

The Science Behind SRT for Massage Therapy

An Unwavering Event

The Spondylogenic Reflex Syndrome (SRS) is an unwavering event across all populations. It is also the primary missing factor in the assessment and treatment of most NMS pain and dysfunction, and it severely limits therapeutic outcomes across all professions.

When utilized properly in the identification and treatment of the ensuing cascade of tissue reactions the SRS creates, SRT Assessment and Treatment becomes a viable standard for predictable, dependable and reproducible outcomes.

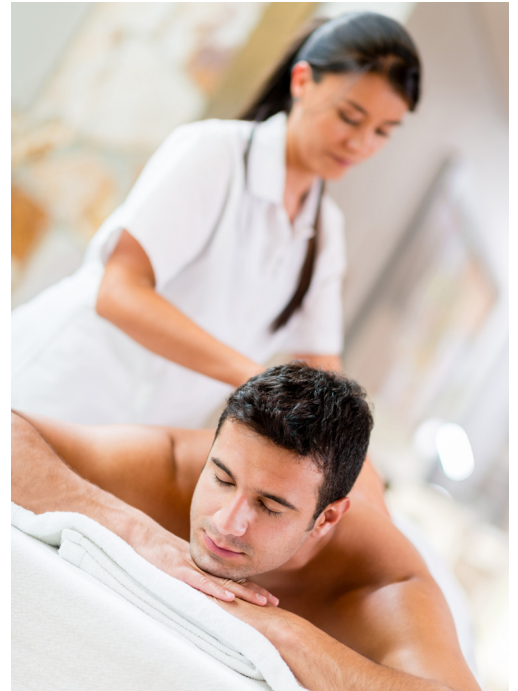
The SRS Cascade Into Soft Tissue Treatment

In essence, spinal facet joint capsular ligament overstretch or tear activates a spinal cord controlled “withdrawal reflex” (further defined as a “spondylogenic reflex”). A spondylogenic reflex is a normal defensive response to non-visual, posterior torso or cervical sensory noxious stimulation. When the facet capsular ligament becomes chronically overstretched or torn, a spondylogenic reflex progresses into a chronic state of activation defined as “spondylogenic reflex syndrome” (SRS).

Due to the SRS causing chronic muscle contractions in multiple, partial or whole muscles throughout the body, it is responsible for all spine related sclerotomal (joint referred) pain, most myofascial trigger point development and activation, as well as multiple level spinal nerve root compression and extremity muscle shortening, tendonitis, muscle weakness, stiffening, fatigue and joint tracking error.

The Clinical Side Of Trigger Points

Trigger points, along with their respective myofascial pain and dysfunction profiles are a common topic of soft tissue therapy with most protocols resulting in mixed outcomes and high rates of recurrence. Fundamentally, chronically activated (shortened) muscle tissue will result in metabolic waste migration to the sub fascial regions of the muscle belly due to chronic restriction in venous



“Predictable, dependable and reproducible outcomes are critical for an efficient and successful client and provider experience.”

and lymphatic drainage, arterial hypoxia and restricted nutritional supply; all factors necessary for the recovery phase of muscle contraction.

The resulting metabolic waist accumulation results in what is commonly referred to as myofascial trigger points. Trigger points are frequently complicated further by a subpar core (metabolic) temperature found in approximately one-third of the client population, and in those with chronic disease conditions. Low core metabolism contributes to reduced lymphatic drainage with increased muscle cytotoxicity, further complicated by a net impaired muscle tissue relaxation/recovery phase and these clients will have multiple recurrent or chronic trigger points. Clients with good cardiopulmonary function, muscle conditioning and normal core temperature can sustain an acute muscle overload event, develop localized trigger points and recover with minimal intervention or chronicity.

Spinal Reflex Therapy

Applying systematic SRT assessment procedures and specific technique allows for rapid identification and location of the SRS. Given that all reflexes are hard-wired into our nervous systems, that there are a limited number of reflexes in the spine, that there are a limited number of muscle patterns created by these reflexes, and that each pattern is consistent across all populations; effective strategies in identifying and treating the SRS can be standardized. Once identified, referencing reflex charts and applying specific treatment procedures is streamlined into effective client outcomes.

Only Spinal Reflex Therapy stimulates Ruffini, slow pain nociceptor fibers and golgi tendon organelles in a unique manner necessary to elicit periaqueductal grey (PAG) matter and adjacent pain analgesic systems located in the thalamus of the brain to release endogenous (your own bodies) neuropharmacology necessary to inhibit cord mediated reflexes (including the SRS).

The net therapeutic effect is the reduction in reflexive muscle loading, fatigue, joint compression, joint tracking error, motor fatigue, motor weakness, sensory disturbance and pain. All these factors are physiological impediments to maximizing therapeutic strategies in neuromusculoskeletal conditions. Reducing pain and dysfunction through SRT is the most powerful tool available to the professional Massage Therapist today.

[Research and Supportive Literature](#)