenly and was stabbing in quality. Over the next day, the pain worsened steadily—until it became impossible to place any weight at all on his left foot.

From a mechanical viewpoint, our organism is built in such a way as to permit it to follow the laws of force smoothly, economically and aesthetically. For each movement, the muscle participants [agonists, synergists] must work actively; at the same time, the antagonist muscles must relax. Any break in this specific balance creates corresponding disturbances or impairments.

Therefore, *Myoreflex therapy* seeks to restore the original balance of force effects in the body. The point of departure is *biomechanics, the musculature in action*; for Mr. P. the execution of a serve. Here, the *active area* of movement with the flexors (pectoral muscles, biceps) requires the relaxation of the extensors [triceps muscles], the *passive antagonists*.

For Mr. P., *targeted neuromuscular pressure point stimulation* of the triceps muscle at the outer rim of the posterior shoulder blade [2; at the infraglenoid tubercle] resulted in the immediate, spontaneous resolution of the calf pain. This may be explained by the *linkage chain* of the muscles involved in the tennis serve. Mr. P. is right-handed and serves with his right arm. The pain was located in the left calf musculature.

[This illustration allows us to describe the two following muscle chains: first, the chain of the synergists—forearm flexors, the biceps brachii, the pectoralis major and minor, the external abdominal oblique, the rectus femoris (contralateral), the tibialis anterior (contralateral). Second, the antagonist chain—forearm extensors, triceps brachii, latissimus dorsi, iliocostalis, gluteus maximus (contralateral), biceps femoris (contralateral), gastrocnemius (contralateral), and soleus (contralateral).]



After only a few minutes, the Myoreflex Therapy treatment of the triceps muscle already resulted in one hundred percent pain relief. Of course, to achieve lasting success, it is important to treat the entire muscle chain that is involved during each of several 30-minute sessions.

The foundation for Myoreflex Therapy is living biomechanics, in other words, the physics and functional anatomy of the movement apparatus in action. From this foundation, it is possible to derive the individual steps of a treatment (as Mr. P.'s case clearly shows), and create a targeted and efficient therapeutic strategy. This is helpful not only for sports injuries, but also for everyday maladies, such as lumbago, intervertebral disc conditions, backaches and headaches, tension pain, as well as in many other physical disturbances.

Literature

Mosetter, K. & Mosetter, R. (2001, 2006). *Myoreflextherapie Band 1: Einführung in Muskelfunktion und Schmerz*. (2nd Edition). Konstanz: Vesalius.

Mosetter, K. & Mosetter, R. (2003). *Kraft in der Dehnung. Ein Praxisbuch bei Stress, Dauerbelastung und Trauma*. Düsseldorf: Patmos.

Mosetter, K. & Mosetter, R. (2008). *Schmerzen heilen mit der KiD-Methode*. Düsseldorf: Patmos.

Mosetter, K. & Mosetter, R. (2010). *Myoreflextherapie Band 2: Regulation für Körper, Gehirn und Erleben*. Konstanz: Vesalius.

