

Rehability[®]

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424-FOR-BACK *Pain Relief*

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Pain Free and Improved Performance ... for life

Neuromuscular Re-education

What Is Neuromuscular Reeducation?

Neuromuscular Reeducation is a “stand-alone” hands-on technique/approach to the evaluation and functional treatment of 90+% of the soft tissue injuries. Every muscle in the body is surrounded by a smooth fascial sheath, every muscular fascicule and fibril are surrounded by fascia that can exert pressures of over 2,000 pounds per square inch. When an area is injured, whether it’s muscle, connective tissue, fascia, tendon or some combination of these elements (as most injuries are), the body handles this inflammatory response of the tissues to trauma the only way it knows how, through a hyperplasia of the affected tissue followed by a fibrous healing, the laying down of a less elastic, second grade, poorly vascularized scar tissue to protect the involved areas. Adhesions occur wherever damage and inflammation have occurred, and they limit both strength and range of motion.

Once there is fibrous healing these adhesions pull us out of a three-dimensional orientation with gravity. As a muscle tendon begins to stretch and encounters an adhesion, the muscle contracts to prevent any further stretching and to protect the area involved.

The result is that the muscles involved are not as strong and the range of motion is limited in the involved joint. Adhesions can affect areas that are quite small, sometimes just a few muscle fibers, and other times there can be many areas like that scattered throughout a muscle group.

Freeing the adhesion..... is only part of the battle.

Freeing the adhesion is only part of the battle, each person has a subtle, complex and unconscious perception of his or her own body. When you have pain and limitation of motion due to an injury, you adapt your body image to fit that limitation. This unconscious mental adaptation can often persist long after the injury has been resolved without the Reeducation part of the technique. It isn’t enough to clear up a problem, we also must convince the patients that the problem is gone. Otherwise, they persist in favoring the area that was causing them pain. Patients may often limp for several months after a hip or leg problem has been eliminated, **so the most important part of the treatment is in making the patients aware so that they can adapt their new behavior to the new physical reality.”**

The Reeducation part of the technique is elegant....in its simplicity and efficacy and patients are back to their normal activities in short order. This is accomplished by: Working each involved joint through the fullest possible range of motion during each session after the Neuromuscular work and then sending a patient back to the activity that has been causing him or her the problem. As soon as possible to demonstrate that the problem has been resolved.

Most bodybuilders and other athletes hope they can free adhesions on their own by forceful contractions and stretching, but this maneuver fails because:

The inhibitory feedback signals from the affected area prevent sufficient contracting or stretching to accomplish this, and the adhesions are not necessarily parallel to the muscle fibers and can lie any direction thereby restricting full range of motion.