

Inflammation Release Technique®

Light Pressure, Deep Tissue Protocol for Fascial Restriction and Pain Relief

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BACKGROUND: According to the American Pain Society the weighted mean prevalence of chronic pain in the general population has been estimated at 35.5%, or 105 million (Harstall, 2003). Current medications are largely either ineffective or have serious side-effects. I hypothesize that through use of the Inflammation Release Technique®, pain relief is effective and lasting based on a hierarchical muscular approach which addresses referring fascial restrictions rather than the perceived site of pain.

METHODS: This approach focuses on the inflammation of the entire affected musculature, and allows the distal muscles to loosen and diminish a guarding response. Once the proximal and distal muscles' fascial restrictions are released, the tissue returns to its normal state of homeostasis through unobstructed perfusion of blood and oxygen. A pilot study was conducted on 9 patients with various chronic pain conditions over 6 weeks (1 treatment per week). Pain was assessed using a numeric rating scale (NRS) pre-series, mid-series and post-series. The mean population age was 49. The demographics of the population included: 2 subjects diagnosed with adhesive capsulitis; 2 subjects with temporomandibular joint syndrome; 1 subject with thoracolumbar pain; 1 subject with lumbar pain and disc herniation at L4-L5; and 3 subjects with knee pain (1 of whom also diagnosed with a Baker's Cyst). Prior to treatment, 3 of the 9 received two or more epidural steroid injections and all attended physical therapy, reporting no relief.

RESULTS: Pre-treatment mean NRS was found to be at an 8. After the first treatment, 7 of the 9 subjects experienced immediate relief of symptoms for a range of one to two days. After the third session, mean pain score was 4.22. After the sixth session, the mean pain score was 0.22. Follow-up time ranged from five to twenty-four months with a pain score of zero in 6 of the 9 subjects. In the other 3 subjects, re-injury was a factor: a shorter treatment series of three weeks offset the return of a pain response.

CONCLUSIONS: These preliminary results suggest that by treating the inflamed and restricted fascia of both the proximal and distal muscle groups, pain is effectively eliminated. Subsequent studies are planned to incorporate the McGill Pain Questionnaire with pre, mid and post scores during treatment with follow-ups at 12 and 24 months, including additional serum biomarkers to further quantify results.

