

Structural Integration

Standards of Practice

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Outline

1. [INTRODUCTION](#)
2. [DEFINITION OF STRUCTURAL INTEGRATION](#)
3. [PROFESSIONAL STRUCTURAL INTEGRATORS](#)
4. [INTERNATIONAL ASSOCIATION OF STRUCTURAL INTEGRATORS \(IASI\)](#)
5. [ORIGIN OF STRUCTURAL INTEGRATION– IDA P. ROLF, PHD](#)
6. [SCHOOLS OF STRUCTURAL INTEGRATION](#)
7. [FOUNDATIONS / CORE IDEAS / PHILOSOPHY](#)

[Body Structure](#)

[Functional Considerations](#)

[Intrinsic/Extrinsic Relationships](#)

[Integration/Integrity](#)

[Gravity](#)

[The Human Condition](#)

[Plasticity of the Human Body](#)

[The Soft Connective Tissues / Fascia, Neuromyofascia](#)

[Tensegrity Model of Human Musculo-Skeletal Organization](#)

[Holism / Somatics](#)

8. [STRUCTURAL INTEGRATION RESEARCH AND SCIENCE](#)
9. [UNDERSTANDING HUMAN GROWTH AND DEVELOPMENT](#)
10. [SCOPE OF PRACTICE](#)

[Structural Integration Overview](#)

[Series Protocol / The Recipe](#)
[Evaluation and Intervention](#)
[“The Line”](#)
[Energy Fields](#)
[Structural/Functional Adaptability and Support](#)
[Balance vs. Symmetry](#)
[Appropriate/Effective Manual Contact](#)
[Practitioner Skill Sets](#)
 a. [Analysis/Evaluation of Structure](#)
 b. [Palpatory Skills](#)
 c. [Personal Embodiment](#)
 d. [Psychological Maturity](#)
[Movement Awareness and Re-Education](#)
[Functional Pattern Recognition and Training](#)
[Dialogue / Client Engagement / Therapeutic Relationship](#)
[Contraindications](#)
[Client Embodiment of Change](#)
[Practitioner Ethics](#)
[Additional Sessions After Initial Series Completion](#)
[Practical Realities of Serving the Public](#)
[Work Outside the Scope of Structural Integration](#)

11. [INFLUENCE/RELEVANCE OF STRUCTURAL INTEGRATION](#)

[On Allied Professions](#)
[In the Marketplace of Ideas](#)

Structural Integration Standards of Practice

1. INTRODUCTION

The Structural Integration Standards of Practice (SOP) is a statement of the essential points of both theory and practice which uniquely distinguish Structural Integration as a distinct profession. It is complete yet general in nature. It is not intended to be the exhaustive treatment on the subject. The SOP serves as a unifying document for professionals trained in this field. It represents Structural Integration as understood, taught, and practiced.

This document had originally been developed for the field of Structural Integration on behalf of the International Association of Structural Integrators (IASI). It is recommended the IASI incorporate a Standards of Practice subject to peer review as an official statement.

The Standards of Practice is intended to be a touchstone for practitioners to draw from their in practice and to support accurate and consistent communications on core aspects of Structural Integration.

It is also intended to be a reliable authoritative basic reference for other professionals, related technologies, legislative bodies, and the general public.

2. DEFINITION OF STRUCTURAL INTEGRATION

Ida P. Rolf, PhD originated a unique method of improving structure and function based on enlisting the force of gravity itself as an agent for constructive change. Structural Integration offers personalized assistance to organize and balance the architectural arrangement of the body in order to facilitate a more adequate structure for functioning in the field of gravity.

The tangible visible goal of Structural Integration is to foster a balanced upright, vertical stance with symmetries and horizontals evident at all levels in the physical makeup of the body. It is a somatic approach: i.e., a whole body, whole person approach. Structural Integration utilizes principles of holism, adaptability and support in the service of achieving a sense of wholeness, improving postural balance and functional ease. It acknowledges how a higher order of balance at the foundational and tangible anatomical level impacts all levels of experience and the full range of human potential.

A usual entry point for clients seeking Structural Integration is for resolving chronic conditions of pain and stress. In the broader sense, Structural Integration evokes change in tensional connective tissue fabric to achieve a more ordered pattern of structure and function. In its totality, Structural Integration is an exploration of full human potential, growth, achievement, and expression. It facilitates an experiential/lived inquiry and discovery into what it means to be human.

Structural Integration is consistent with widely accepted scientific understandings in Anatomy and basic Physics. The work is formatted in a set of protocols and goals to evoke change in structure and function, working with the body's natural pliability/plasticity. Manipulation and movement awareness and education are used in a variety of ways to mobilize soft tissues of the body to achieve equipoise in the organizing tensions throughout the body. Procedurally, the work follows a model based on fascial anatomy and its essential nature as an interconnected three dimensional matrix of support throughout the body.

Dr. Rolf considered the human fascial system to be the organ of structure/support. The working concept is that the upright support of the body is carried in the span, or appropriate tensional organization, of the connective tissue, the fasciae. SI aims to foster an organization of the body where the weight transmission is close to the central vertical axis, with the centers of gravity of the major body segments stacked up along that vertical line.

The body is pliable and plastic, able to change and retain that change in response to guided movement and touch. The fascial system as a whole is theorized to be a prime factor in the body's responsive capacity to restore and evolve an improved relationship to the persistent environmental pull of gravity.

In response to a higher level of bodily balance, chronic pains and stresses frequently lessen or disappear entirely. The results of Structural Integration are tangible and lasting. People of all ages, varying backgrounds, and a wide range of physical abilities discover living with a more comfortable, relaxed body. There is new ease, flexibility, and economy in how the body moves. Ownership and embodiment of a higher order of structural balance and integrity can support and empower individuals to take a

conscious, active role in their health and wellness.

Structural Integration has a reputation for producing impressive therapeutic results. It is essentially, however, an experiential education in the correct use of the body, uniquely enlisting gravity as the prime agent. Dr. Rolf stressed the educational aspect of the work. Therapeutic results can be credited to the improved stance within the field of gravity. In her words, “. . . When the body gets working appropriately, the force of gravity can flow through. Then, spontaneously, the body heals itself.”

Structural Integration is a complete approach in its own right in its singular focus of bodily order and balance with gravity. It is not a substitute or alternative for appropriate medical attention or therapies. Relative to therapies it can be complementary.

Looked at therapeutically, this approach addresses chronic symptoms of pain and stress. It should be emphasized that symptomatic resolutions are a byproduct of the broader, holistic goal of bringing the whole body into alignment within the constant pull of the gravitational field of the earth.

Beyond therapeutic concerns, Structural Integration fosters the kind of normal bodily balance that is the basis for sound health, full quality of life, peak performance, full expressiveness, and everyday effectiveness.

3. PROFESSIONAL STRUCTURAL INTEGRATORS

Qualified professional practitioners of Structural Integration are eligible for membership in the International Association of Structural Integrators[®] (IASI). Membership is open to practicing professionals who have graduated from training in IASI recognized teaching institutions, or equivalency. The Certification Board for Structural Integration^{CM} (CBSI) is an independent division of IASI. CBSI developed the Certification Exam for Structural Integration^{CM}. (CESI). All professional Structural Integrators are encouraged to take the CESI, and when they have passed, earn the designation of Board Certified Structural Integrator^{CM} (BCSI). All IASI and CBSI members subscribe to a Code of Ethics and must complete continuing education requirements to maintain member status.

4. INTERNATIONAL ASSOCIATION OF STRUCTURAL INTEGRATORS[®] (IASI)

In 2002 the [International Association of Structural Integrators[®] \(IASI\)](#) was formed as a professional membership organization representing the diversity of SI professionals from a variety of training programs. IASI has established minimum training requirements for the profession, a professional code of ethics, and continuing education requirements.

IASI Mission Statement

- To advance and promote the highest professional standards for structural integration
- To preserve the foundation, and support the continued evolution of the art, science and philosophy of structural integration
- To represent the interests of structural integration professionals to the public, regulatory agencies and other professions

A Core Curriculum document is being developed by the IASI to delineate elements of training common to all schools of Structural Integration.

5. ORIGIN OF STRUCTURAL INTEGRATION – IDA P. ROLF, PHD (1896-1979)

Ida P. Rolf, PhD originated Structural Integration over a lifetime of research and study. Dr. Rolf received a Doctorate in Bio-Chemistry from the Columbia University, College of Physicians and Surgeons in 1920. Early in her scientific career she worked in biochemical research at the prestigious Rockefeller Institute. Her research and studies also brought her into contact with practitioners of Chiropractic and Osteopathy, as well as other methods of addressing structural and functional balance, including the various aspects of Yoga.

Later in her career, Ida Rolf gained a widespread reputation for successfully working with chronic symptoms of biomechanical dysfunction. By the early 1960s Dr. Rolf had achieved a significant reputation as an effective healer with the method she originally called Postural Release. She began teaching her work soon after. The first school, the Rolf Institute® of Structural Integration, was established in 1971, headquartered in Boulder, Colorado. Currently there are 19 schools training practitioners in curricula recognized by the IASI to be following Dr. Rolf's core teachings.

[See Expanded History](#)

6. SCHOOLS OF STRUCTURAL INTEGRATION

Since the founding of the original school teaching Dr. Rolf's seminal approach, there are 19 schools (as of early 2013) of Structural Integration recognized by the International Association of Structural Integrators.

Recognized schools meet minimum training requirements in the basic elements that define the scope of practice of Structural Integration as established by the IASI based on professional peer consensus. Graduates of these schools qualify for IASI membership. Members obtain board certification upon successfully passing the Certification Exam for Structural Integration.

Many schools have emerged, some which explore additional areas of inquiry and/or evolve new theories. Schools may differ from one another in terms of style of training, perspective, and/or emphasis. Schools in their trainings in some cases include elements based on additional considerations; e.g., 1) addressing the psychological aspects of the process and continued living in conscious alignment with gravity and 2) innovative proprietary models of functional, fascial and/or neuromyofascial anatomy.

Adjustments to the traditional 10 session set of protocols have also developed in terms of modifications to the order of application(s) and/or the number of sessions to complete the series goals. That notwithstanding, and while there is room in the system to innovate and evolve, at heart there is continuity with core teachings among all recognized schools. And, the core curriculum elements which uniquely make Structural Integration what it is are recognized and understood by all recognized schools and qualified practitioners.

7. FOUNDATIONS / CORE IDEAS

Body Structure

Structure has to do with spatial relationships with the body, how parts/elements are positioned relative to one another in the organism as a whole, and within the field of gravity. Any consideration of structure must include consideration to function. One affects the other. Structural Integration is so named because its methods and primary intentions in application are focused directly to affect structure.

First there is the aspect of anatomical structure within the organism itself. From the science of Anatomy there are the observed spatial and functional sets of relationships of the various segments of the body. But it is incomplete to discuss the structure of the body and understand the basis of its anatomical design without also including the considerations of Physics — in particular the environmental factor of gravitational force. In that respect the human body is just like any three dimensional structure. But the human being is an energy system, a living organism. Structural Integration also considers the energy field of the body in its adaptive capacity to integrate within the energy field of the earth. When the body is balanced to cooperate with the action of gravity, there is in this integration an economy of energy in general and efficiency in movement; i.e., there is no longer a need to invest energy in maintaining imbalances and waste energy moving with frictions due to those restrictions.

In order to function properly within the gravitational pull the human body must manifest verticality all the way through to its core. In the human body the major segments (feet, legs, pelvis, abdomen/lower back, chest/rib cage/upper back, shoulders, neck, head) are designed to stack up over one another, balanced in all three planes. In other words, evenly stacked up and balanced vertically, with symmetries (left/right) and horizontals (front/back) up and down the entire head to toe length of the body.

Functional Considerations

Structure and function are mutually interdependent. One obviously affects the other. Structural Integration operationally approaches on the structural side. This does not preclude considerations of function. Structural improvements are not only observed in static modes (standing and sitting) but also in movement (walking and other actions based on client needs). In fact, ongoing assessment(s) during the course of processing and at the conclusion of each session/ the series may include observing movement patterns as they are affected by improved structure and/or may point to other structural needs.

Intrinsic/Extrinsic Relationships

Special emphasis is placed on the relationship between the intrinsic and extrinsic fascial and musculo-skeletal anatomical components. Generally speaking, intrinsic refers to structures lying close to the spine and the midline of the body, particularly those deeper structures involved in maintaining postural support (usually more tonic musculature/fascia). The extrinsic structures are generally more superficial, and include the shoulder and pelvic girdles and the (outer) musculature of the legs and arms. In common professional parlance the intrinsic architecture is referred to as the “core” and the extrinsic- as the “sleeve”.

One of the main considerations in Structural Integration is to balance and differentiate the roles of the intrinsics/core and the extrinsics/sleeve in movement. Balance in these relationships allows the deeper core structures to function in the role of action initiation,

and the more superficial sleeve structures to handle specific postural balance and detailed/refined movements.

In many cases the SI process represents an awakening/activation and clarifying of the intrinsic core function. An activated core presents as power, rootedness, and presence. There are such intangibles as maturity and grace. Movement from the core is said to reflect intention and will.

Integration/Integrity

Structure and function are more fully understood in context with integration. Integration is that aspect of relationship that underlies the wholeness of the structure, of the whole being. As stated previously, the design pattern of the body is evident from the perspective of Anatomy and Physics. Most individuals in a gross observation meet the criteria for structure that is recognizable as human in the basic definition. How well those elements come together to manifest balance and function as a whole is the measure of its integrity. There, a more fully embodied human potential is able to manifest. Beyond that, the conversation opens to exploring considerations of what is normal, what is truly human. Dr. Rolf suggested that in one respect Structural Integration was itself a long term research project to observe the effects and behavior of structural balance and integrity in human beings.

Integration in the human structure manifests as observable order, balance, ease, and grace. There is an overall simple upliftedness. In movement, the body is economical, fluid, and flowing. It is arguable to what quantifiable extent and just how integrity in the physical structure influences psychological behavior. But there is ample anecdotal evidence suggesting correlation. There is a rich body of subjective testimony from clients of Structural Integration about the many benefits of the work in everyday living, in every aspect of their lives, and in pursuit of peak performance and creative expressiveness.

Gravity

What distinguishes Structural Integration is its central aim to enlist gravity itself as the prime agent of change. Gravity is so constant and ever present it mostly eludes conscious awareness. As a consequence, its relationship to health and well-being is often overlooked and underappreciated. Structural Integration works toward establishing a sense of three dimensional balance possible in an articulated, segmented vertical structure with both solid and fluid elements, requiring appropriately balanced tensional forces. A founding idea of Structural Integration is that the dictates of gravity call for structural order and balance in the makeup of the human body just as is so for any three dimensional physical structure. Furthermore, that such order and balance are indispensable for sound health, general well-being, full and efficient functioning, effectiveness, performance, and authentic expression. In the simplest terms, it is beneficial to live with a well-ordered body balanced with gravity. The entropic effects of the constant pull or gravity are significantly lessened for the individual whose body is more nearly aligned with the ideal vertical arrangement in gravity.

By its very operation the downward pull of gravity places obvious physical demands on body structure, just the same as for any three dimensional structure. Understanding how the force of gravity works on physical structure, SI envisions what normal structure and functioning should look like: a body organized with weight transmission close to its central vertical axis and, correspondingly, the centers of gravity of the major segments

of the body arranged on top of one another along that vertical line. Gravity has an entropic effect on an imbalanced body structure. SI seeks to lessen/minimize the destructive potential of gravity by evolving the body to a more orderly architectural arrangement. Such an arrangement is by definition is closer to the ideal of normal and healthy.

Equally important to understand is the opposite of the obvious centripetal (downward) force of gravity. In the aligned body structure the centrifugal (outward/upward) action of gravity results in an energizing lengthening of the body. In this latter respect Structural Integration is about learning to take advantage of the nourishing and supporting power of the gravity field.

Dr. Rolf famously asserted, *“Gravity is the tool. Gravity is the therapist.”* And, “. . . *“When the body gets working appropriately, the force of gravity can flow through, then the body spontaneously heals itself.”* Gravity as “tool” is understood from many points of view.

A key aspect is in how the vertical vector (line) action of gravity itself is used as a reference to evaluate balance and/or lack of balance. During the course of a SI session new more balanced spatial arrangements in the body are introduced. Afterwards as the client comes to standing and sitting positions the action of gravity stimulates readjustment to a new more efficient arrangement. This is not just a momentary event in time, but there is an ongoing proprioceptive adaptation to gravity. As a client becomes more aware of the body’s signals when it is in or out of balance, one’s relationship to the gravitational pull is transformed and its felt effect on one’s structure become signals for conscious self-adjustment.

The Human Condition

The average person lives with random disorganizations in the makeup of the body, with only a rough approximation of order and correct balance according to its inherent design for living under the influence of gravity. True order and balance remain largely in potential for the majority of people. Causative factors for imbalances include unresolved accidents and traumas, insufficient training in proper body use, bad habits, and modeling during development after significant others who may not themselves evidence adequate body structure and function. We are mostly self-taught. Structural Integration has introduced a new conversation and educational approach in the worldwide culture for more ideal balance and patterning of the body.

In Dr. Rolf’s own words, *“Some individuals may perceive their losing fight with gravity as a sharp pain in their back, others as the unflattering contour of their body, others as constant fatigue, yet others as an unrelentingly threatening environment. Those over forty may call it old age. And yet all these signals may be pointing to a single problem so prominent in their own structure, as well as others, that it has been ignored: they are off balance; they are at war with gravity.”*

Plasticity of the Human Body

The human body is pliable and plastic. Structural Integration has developed an ample pictorial record of change toward a higher order of bodily organization demonstrating that fact. The body develops its shape and functional patterns become habit through repetitive use and over time. This plasticity also makes change to restore and improve structural balance possible. Structural Integration works with that natural plasticity to

educate and restore a more balanced stance through guided touch and movement coaching.

In the Structural Integration process there is directed manual pressure, movement education, awareness coaching, and dialogue. All these factors work together to facilitate a shift to a higher level of order and balance by enlisting the body's natural self-organizing imperative. In a short period of time the body gradually and gracefully evolves to a place of improved adaptation to the field of gravity. There the action of gravity becomes supportive and nurturing.

The soft tissues of the body are plastic; automatically modifying in response to patterns of use. And, over time with repeated movements/actions, setting those behaviors into the pattern of the body. The profession often refers to the fascial component of the neuromyofascial web when discussing plasticity. The exact role and interrelation of the components of the aggregate neuromyofascial web in the phenomenon of plasticity are under scientific investigation. That notwithstanding, the fascia component factors importantly in terms of its bio-mechanical support function, both local (maintaining spacial relationships) and global (determining body balance/or lack thereof in the relative tensions throughout its span and mitigating continuity in movement).

At the histological level (tissue architecture) modifications show up in the fascia as 1) the directional orientation of its fibrous components and 2) the fiber density in the soft connective tissues. This adaptive role is a normal healthy function of the human organism. Structural Integration takes advantage of the soft connective tissue's ability to modify itself through protocols using manually applied pressure and coached movement(s).

The International Fascia Research Congress has ushered in Fascia Studies as a category of research in itself. A principal area of investigation is in fact the role of fascia in the phenomenon of plasticity. Structural Integration utilizes fascial anatomy as a working model, particularly in respect to its ubiquitous interconnectivity throughout the body. It is recognized also that fascia is not the complete story in terms of soft tissue malleability, and that the muscular and nervous system components obviously are interrelated in an aggregate neuromyofascial system, forming a three dimension fabric or web with its observed capacity to change and adapt.

The Soft Connective Tissues / Fascia, Neuromyofascia

An understanding of the anatomy and properties of the soft connective tissue system of the body (technically, fascia and neuromyofascia as a functional aggregate) plays an essential role in the theory and practice of Structural Integration. Fascia per se is a continuous intimately related system of tensional support connecting everything in the body from the inside of each cell to the outside of the skin. It is Dr. Rolf's "organ of structure/support." The fascial system holds the tissues, bones, and all anatomical parts in their working relationship to one another.

The application of Structural Integration follows a working theory based on addressing obstacles that interfere with energetic and weight transmission flow through connective tissue anatomy. The body's ability to adapt to the downward pull of gravity on its structure is seen to be mediated in the arrangement of the tensional forces carried in the span of the body's fascial fabric/neuromyofascial matrix. The relative tensional balances throughout the system determine balance or the lack of it.

Foundation principles include the balance of intrinsic (core) and extrinsic (superficial) myofascial elements, removing compensations and adaptations which interfere with freedom of movement, and evoking more optimal function.

The plasticity of the human body is plainly obvious in the record of photographic evidence of pre-series and post-series images. There is notable evidence attesting to improved balance in all three dimensions throughout the body. Research continues to discover properties of fascia that practitioners and clients observe and experience during the Structural Integration process. The International Fascia Research Congress has pioneered bringing together SI practitioners and researchers and continues to further scientific understanding.

[Expanded Definition of Fascia from the Fascia Research Congress](#) (a project of the [Ida P. Rolf Research Foundation](#))

Detailed Article: [Communicating About Fascia: History, Pitfalls, and Recommendations](#)

Tensegrity Model of Human Musculo-Skeletal Organization

The “tensegrity” model best describes the point of view of Structural Integration in its understanding of the musculo-skeletal organization and functioning of the human body. Tensegrity or tensional integrity is defined as a type of structure with an integrity based on a balance between compressional and tensional components. In the SI model, bones represent the compressional elements and soft connective tissues (fascia), the tensional component. In the tensegrity human body structure the compressive members (bones acting as spacers) are connected and held in relationship to each other in the balance of the span of the tensile elements (the myofascia).

Holistic / Somatics

Structural Integration is predicated on a holistic point of view. This approach recognizes that changes and conditions in any part of the human organism are reflected throughout the system. Humans are self-regulating and have an inborn self-organizing capacity to heal and to evolve. Also, that there is an interrelationship and correspondence at all levels of the human experience. Changes and conditions are reflected in all dimensions in the totality of human experience. Beyond the context of the individual system itself, it is an area of interest to observe the long term effects on a more balanced individual in its relationship to the community and the environment.

Structural Integration is called a “somatic” practice. It is somatic in contrast to modalities which focus principally/exclusively on purely biomechanical concerns; those are sometimes referred to as bodywork. Somatics as a profession characteristically keeps its certainty and groundedness by making contact at the tangible and definite physical body level. It also, however, acknowledges and works with the growth, change, and transformation at all levels in the range of human psychosomatic (or psychobiological) functioning. i.e., physical, functional, mental, perceptual, psychological, emotional, and spiritual.

Structural Integration is grounded in an anatomical perspective with a primary goal to integrate the structure of the human body within gravity. Thus, it makes contact at the physical bodily level, but it is focused on the whole human being, in all aspects. A key

differentiating aspect of SI is that it seeks to focus the client's own embodied personal experiential perspective. In that respect it seeks to awaken and support clients' innate ability to sense and correct themselves, both automatically and deliberately.

Practitioners are expected not only to be competent in the procedural mechanics of the work, but also possess sufficient creativity and maturity to support their clients in the whole person process of changes that occur.

8. STRUCTURAL INTEGRATION RESEARCH AND SCIENCE

The human body design is a segmented, articulating, upright structure. This is documented and known from basic Anatomical science. Also, the laws of Physics apply to the human body just like they do for any physical structure on earth. There is an inherent need in the human body—just as with any upright structure—that at its core it must balance vertically, with the segments relatively level and symmetrical.

The force of gravity with its constant downward pull is a given. It is an ever present fact of embodied experience. From the earliest years we are engaged with an implicit discovery of adaptation to gravity. Structural Integration is an intervention to correct limiting adaptations and dysfunction by evolving a higher order of organization and balance. It engages both practitioner and client directly and consciously to develop capacity to live a more balanced life.

It is obvious from even casual observation that humanity as a species does not live up to the anatomical design potential for the kind of structural balance needed to be fully and adequately adapted within the field of gravity. In this respect Structural Integration can be said to be a project in human evolution: Fostering the fullest expression of the design potential of the human body — the human being — by integrating the individual human being and its energy field within the energy field of the earth.

[Read Summary Article of Research into Structural Integration](#)

9. UNDERSTANDING HUMAN GROWTH AND DEVELOPMENT

While we spontaneously grow bigger and stronger as we mature, structural order and balance in the makeup of the body — how the parts of the body come to actually fit together — are partially a matter of learning. In this, we are mostly self-taught by trial and error, as well as following normal development of movement that is genetically programmed into the human being.

Unless there is deliberate intervention, one reaches adulthood and lives on with an accumulation of imbalanced patterns. Those are the aggregated unnoticed effects of unresolved accidents and traumas, bad habits, and lack of proper or formal training in the basic correct uses of the body. The average person arrives into adulthood with a unique mix of randomly organized patterns. This is often taken as a given, what makes us who we are. The strength of the identification with those patterns can show up as a deep resistance to change. People can become very identified with these patterns, and find it difficult to imagine change is possible toward greater expression of original potential. Until Structural Integration, the possibility to easily and gracefully change the arrangement of the body structure had not been much recognized, if at all.

Local imbalances in the body do not live in isolation, but are reflected throughout the system in complex and subtle patterns of compensation. The body reports on its inefficient, imbalanced condition with chronic pains and stress. We are too often living unwittingly in default of an unnoticed accumulation of imbalances that testifies to an unresolved past. Psychologically, the tendency to identify with this can cause us to stay stuck and frustrated with living in automatic patterns, rather than expressing creative potential. Structural Integration stands for an intentional constructive change out of a conditioned past. A past whose often inefficient and obsolete patterns and attitudes would otherwise remain fixed in the fabric of the body.

The body is seen to have an inborn capacity to evolve to a more upright, vertical and balanced stance. In this respect it is understood the human body is plastic. It develops its shape through use and over time. Importantly, with informed guidance it will change. Structural Integration capitalizes on the body's natural plasticity to educate and restore a more balanced stance.

10. SCOPE OF PRACTICE

Structural Integration Overview

Structural Integration represents a philosophy and point of view of human evolutionary potential; specifically, it is a study and inquiry into the adaptability of humans to the field of gravity and how that adaptability influences human health, performance, expression, and potential. It is not so much a technique, but offers people of all ages, varying backgrounds and physical abilities individualized treatment/training/coaching to restore and/or improve the balance and function of the body in gravity. It is educative in its methods, intentions, and goals. The practitioner client relationship calls for trust and dialogue.

In its complete and intended application the scope of Structural Integration goes beyond the domain of bodywork and therapeutic symptom relief. It is arguable that the work is a therapy insofar as it seeks to restore appropriate functioning. It, however, goes beyond therapeutics in terms of its evolutionary intention to raise the level of human adaptation to the gravity field to a new, never before higher order. By taking advantage of the innate natural plasticity of the body, the capacity to adapt to the dictates of the gravitational field is activated and supported. This has corresponding effects in the full range of its psychosomatic functioning. Conforming the arrangement of the human body to its understood Anatomical design and the dictates of the constant pull of gravity is by definition a healthy, normal condition. An individual living free of unnecessary bio-mechanical imbalances has the potential for the fullest range of functioning, not only physical, but also mental and emotional.

The work is formatted as a progressing series of sessions, each with specific sets of structural goals related to specific anatomical relationships. There is soft tissue manipulation, active client participation, awareness coaching, and movement education. It is an interactive process, with the client and practitioner in a developed trust relationship with dialogue and encouragement of engaged client participation. The transfer of the results of the work to the client's own direct tangible experience is integral to the process. Over the course of the series process, the effects of each session are additive and progress toward a completion point at the end of the series, where hallmarks of integration are observed, resulting in a sense of embodied balance and integrity.

Structural Integration is a stand-alone approach, complete in itself in its central aim for order and balance with gravity. It does not diagnose or treat physical or mental disorders. Nor is it a substitute or alternative for appropriate medical attention, corrective therapies, or trainings in proper body function. It can be complementary to other methods and in many cases is known to be an important facilitator to recovery and healing.

Contraindications are similar to those for any physical manipulation approach.

Series Protocol / The Recipe

Dr. Rolf referred to the originally formulated 10 session ordered progression of application as “The Recipe”. There is an internal logic to this series. This is primarily a set of structural goals that have cumulative effects, progressively evoking balance at different levels/layers of the body. Each session is designed to address specific goals, and is gauged by its own set of resultant hallmarks. The goals specific to each session lead to the next session’s goals, and suggest appropriate and necessary areas of the body for application of manual interventions and movement coaching.

The Recipe is not a didactically fixed set of linear instructions or techniques to follow rote. It expects far more than an application of a technique. As a set of guidelines and goals, however, The Recipe is proven effective to reliably produce satisfactory results in most cases when followed as prescribed.

Nevertheless, the client’s individual presenting issues are taken into account. There is ample leeway to give attention to individual client needs. However, there are limits to the elasticity of the scope of practice itself. Where individual client conditions call for attention that takes it out of the domain of Structural Integration the practitioner is expected to consult with the client to reframe the contract; if only to specify that methods other than Structural Integration are suggested/being employed.

Some schools of Structural Integration have developed accepted protocols that vary the number of the traditional 10 session plan in the original Recipe. They reflect mainly differences in emphasis, alternative anatomical models, or additional considerations. Protocols taught at all recognized schools hew to the core intention(s), goals, and practices of the original Recipe.

Evaluation and Intervention

Structure is evaluated using several models to aid in perceiving order/disorder in the structure. Practitioners evaluate structural adequacy and strategize intervention within the context of the larger structural anatomical goals/directive for each session within the series. A primary measure of balance/imbalance is the vertical gravity (line) vector. Implied along with how well the body stacks up along the vertical are symmetry (left/right balance) and horizontality (front to back).

There are other possible structural points of view which can be also considered for analyzing body balance (e.g., looking at the body in terms of an arrangement of segments, blocks, or cylinders. Other evaluative models include observations of relationships of intrinsic/extrinsic muscular holding strategies, observable manifestation of vitality/energy, psychological presentation.

The goal for any such evaluation is not to form a descriptive diagnosis of the client's situation, but to aid in formulating a plan of approach and assessment following processing.

"The Line"

"The Line" as understood in Structural Integration is the result of the coherence of the vertical line of the body with the vertical line of gravity. It is a term that conceptualizes the goal of Structural Integration. As conceptualized it is the overall hallmark of a structurally integrated human being. The term isn't necessarily used as such in different Structural Integration schools, but the basic concept is standard and understood.

One component of The Line is the central vertical axis of the body. In the average individual the center line of the body is only in potential and a task of Structural Integration is to inculcate a definite observable balanced organization of the body around that central axis.

The vertical vector line of gravity is another element. It is an environmental reference. Including the gravity factor is one distinguishing feature of Structural Integration. Relating the organism to its environment is the complete definition of integration. Because the pull of gravity is so ever present and constant it operates mostly beneath conscious awareness. But, it is an inescapable and constant fact of earthly existence. Sound, more ideally organized structure by definition must conform to that simple physical reality, the action of gravity along a straight vertical line.

When the line of the body is in phase with the line of gravity, as Dr. Rolf stated it, "...when the body gets working appropriately, the force of gravity flows through..." It is an intentional movement to the vertical. This is not only a biomechanical event, it is a living experience, both energetic and transformative. Access to more vertical alignment results in greater use of internal, core support and ability to act from an observable deeper level.

Inculcating a sense of The Line into an individual's tangible living reality is as much an issue of art as it is science. The Line is a tangible sure guide for living at a foundational level of balance. It is an experience of being rooted to the earth while simultaneously feeling lifted upward. In this regard The Line is frequently experienced as a place of presence and power and peace.

Energy Fields

For Dr. Rolf a fundamental question was, *"What conditions must be fulfilled in order for the human body-structure to be organized and integrated in gravity so that the whole person can function in the most optimal and economical way?"* She said, *"This is the gospel of Rolfing: When the body gets working appropriately, the force of gravity can flow through. Then, spontaneously, the body heals itself."*

The goal of Structural Integration to foster balance is not only a physical, bio-mechanical event. It is also energetic. A body structure balanced within the gravitational field is naturally more economic in its expenditure of energy. Free of restrictions due to

imbalances, energy is not only conserved, but more normal patterns of use are seen to add to the level of aliveness in the system.

Structural/Functional Adaptability and Support

A hallmark of integration in SI is the appearance of adaptability and support in both structure and function. The segments within the structure are coherently balanced and able to access internal, structural support, and that support in turn allows ease and fluidity of movement, ability to adapt to changing demands in the environment. These relationships are ever present, and the structural integration process calls forth higher levels of order, between those segments and their relationship to the gravitational environment.

Balance vs. Symmetry

Structural Integration is concerned with balance of the human body in respect to gravity. This is an architectural consideration. As such, the approach utilizes accepted science in Human Anatomy and Kinesiology and the basics of Physics. It evaluates structure in terms of the three physical planes: mid-sagittal, frontal/coronal, and horizontal/transverse; in static postures and in movement.

Within the general population, individuals each exhibit a unique mixture of correspondence/deviation on those standards of evaluation based on personal developmental history. Structural Integration is not so much proposing an ideal for the human body, but intends to evolve each client's body arrangement toward those ideal standards within the limits of each person's capacity for change.

The vertical consideration has to do with organization around the central vertical line of the body and how well it lines up with the vector line of gravity. Organization around the vertical line can be viewed from the front, posterior, and side aspects. The horizontality relates to level, both frontal/dorsal (front to back) and side to side. Symmetry is implicit in evaluation of balanced organization. By definition balance in the makeup of the body shows symmetries on the right and left sides, viewed either from the front or the posterior aspects. Symmetry shows up as matching sets of spacial relationships at all levels head to toe. In static structures absolute symmetry is possible. In the human organism, and on a case by case basis, the degree of symmetry possible through any intervention is limited by genetic factors and the capacity for change by the recipient client. Thus, when we speak in Structural Integration we have an eye to an absolute standard, but work in practical terms to what could be called a functional symmetry; one that best fits the individual given genetic and adaptive capacities.

Appropriate/Effective Manual Contact

Contact is used in Structural Integration in a variety of ways. Amount of pressure, direction, duration, and intention of each structural intervention within a session are important tools for accomplishing the goal of that session, and the series, while respecting the client's capacity for rate and amount of change. Movement cues, invitation/coaching to greater awareness, and suggesting new patterns of movement are also used to intervene in structural and functional patterns. Always the goal in its biomechanical aspect is balance and order in the relative tensions held in the span of the fascial system. Every intervention, session and the series as a whole are designed to evoke greater balance and organization, and result in greater integration between body segments, within the whole body, and in relationship to the force of gravity.

Contact can be applied by fingertips, open or closed hand, forearm and sometimes an elbow. Other methods including the use of accessory tools or the use of other body parts have their effective place in other modalities, but are outside the commonly held definition of Structural Integration. There is no stricture to prevent practitioners from modifying their working methods outside the scope of Structural Integration; but, again, when doing so to keep the client informed and proceed with their consent.

Sometimes contact can be sculptural and dynamic, moving the soft tissue with intentions toward increased length and space, in the direction of more balance, fuller range, and ease. Or, statically restraining tissue in traction and calling for specific and more normal movement(s) by the client. Other times only the slightest touch—or even nothing more than a verbal cue—is applied simply as a pointer to focus and awaken the client's awareness to a specific area and/or movement.

The quality of touch also varies according to the responsiveness of the client's tissues, but always applied with the client's permission, active participation, and respecting clients' prerogative to have active say in the process. The Structural Integration practitioner is trained to be adept at feeling the differing response capacities within the layers of living tissue, and how it uniquely manifests from individual to individual.

There can be times in the SI process when the client experiences intense sensation. This does not have to be painful, as the practitioner can adapt the pace, depth and timing of an intervention to stay within limits the client can accept and still relax. It should be repeated and stressed for practitioners and clients alike that the work in all its aspects proceeds with full, conscious client acceptance and participation. Clients are admonished to report when the intensity of touch is not acceptable for any reason. The practitioner can adjust the pressure, depth of contact or pace as required; or stop. The procedure is not a set group of prescribed technical moves. Adjustments are made in terms of using different angles on a given point, working around and even from points more distant to sensitive areas. Constructive change starts with respecting and honoring each individual client's capacity and rate of change.

Practitioner Skill Sets

a. Analysis/Evaluation of Structure

One specific practitioner skill required in Structural Integration is the ability to observe and analyze the body in its three dimensional relationship to the action of gravity, its overall organization and balance or lack of it, particular local imbalanced patterns, and how they manifest as related compensatory patterns throughout the system. Assessment is done in both stationary postures and during movement.

Many models of seeing structure and function are utilized, including internal/external, grid, geometric, cylinder, etc. These models are overlays that act as aids in seeing relationships in the body parts, both locally and as a whole.

b. Palpatory Skills

Practitioners will have developed adequate palpatory skills in terms of discriminating the appropriate depth and rate of change within the client's

myofascial system. There is also an ongoing self-learning that occurs in the context of practice that refines the quality, economy, and effectiveness of touch with experience.

c. Personal Embodiment

In addition to satisfactorily demonstrating competence utilizing the protocol for the series and in each session that is adapted to the specific client's needs, practitioners must sufficiently embody a demonstrable level of balance and integrity in the makeup of their own bodies. Embodiment of change and more efficient function are hallmarks of integration. Ability to find more ideal structural and functional balance is crucial to helping others find the same in their own bodies. Capacity to sense change in oneself facilitates evoking a sense of change and embodiment of that change in others.

d. Psychological Maturity

Psychological maturity is needed in order to maintain healthy boundaries when working with clients. This enables the practitioner to support the client's process, while staying grounded and embodying his/her own process/structure/function. This helps to create safety for both client and practitioner in the context of the therapeutic relationship.

Movement Awareness and Re-Education

Clients are active participants in the Structural Integration process. A variety of body movements including guided breath are integral to the process and serve to multiply the effects of direct contact and pressure alone. Client movements during the process also serve to add awareness, sometimes can lead to discoveries of new, heretofore ignored areas of the body and its perceived workings. Better function can be evoked using the client's awareness and participation, discovering new possibilities for movement and ways to apply that in activities of daily living.

Functional Pattern Recognition and Training

An important part of the Structural Integration process is an exploration of new patterns of body use that are made available or are suggested by the more balanced structure and increased awareness of the client. These certainly include the basic skills of standing, sitting and walking. Each client has their own adaptive patterns, occupational requirements, and life goals which can also be addressed. Additionally, as appropriate, clients can be given homework assignments for movements and exercises to work on between sessions to further the effects of each session and develop a sense of ownership of the results. Clients are encouraged to incorporate new functional patterns and good habits that will support and further results of the work throughout their lifetimes.

Dialogue / Client Engagement / Therapeutic Relationship

As with any successful relationship, establishing rapport is a prerequisite to effective intervention. Structural Integration, unlike many other modalities, is not something that is “done to” [a client]. But, and importantly, a process that is “done with”. It is essentially a student-teacher relationship. The client’s active conscious engagement and assent are necessary to successful outcomes.

Practitioners are versed in ways to develop effective rapport, establish safety within the therapeutic relationship, and respect the individual client’s needs. Trust is a necessary foundation in order to best evoke participation and change. Practitioners respect the self-regulating nature of each individual and use effective listening and observational skills to track the client’s capacity for change moment to moment in each session. This is an important avenue to evoking integration — correct pacing of the work allows the client to participate in embodiment and integration of change.

Structural Integration is not a linear set of directives to be strictly followed. In it there are elements of both science and art. Practitioners are encouraged to develop knowledge and skills based in both. Structural Integration impacts on many levels, biomechanical, structural, functional, psychological, and energetic.

Since each practitioner approaches application of Structural Integration through the lens of their own experience, potential clients are encouraged to consult with practitioners to determine best match for a productive and trust centered relationship based on their own needs, life circumstances, and outlook.

Contraindications

Structural Integration is not indicated for acute conditions, acute injury, emergency, life threatening events, severe pain, fever, and any of the usual contraindicating conditions that apply to any touch modality: acute infectious disease, allergic skin lesions or skin infections. Physician and other engaged health care providers should be consulted when appropriate, and referrals made.

Where there is a primary healthcare provider or other significantly involved health professional(s), it is advised to ask the client to inform them about the course of Structural Integration and its goals, and offer to be in direct communication with the primary healthcare provider.

The practitioner should obtain information from the client about health conditions, and be knowledgeable about contraindications and refer when appropriate.

[Full Discussion on Contraindications \[Mainly for Practitioners\]](#)

Client Embodiment of Change/Integration

Structural Integration is based on a holistic philosophy. Outcome and corresponding changes relating to the heightened order of structural balance and integrity are also expressed at all levels of the human being; not just the physical, but mental, emotional, psychological and energetic.

During the course of treatment the clients gain more structurally sound functional patterns which support the ease and economy of mobility and effectiveness. As the sessions progress clients typically report increased energy and vitality, a keener, more

precise or clearer physical body sense, a tangible feeling of simple balance and ease, and more economy of movement. Clients are encouraged to incorporate new functional patterns that are more efficient and economical and further support the often newly awakened movement toward balance.

Practitioner Ethics

All qualified practitioners subscribe to a Code of Ethics, as stated either by schools of SI training and/or governing bodies. All IASI and CBSI members subscribe to the IASI Code of Ethics.

Additional Sessions After Initial Series Completion

At the end of the series clients are encouraged to take time to integrate changes — in order to more fully own the changes evoked during treatment, and to allow the fascial web to adapt to the new lines through which gravity is expressed in the body. Additional work is recommended after that period of integration if the client feels the need to seek further change, order and integration. Sessions may be done individually, or grouped in a series in order to further progress and address increased capacity for structural and functional balance and organization.

Practical Realities of Serving the Public

The conversation — indeed the marketplace itself — on health continues to be heavily weighted to symptomatic relief with pharmaceutical remedies and applications based on high-tech mechanized/electronic devices and surgeries. However, beginning in the last part of the 20th Century there has been marked growth in the use of more so-called natural based methods and remedies. The discussion is expanding to include prevention and wellness and concepts of holism, and integration.

Many clients seek out Structural Integration for relief of symptoms. Practitioners of Structural Integration when approached in these situations inform the client about potential treatment options. The immediate need to address presenting symptoms per se versus delivering the service in its totality and completeness; that is, resolving the choice between a purely therapeutic intervention for local conditions or recontextualizing the reporting condition within the larger frame of whole body order and balance. The more technical soft tissue mobilization methods of Structural Integration can be appropriated for purposes of palliative care. It is expected, however, that clients will be adequately informed when the treatment is limited to local symptom relief that it is not rightly to be understood as Structural Integration.

Work Outside the Scope of Structural Integration

Modalities outside the scope of Structural Integration may be taught in schools, continuing education courses, and practiced by Structural Integrators. Schools and practitioners are expected to make a clear disclosure to their students and clients when methods outside the Structural Integration Scope of Practice and Core Curriculum are introduced. Practitioners also have an ethical obligation to accurately represent the training they have received in all the modalities they may offer, and inform the client for consent when those other modalities are being employed.

This is not only a consideration within the profession to observe accepted Structural Integration approaches. It serves the public interest to have a consistent message and experience of treatment. This reflects back on the profession which benefits for having a consistent image and expectation coming from the public side.

11. INFLUENCES / RELEVANCE OF STRUCTURAL INTEGRATION

On Allied Professions

There are many methods, trainings, and exercises that benefit health and well-being. Many of the technical methods of mobilizing soft connective tissue developed by Dr. Rolf have been adopted in other professions by manual therapists. The techniques themselves, however, do not work directly toward fostering the kind of quantum shift in an individual's relationship to gravity intended in the Structural Integration process. Nor do they also educate the client to improved mobility in terms of the demands of the gravitational pull. It is in having as its central goal integration within the energy field of the earth both structurally and functionally that Structural Integration distinguishes itself.

In the Marketplace of Ideas

Arguably, the simple notion that bodily balance in gravity is beneficial is news that has yet to be delivered. However, signs point in the direction that the ideas and, consequently, the awareness and acceptance of the practice of Structural Integration are spreading.

Parallel to the introduction of Structural Integration the concept of integration itself has become prominent in the general public conversation and notably within the health care field. Wellness is a term now in general use as a value of a full life; it represents a broadening of the idea of health beyond the immediate concerns over short term symptom relief and the minimal definition of health as absence of symptoms.

The field of Functional Medicine has emerged focusing on primary prevention and underlying causes. In this emerging field balance in all its respects is a key area of diagnosis and treatment.

The sports and fitness industry has begun to talk about fascial health and balance in relationship to training regimens and peak performance.

Full Discussion on Contraindications [Mainly for Practitioners]

CONTRAINDICATIONS AND CAUTIONS FOR DEEP BODYWORK

Robert Schleip ... in collaboration with Til Luchau and John Schewe

9th edition, May 2008

Atherosclerosis - a build-up of plaque in artery walls. Care needs to be taken so that any thrombi are not dislodged (See under 'Embolism and Thrombi')

Arteriosclerosis - hardening of the arteries. Care is needed because there is usually some atherosclerosis and high blood pressure associated with this. No bodywork in advanced stages. Get medical clearance for your work if the client takes medication for circulatory problems.

Autoimmune diseases

The immune system produces antibodies against the body's own tissues. Don't work on acutely inflamed tissues.

a) Lupus - attacks the connective tissue mainly in the skin, kidneys, joints and heart. Contraindicated during acute flares.

b) Rheumatoid arthritis - immune system attacks the joints, and its associated muscles, tendons, ligaments and blood vessels;

contraindicated during inflammatory stage. (Note: With "osteoarthritis" deep bodywork tends to be more successful).

c) Scleroderma ("hardened skin") - a buildup of collagen fibers around organs (problems with absorption when around the small intestines) and

in the dermis of the skin; increasing stiffness at joints along with muscle weakness. Contraindicated during inflammatory phase.

d) Ankylosing spondylitis - inflammation of tissues around the spine causing the connective tissues of the sacrum and spine to solidify. Don't work on areas of pain and inflammation in acute episodes.

Bipolar Disorder (manic –depressive): during manic phase, deep bodywork could be contraindicated, since it could then increase the amplitude of the extreme mood-swings.

Borderline (as psychological diagnosis, originally understood as diagnosis for clients on the border between neurosis and full psychosis): Be careful. There have been (very)

few reports about deep work triggering a psychotic episode. Full psychosis is in most cases a contraindication, and of course should be performed with supervision by a psychiatrist.

Cerebral Palsy: Result of Cerebral Palsy & Rolfing® study: in mild and moderate cases Rolfing® helpful; serious cases might get worse. Most recent science info: connective tissue restrictions more important factor in CP patients than was thought before (e.g. tissue shortness in the triceps surae often limits walking ability in terms of very limited dorsiflexion mobility of the feet).

Cancer: Connective tissue can often act as a barrier to the spread of cancer by encapsulating the cancerous cells. The problem is that deep work could theoretically cause the cancerous cells to metastasize (move through circulatory or lymphatic system to other places in the body). Usually okay if the person has a clean bill of health for 5 years. Pay special attention to lumps in abdomen, or lymph nodes in groin or armpit. (Lumps in abdomen could be hard feces. Let client monitor it: if no change after 3 days, perhaps have it examined). After mastectomy: check with doctor whether massage in the area (incl. the arm) is indicated. Sometimes it is not advisable to increase the lymphatic flow in that area.

Connective tissue disease: E.g. osteomyelitis, lupus, scleroderma: no deep work.

Diabetes: Be careful about tissue condition and loss of sensation. Don't do deep work on area of recent insulin injection: could accelerate Insulin uptake.

Embolism or Thrombus: a) Venous emboli - usually land in the lungs causing pulmonary embolism. b) Arterial emboli - can lodge themselves in the coronary arteries (heart attack); the brain (stroke), the kidneys, or the legs (phlebitis). Deep bodywork is usually contraindicated because of the risk of dislodging a thrombus. If the client takes blood thinners as a medical precaution against clotting, ask for a medical clearance for any kind of deep tissue work affecting the circulatory system. This precaution is even more strongly advocated in clients who have had a pulmonary embolus, or have had a Greenfield filter installed (a filter in the vena cava to prevent blood clots from reaching the lungs).

Epileptics: avoid hyperventilation

Headaches: Some types of headaches get worse with any kind of massage around the head/neck/shoulder area. This is quite common for migraines in the acute stage, probably due to infection and/or CNS over-stimulation. If the client has previous experience with receiving massage as a remedial treatment, they can often tell whether it is helpful or not to work on their upper body. Tension headaches (which are usually more bilateral) tend to respond more positively.

Heart conditions: OK. if not restricted from exercise (if fingernails get purple or blue, stay off)

Hemangioma: These are congenital benign tumors, made up of newly formed blood vessels. Different types, usually on the skin, yet sometimes also in brain and viscera. Specially in cases of known visceral type (e.g. hepatic hemangioma) no deep work in this area because of the severe danger of internal bleeding.

Herpes (and other potentially infectious skin conditions, including warts): Don't touch infected areas.

High blood pressure (extreme): Don't work in way that makes clients hold breath. Deep work on uncontrolled high blood pressure patients should be with medical supervision (deep bodywork often RAISES blood pressure).

Impaired elimination systems: Use caution with colostomies, Candida, kidney, and liver issues; careful. More spacing between sessions

Intervertebral disc problems: With non-acute cases, avoid shearing motions and extreme bending. Don't decompensate a stable system.

With acute cases: although bodywork can help creating space for the retreat of the tissue and to resolve some of the secondary compensations, be very careful and don't work on the affected segment alone since local muscle spasms may have developed there as an important protection for the slipped disk. Releasing this muscular bracing too soon may put the client in danger. .

I.U.D.: Be careful with any deep abdominal work in female clients which use an intra-uterine device for birth control. It is possible that an I.U.D may become displaced, possibly leading to complications.

Menstruation (if strong): If the client tends to have very strong menstruation symptoms with high amount of blood loss, any kind of deep tissue work or even massage in the area of pelvis, abdomen and thighs - if done around the days of the client's period - can sometimes increase circulation and therefore the severity of the menstruation.

Conclusion: either give the client the option to cancel a session for that reason if the date collides with a strong period at the same time; or give only a very gentle movement awareness session which does not tend to increase circulation in the pelvic region.

Nose work, special conditions: For any intranasal work be especially careful with regular cocaine users, nasal polyps, and nose surgery including cosmetic surgery.

Pain medication: Use caution regarding reduced sensation and greater possibility of tissue or nerve damage. (Same with paresthesia)

Pregnancy: Rule of thumb: no deep work. Be aware: danger of triggering a miscarriage by strong myofascial work is greatest during first 3 months (specially through work around the pelvis, abdomen, adductors, medial legs, or feet). Later in pregnancy this gets less likely. If you work with somebody who is pregnant, you may want to have them sign a form that they are aware of the increased risks and still want to get deep work from you, etc.

Varicose veins: Don't work veins.

Whiplash: If inflamed, it might get worse.

No deep work with:

* Abscess teeth (mouth work)

* Aneurysm

* Bone fractures or acute soft tissue injuries: wait for full healing (6 weeks - 3 months)

* Clients on Cortisone (wait 2-3 months)

* Feverish clients

* Hemophiliacs

* Hodgkin's disease (cancer of lymph system)

* Inflammatory conditions (includes such things as tendonitis and bursitis; contraindicated during acute stages; work peripheral to site possible when inflammation has subsided)

* Infectious conditions (with some exceptions, like HIV: get medical supervision)

* Leukemia

* Osteoporosis (usually post-menopausal women)

* Phlebitis: same risk as for 'embolism or thrombus'

* Recent scar tissue (including regular or plastic surgeries): no work on this area until scarring process is complete (usually at least 6 weeks)

Cautions

Unless you are legally licensed to practice healing:

1. Don't prescribe, not even vitamin C.

2. Never label or name any condition, don't diagnose (yet you can refer to a previous diagnosis of a medical doctor)

3. Be careful with people who are in psychotherapy or are seeing a doctor. (Their psychotherapist or physician should know they are getting bodywork).

In General

Ask about medical history (including medications) before work begins. If ever in doubt, get medical supervision.

Literature recommendation:

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Best book: Ruth Werner & Ben E. Benjamin; A Massage Therapist's Guide to Pathology, Williams & Wilkins 1998, US \$37. (Discusses more than a 100 common medical conditions and what a bodywork practitioner should know when dealing with them. Includes clear guidelines if or how massage is indicated or contraindicated.

Extremely useful and worth the price!). Click here for the 'Quick Reference Chart' of this book.

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Best journal paper: Keith Eric Grant; Massage safety: injuries reported in Medline relating to the practice of therapeutic massage—1965–2003. Journal of Bodywork and Movement Therapies 7(4).207-212; 2003. To quote from the conclusions of this excellent paper:

"1. Practitioners should inquire if clients are being treated with anticoagulants, to avoid using pressure or friction likely to lead to excessive bruising or hematomas.

2. Practitioners should inquire if clients have medical appliances or implants such as stents, to avoid the risk of displacement or damage.

3. Work done over a contusion or hematoma should be limited to lymphatic drainage, to avoid further tissue damage.

4. Caution should be used not to impinge superficial nerves against underlying bone with excessive pressure or friction.

5. Care should be taken with the vertebral artery as it runs through the transverse foramina of C5/C6 to C2, and particularly with the posteriolateral loop of the artery superior to C2. Although massage therapists do not use high velocity-low amplitude techniques, sudden or extreme cervical hyperextension with rotation that could lead to vertebral artery compression should be avoided. Immediate attention should be paid to symptoms of sudden headache, dizziness, vertigo, slurred speech, or loss of consciousness. Excessively deep or repetitive friction over the posteriolateral loop should be avoided.

6. Training programs should insure that training in anatomical knowledge and technique is interspersed with practical experience sufficient to develop good kinesthetic/palpatory skills, awareness of client response, and clinical humility."

Closing Remark:

Previous editions of this paper contained some suggestions on HOW to best work with some of the above and other medical conditions. Later several other practitioners added their personal suggestions on this aspect. Soon it became apparent that there are almost as many different treatment suggestions to each of those conditions as there are different adjunct therapies represented within our community (craniosacral, herbology, visceral manipulation, psycho-emotional, atlas-chiropractic, etc.). Therefore this article is now limited only to where and how NOT to work.

All of the above is the private opinion of the authors based on their knowledge and clinical experience as advanced Rolfing® practitioners. It is published here in order to stimulate further discussion and development. It will be updated and improved from time to time; i.e. this paper is a continuous work in process. For any additions and suggestions please contact the authors.

No legal liability on the information of this article is intended or accepted by the authors. If you are not a licensed medical practitioner you are legally obliged to consult an M.D. for any medical diagnosis.

In describing contraindications for deep tissue work it is NOT assumed that Structural Integration or any other modality is a medically oriented healing modality. Whether it is depends on other factors like the qualification and intention of the practitioner and the working contract or agreement with the client. Deep tissue practices like Structural Integration or Myofascial Release are very often used not as a medical healing modality but as a holistic method for increasing the sense of aliveness and embodiment (i.e. "being more at home in your body"). Even in those non-medical treatment situations it is possible to list medical contraindications, as this can be done for jogging, walking, dancing or other non-medical activities.