

**III. Fascial Defense:** Represents part of the body's defensive posture and is included in neurological unit three for convenience of description. Please note if a vestibulo-ocular reflex (VOR) is present then the facial release must be completed after the scoliosis correction. If the VOR is absent, the facial release is optimally completed after Defensive Jaw.

**Note:** Early understanding of the Fascial Release protocol involved releasing of the fascia of the neck via a stair step mobilisation protocol. Following the new knowledge and understanding of the anatomical fascial connection reference points in the book, "Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists" by Thomas W. Myers published in 2001 lead to the dramatic improvement of this step.

Our understanding of Fascial Defense represents a hypotonic *fatigued* state of the fascia and correction is a reset of the fascia similar to spindling  $\leftarrow \rightarrow$  up muscle fibers.

The Fascial Release is best applied following correction of scoliosis protocol when present.

**Screening:** Determine beginning point while in the prone position. Challenge the right or left fascia overlying the upper trapezius by spindling down  $\rightarrow \leftarrow$  and test the homolateral hamstring. The side of fascial involvement will result in inhibition or weakness of the hamstring challenge. The starting side will always be consistent with the high side of scoliosis when present.

**Fascial Release correction:** Correction involves a spindling up (facilitation)  $\leftarrow \rightarrow$  of the fascia component along the anatomical landmarks as outline below. The procedure essentially follows the concept of a train moving from station to station across the body and always finishing on the same side one starts. The procedure is bilateral posterior then completed on the anterior.

- Between occipital ridge to spine of scapula



- Between spine of scapula to contralateral lower ribs.



- Between lower ribs to contralateral iliac crest.



- Between iliac crest to greater trochanter.



- Repeat entire procedure on the opposite side.  
~ Patient turns over supine without getting off table ~  
~ Note: it is indifferent as to which side one begins next step on



- Between inguinal ligament & pubic bone to contralateral lower ribs.



- Between lower ribs to contralateral clavicle.



- Between clavicle to ramus of jaw.



**Comments:** \_\_\_\_\_  
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**Completes Neurological Unit Three**