

Keeping Those Who Touch — In Touch

MASSAGE

Issue Number 49

May 1994

Myofascial Release

John Barnes, P.T. Approach

Traditional Thailand Medical Massage

Relearning The Pleasure of Touch

\$4.00 U.S.A.
\$5.00 Others



A MASSAGE Magazine Interview with

Victoria Ross

Pfrimmer technique instructor, practitioner

by Robert Calvert

The Pennsylvania School of Muscle Therapy and its clinic, the Deep Muscle Therapy Center, are examples of true professionalism. Victoria Ross, along with her partner Mary Jo Meyers, have put together a fine organization which continues to prosper in the conservative, small city of King of Prussia just outside Philadelphia.

When we arrived at the clinic, Victoria met us in the hallway at the small reception counter. She and the staff were friendly and hospitable. We'd been getting acquainted with four or five staff members before she came into the office. There were no hugs, but polite and friendly handshakes. When we left the school later that morning, after concluding our visit, Victoria and her administrator gave us warm goodbye hugs.

An entrepreneur and successful educator, Victoria was warm and made us feel comfortable in her spacious private office. A massage table is set up in her office where she might give a private session. Her work space and the other office areas were neat and well organized.

Located a short distance from the clinic in an office complex, the school occupies much of the second floor. Students filled several classrooms and the atmosphere was relaxed.

The school offers basic and advanced courses in therapeutic massage, Swedish massage and Pfrimmer corrective muscle therapy. Courses in structural evaluation, the art of palpation and myofascial release techniques are also offered in addition to other courses.

Much like a hometown physician's office, the clinic is located on a busy residential main street and is in fact a converted residence. A number of practitioners and local physicians work out of



Victoria Ross

the clinic, sharing small but well-equipped and pleasantly furnished treatment rooms.

In this interview, Victoria talks about her early experiences as a child brought up on a healthy diet of natural health care. This provided the spiritual and health-related foundation for the

pioneering work she and her colleagues do today at the clinic. Her academic and clinical achievements in the Pfrimmer technique have secured her a leading position in this specialized area. Her tenacity in continuing to deliver quality personalized bodywork to clients of her referring physicians has earned the Pennsylvania School of Muscle Therapy and Clinic a clear niche in King of Prussia.

Would you tell us about your professional background?

Ross: "My professional background goes all the way back to my early childhood.

Actually what happened was that my mother became seriously ill, and she was sent to Bernarr Macfadden. I don't know if you are familiar with him, but he is one of the

pioneers in natural healing. He established a phenomenal health resort in the Genesee Mountains of upper New York state....

"My mother, because she was extremely ill, was sent there to his institution. I was not yet of school age so she took me along with her. From that early

age I was extremely impressed and privileged to share in an education that was most unique. His facility not only had a medical doctor on staff, but a staff of chiropractic and nutritional consultants, a staff of perhaps a dozen female massage therapists, and a dozen male therapists, as well as a colonic room....

"It was really remarkable. He used to pop in for visits occasionally, so over the years I would go twice a year with my mother — over Christmas vacation and then over summer vacation. It actually educated me in a type of wisdom about holistic health and the natural healing arts that was not popular in those days. Everyone kind of laughed at it.

"As you well know, it's just been very recently that there's been acceptance in the natural healing arts. He was out there as a lone pioneer and he used to do things like run for office in New York City to attract attention to the health issues, and parachute out of airplanes at age 80, just to attract attention to the natural healing arts....So I grew up not only being an integral part of his institution but knowing and tapping into his wisdom at a very early age...."

I guess that would also explain your background in nutrition, reflexology and deep clinical bodywork which has a broad stroke yet detailed approach to health.

Ross: "Exactly. So as I got older I was able to work with the staff at his center during my teenage years. It was another valuable training which couldn't be obtained in any other method."

From all that, I would think that you'd be working at a resort spa right now, or own one of your own.

Ross: "It really wasn't a resort as much as a health retreat. Something unique about my upbringing was the fact that my parents were unconventional and not afraid of the unpopular as far as the preventive and natural healing arts, in addition to having a healthy appreciation of the medical profession. They also were very spiritually oriented. They were bible students. They were part of an international group that traveled.

"From a very early age I traveled with them. As travel does for all people, it broadens your horizons with an understanding of the human race, the problems....and their basic needs....I consider it the most valuable education I have...."

How did you find out about Thérèse Pfrimmer's work?

Ross: "I started working with a chiropractor nearby, Dr. Hopkins. He had a lot of difficult cases for which he wanted to combine muscle therapy with chiropractic....

"So in working with his clients he'd just ask me to do whatever I could to help these people muscularly, and intuitively I always felt very connected with correcting things. Swedish massage

was lovely, like doing ballet, but I always wanted to fix things, to get in there and really change and fix and get things moving and see things come back to homeostasis. So instinctively, I just started working on his people as it seemed logical to me.

"Together we put together what we called restorative massage. One of the early Pfrimmer therapists named Claude Hoff swapped treatments with me. Hoff said, 'Hey what is this that you're doing? It's similar to Pfrimmer.' So I asked him to tell me all about the Pfrimmer technique. He actually said it would be an excellent idea for me to go to Canada and study the Pfrimmer work, which he helped me do financially...."

"(Pfrimmer is) a total body, cross-fiber treatment that follows the lymphatic pathways of the body in order to bring the fluid into the tissues."

When did you study the Pfrimmer technique?

Ross: "I studied in Canada in January 1980. Thérèse died of cancer the month before I got there...."

What type of a person was she, from your brief exposure to her?

Ross: "I had spoken to her on the telephone. She was a very intense person with a very strong personality. You can see by her jawline that she really is a person of great strength and fortitude. She had discovered this marvelous work and wouldn't charge for it until she understood why it worked.

"She was holding down many jobs working around the clock, not charging for her work. This shows her dedication, her principles and her devotion....

"I went to visit the congregation she had attended, after she died. Everyone was so alive with her presence....She was part of a religious community where there was much strength and emphasis put on education, not ritual....They said she was so alive with the information that she would never raise her hand like everybody else. She just couldn't hold herself back from blurting out the answers. She had a powerful voice."

Did she have a likable personality?

Ross: "I would say she was quite obtrusive to some people. Her belief system was so strong that with all good intentions she blurted it out to the students. I've heard people comment after the fact

that they felt a little bit put on the spot by having to hear her views so strongly....

"From what I've gathered, there was such poor acceptance of bodywork in those times, by the doctors that she spoke with, that they did not receive her well. Which was most undeserved...."

Do you think her book accurately describes the historical development of the technique?

Ross: "Yes. One of the publishers there kept asking her to write a book. She sat down and wrote that whole book over a weekend and submitted it for publishing."

Oh my gosh!

Ross: "She was guts and brawn and genius, but no schooling, polish, refine-

ment, especially as far as writing skills go. But I feel her style in the book represents her in that she wasn't professing to be a writer. Her genius, and her fragmented way of connecting with people, with expressing her thoughts and her work come through in a way that does depict her."

So a student would be able to get a sense of her spirit very easily from reading that.

Ross: "Yes, I would definitely say so. Something that was unique about her which you may not have gathered was that she had a pickup truck and a CB. She would get calls about some sick child out in the back woods of Wisconsin, and she'd jump in her pickup truck, and her 'handle' for CB was 'Healing Hands.' She wouldn't even take a map. She wouldn't know where she was going and the truckers would guide her to her destination. It was amazing....

"She'd end up in some remote place, and stay for a few days or a few weeks, whatever the person needed. She'd be conducting class, then all of a sudden she'd get a call and she'd take them all to this one place. Or she'd think of something interesting that she wanted them to see or a doctor that she wanted them to talk to."

So she was quite impetuous?

Ross: "Very impetuous...."

Continued on next page >

VICTORIA ROSS

Continued from previous page

Were you the first one authorized by the foundation that was established after her death to teach the Pfrimmer technique?

Ross: "No. Mary Kish, from Canada, had worked very closely with Thérèse, and she was entirely interested with the teaching....I was the first that she had invited to take the instructor training...."

Would you describe Pfrimmer deep muscle therapy and how it works?

Ross: "I would describe it as a total body, cross-fiber treatment that follows the lymphatic pathways of the body in order to bring the fluid into the tissues."

How does it do that? In terms of drawing the fluids toward the muscles?

Ross: "It creates a neurological response and then it creates a lymphatic response which is the second approach to why it is bringing fluids toward the cell. Going across the fibers might be likened to corduroy. If you were to drop something like oatmeal into your corduroy slacks and it dried in there, if you stroked down along the fibers of the corduroy it brushes and knocks some of it off the surface. But if you really want to get that oatmeal out of there, you would take your fingertip or maybe even your fingernail and go across the fiber and the debris starts popping up out of the fiber. So also with that cross-fiber approach it brings the lymphatic fluid into that localized area of fiber and tissue that's being addressed as opposed to graciously, generously pushing it away from the cell and toward the heart along the length of the fibers."

What is the mechanism that connects this neurological response to those fluid flows?

Ross: "I'm not sure, and no one has proven whether it's a mechanical response to the cross-fiber work, or if it's a neurological connection. The Pfrimmer treatment needs to follow the lymphatic pattern that it does in order to accomplish the best results. Mechanically, by doing the cross-fiber work, it not only unloads the debris but brings in fluids where drying has occurred on a cellular level. The capillary exchange going across the cell membrane because of osmosis cannot happen if there is dryness...."

There has to be a certain hydrostatic level of fluidity.

Ross: "Yes. So the desire is to bring lymphatic fluid to the area that's being addressed with the cross-fiber work in order to re-moisturize it, in order to allow that capillary exchange across the cell wall...."

For clarification, let me make sure I understand you. Obviously you are doing cross-fiber across the direction of the muscle fibers, no question about

that. The lymph flow in the pectoralis goes from lateral to medial. That's the direction of its flow. When you do the cross-fiber, are you working in the lateral direction to stimulate the lymph flow back into the tissues?

Ross: "No."

What you are saying is that you're not sure what mechanism that is, but that the cross-fiber stimulation itself brings that fluid into that area.

Ross: "Yes. And it appears that because of detoxifying locally and opening dry areas that had been adherent to one another that the local fluid is allowed to come closer and closer mechanically to the dry area."

So you are creating a healthy hydrostatic environment?

The Pfrimmer International Association of Deep Muscle Therapists?

Ross: "Right. So we've created a format to get therapists to document some of their past results and case histories. There are no funds available to do actual clinical studies."

When you are doing the cross-fiber work, is your pressure equal going back and forth?

Ross: "We attempt to make it equal, but it is very difficult to actually accomplish that....So in a problem area, my recommendation is to just switch hands and to work with one hand to catch the fibers from one direction and to give the fibers an equal share from the opposite direction. Thérèse always stressed the equal return...."

"We have noticed a tremendous shift in the percentage of tendered college graduates, nurses and other professionals who are coming in for the basic schooling."

Ross: "Right."

Which is conducive to toxin release and the bathing of the tissues in liquid. It supports the natural healing process, doesn't it?

Ross: "Yes, on a cellular level, which is what's so remarkable. Swedish massage does all of the good things that we know that it does, but the Pfrimmer approach re-establishes moisture on a cellular level. It allows for oxygenation on a cellular level where oxygenated blood could not reach...."

"It's not just working in a corrective way for skeletal muscles, but all the tissues of the body are brought to a homeostasis, to a cellular health that creates huge benefits in all the systems of the body...."

Are there any contraindications?

Ross: "The only contraindications that I am profoundly aware of are when there is vascular fragility. If there is brittleness to the blood vessels, especially in an area like the aorta...."

Do you know of any clinical research that's been done in the Pfrimmer area?

Ross: "Everybody's so busy that they can't get themselves nailed down to the proper type of documentation. The international association is working on it now to collect data and to do clinical study."

Have you worked on people afflicted with muscular dystrophy and multiple sclerosis and what have you been able to do for them?

Ross: "We've had some excellent results with M.S. and M.D. Of course, there is no cure but they are so appreciative of the symptomatic relief...."

So it's a life quality change?

Ross: "Yes, very much so."

But it doesn't interfere with the deteriorative process?

Ross: "It retards it."

Oh, it does?

Ross: "It retards it very definitely, and in some cases with a condition like A.L.S. (Lou Gehrig's disease), you can feel marvelous reversals taking place. A.L.S. creates so much drying in the flesh that when you touch a well-progressed case, it feels like the wood grain on this desk. The only thing that can correct that and re-moisturize that is the Pfrimmer work. Working inch by inch, patch by patch, you can feel reversals of that...."

"But we have people come in with Parkinson's, A.L.S. and strokes. Strokes in particular because they are a one-time thing. It's not a degenerative condition. We are often getting people who have been told, 'This is as good as it gets.'"

Continued on page 72>

VICTORIA ROSS

Continued from page 70

"We had one man who was still in a wheelchair. He'd been a chief of police in the Allentown area. He was told that that was the best that anyone could do. He heard about us and came to the office in a wheelchair and after six treatments...I went into the treatment room and he wasn't there. So I went out to the waiting room to see why he wasn't in the room and he said, 'I just wanted you to see this on your own,' and he stood up and walked into the treatment room."

Doesn't that feel good?

Ross: "Wonderful."

And have the doctors and the staff that you've been associated with been impressed enough to create better relationships, more referrals, that sort of thing?

Ross: "Very much so. We have an excellent relationship with 90 percent of the chiropractors in our area, and 40 percent of the neurologists in our area. And when we first started our practice, right after I came back from school in Canada, we were used as a test case, unknown to us, by Eugene Spitz. Dr. Spitz is considered the chief neurologist in the world. He's the inventor of the brain shunt, and he has centers in eight or nine different countries around the world.

"One of his patients who had had a cerebral aneurism was paralyzed from her (neck) down, beautiful young woman, couldn't move anything but her eyes. She had heard about the Pfrimmer work and asked him. And he said, 'Well, what have I got to lose? Let's try it. We'll use it as a test case.' So he sent her over to our office. Nobody told us a thing. We gave her two treatments. He retested her and called us up on the phone. He said, 'We are so excited. We want to meet you right away. We've been using you as a test case.'

"So we were thrilled. He said that when they retested Jennifer, not only was there improvement, but whole new areas

opened up neurologically that they had never been able to budge before....

"We send him a copy of the Pfrimmer directory every year to keep him abreast of Pfrimmer therapists all over the world. He refers to Pfrimmer therapists everywhere, so we've had some marvelous connections with him...."

What do you think keeps him and other neurologists and M.D.'s from bringing Pfrimmer therapists into their offices?

Ross: "It's one of my passions and one of my wishes. They absolutely go wrong there....It's because they feel threatened. They don't understand. In our school we teach our students how to connect with medical professionals so that they will not feel threatened by what bodyworkers are doing. It seems that they just don't really understand what bodywork is all about, so they don't want to appear ignorant...."

Any ideas about how those of us in the trade might begin to change these attitudes?

Ross: "I try to emphasize to the students, to expect [doctors] to be uneducated as to what we are doing. Go in armed with the little details on how this works so perfectly with what they are doing."

So you back a complementary approach.

Ross: "Yes."

Do you use Pfrimmer deep muscle technique as a singular therapy or as an adjunct with other types of therapy?

Ross: "I'm glad you asked that because I feel very strongly about this. There is a lot of troubleshooting going on by bodyworkers out there in the field without a foundation under it...."

So what would you suggest?

Ross: "I feel strongly that when therapists are inclined toward doing corrective kinds of work, that it should be on the Pfrimmer foundation....It right away goes into correction mode. And all of the troubleshooting techniques that we superimpose on the Pfrimmer foundation are greatly enhanced...."

Would you describe a typical first session?

Ross: "A typical first session in our office is a total body Pfrimmer treatment, and then I come in myself and do an evaluation with palpation and observation and history taking."

Before and after?

Ross: "Before and during the treatment. Then I sit down with the new client afterwards and show them a drawing with the muscles sketched in red that are problematic and structural indications in blue. They can then differentiate between the patterns, whether they are structural or otherwise. I then explain to them what appears to be going on and what we would consider to be a sensible treatment plan...."

"Usually the first treatment in our office is two hours long. Then depending on what is showing up on that initial evaluation, I'll make a treatment plan for the staff, because we have seven different therapists and one of them may pick up the chart unless the client requests a certain staff member by name."

So a person may come in during a two-week period and see three different therapists.

Ross: "That's right...."

How do you deal with that?

Ross: "Because I'm doing the initial evaluation, there is a format in place and it remains connected for the whole staff throughout the treatment plan for the person."

Do they meet about that client at all?

Ross: "At times. Through the notes primarily."

And you've found that successful.

Ross: "Very successful. The only adjustment that's made is that some clients do prefer, usually for personality reasons, one particular therapist. It's worked out very well...."

"But you had asked about the regular session in our office. After the initial evaluation, the regular treatment is one hour and it is total body following the

Continued on page 74>

BIO-TECH
Concentric Pole Magnetics

Massage Magnapad

Direct Sales to the Professional Market Only

- Fits all tables, contoured or flat.
- Very comfortable and relaxing
- Contains 24 concentric pole magnets
- Multiple uses; office chair, auto, bed

Call or Write for Catalog Information on Other Innovative Medical Magnetics Products

Special Introductory Price: \$79.00¹
regular professional price \$97.00 + S and H
suggested retail \$149.00

MEDICAL MAGNETICS, INC.
3111 Stirling Road, Suite C306 Ft. Lauderdale, FL 33312
(305) 964-2717

VICTORIA ROSS

Continued from page 72

basic Pfrimmer format. But there are many types of troubleshooting that are incorporated into the treatment in certain areas for a few minutes at a time in order to enhance results in that area...."

How much referral work is the clinic doing compared to freelance work?

Ross: "I would estimate that 80 percent of our work here is by referral, either by our own doctors on staff, or by referring physicians from the outside."

Does that infer insurance cases?

Ross: "Yes."

And how do you handle that?

Ross: "In Pennsylvania, coverage is dependent on conditions."

How about workers' compensation?

Ross: "Workers' compensation is covered."

It covers massages, as long as it's a doctor's referral?

Ross: "Yes, and especially if they see the doctors in our office. If they are under the care of the doctors in our office, then...."

Oh, you have physicians here?

Ross: "Yes, three."

What about health insurance coverage?

Ross: "Again, it depends on the fine print of the carrier. But they tend to be fairly good with it if they are under the care of a physician here in our office."

So do you have someone here who deals with the insurance issues then? Claims and all of that?

Ross: "We have one of our Pfrimmer therapists who is also an instructor in the school, who does all of the insurance reporting for us...."

Are you billing it as massage, or as deep muscle therapy?

Ross: "Deep muscle therapy...."

What variety of clients do you see here at the clinic?

Ross: "We see an extremely broad range of clients. We have people who are brought in on stretchers and wheelchairs. And we have people who are in excellent shape who want to stay that way, who come in for prevention. And we have some clients who are well off. We are adjacent to a very wealthy area. They come in sometimes for two-hour treatments once a week. That's to stay in the very best shape that they can. But then there's a lot of middle range clients who have back pain, whiplash, car accident injuries, arthritic aches and pains, tennis elbow or that sort of complaint."

What's the most common?

Ross: "We've always specialized in health conditioning as opposed to accidents and injuries, but somehow of late we've gotten over 50 percent accidents and injuries."

Car accidents primarily?

Ross: "Yes...."

What changes have you noticed in those who are taking courses here over the last decade?

Ross: "Initially it was a lot more of that free spirit type of person who was attracted to massage. We have noticed a tremendous shift in the percentage of tendered college graduates, nurses and other professionals who are coming in for the basic schooling. Pfrimmer requires that they be professional level before taking the Pfrimmer work....The basic schooling is now attracting people of a more professional background."

That's the trend across the country. Are there still only three schools — the one in Canada, yours, and the one in Indiana that are officially teaching Pfrimmer?

Ross: "Yes."

Do you see that changing?

Ross: "We want very much for that to open up. We want so much for people walking on the street to benefit from Pfrimmer. We want Pfrimmer teachers everywhere."

Do you have any plans to make that happen?

Ross: "The association is working very hard in that direction...."

In Thérèse Pfrimmer's book, she describes her philosophy of allowing the results of the work to promote it. Is that how it's still done?

Ross: "By and large, yes. People are so impressed with the results, how they feel and the fringe benefits, that they come in for a neck ache but it gets rid of their arthritis, their trick knee, their hammer toes and digestive problems, that just by word of mouth...."

How do you promote here in the area?

Ross: "We have never advertised. We do have a telephone directory listing, so people can find us, but we've never really publicly advertised...."

Where's the school located in Canada?

It was in a remote area on a farm or something, wasn't it?

Ross: "Thérèse's school was in Goderich, Ontario, which is way in the backwoods near Lake Huron, but a very remote area. Mine was the last class to be held there back in 1980. Mary Kish was conducting classes out of her home area in Niagara Falls for a while, but because of her health she hasn't in recent years...."

Do you have any idea how many Pfrimmer therapists there are?

Ross: "I picture that there's been close to 400 graduates, though not all of them are practicing."

Have you done any surveys of the graduates at all?

Ross: "They're doing one right now. They are trying to contact all of the graduates to take a survey and to encourage them to come to the meeting in May...."

"All Pfrimmer graduates, please take note of a special meeting in Ohio in May. We encourage them to at least be in communication if not able to attend that meeting."

And they can find out about that through contacting the school here?

Ross: "The school here or the International Association."

You mentioned earlier about a case history file. Do you keep a specific file on case histories?

Ross: "We're starting to do that now so we have very exhaustive files on all of our clients, over the years. But we've just hired someone to start organizing them by conditions so they can be used in a more practical way."

What sort of plans do you have for that?

Ross: "A whole new system would be put in place, filing by category the clinical results, and mainly made up on a three-page format to report on the client's progress."

"One page is the client's report on how they were and how it's helping them, what their progress is. The second page is the therapist's report on improvement. And the third is the doctor's if there is a doctor involved, if they're on our staff or otherwise."

"So we're going to try to implement that format, not only here in the clinic but in all the Pfrimmer offices around the world. Then we are hoping that our own staff members will be able to go back through our files and categorize the conditions and contact some of those people and put together case histories of a similar format."

Have you ever considered authoring a book on Pfrimmer technique?

Ross: "I have, on Pfrimmer troubleshooting. The past 10 years I've been on the brink of authoring quite a few manuals which are more practical for massage therapists who are doing corrective work. One is on 50 common conditions that are helped by deep muscle therapy."

Is there anything other than Thérèse's book out on the technique?

Ross: "Not of any great substance. One of her graduates in Canada wrote a book. It seems like everyone who's good at the work is so busy that they can't do all these other things that should be done."

Are the Pfrimmer deep muscle techniques applied differently or the same on muscles, tendons and ligaments?

Ross: "The basic format is the same, but the speed and the amount of pressure with which the treatment is executed varies vastly from person to person or from stage to stage in their progress...."

Would you give us an example of the differences of those three tissues?

Ross: "Well, suppose a person had tendonitis with the extensors in the forearm, the speed that you would work and the fingers, which would not be hurting, would be top speed and top pressure. We always work to the level where it hurts good. So it gets the full amount of pressure to where it's hurting good and we can clip along at top speed and top pressure through the hand."

"But when getting up into the area of inflammation, the speed would be slowed down and the amount of pressure would be adjusted to the level of where it hurts good. So if a feather-like

Continued on page 76>

VICTORIA ROSS

Continued from page 74

pressure elicits this discomfort, that is exactly the level that we would work with the cross-fiber approach in order to accomplish the best results...."

Do you recommend ice or heat after treatment?

Ross: "We do recommend ice or heat or apple cider vinegar baths or walking or different homework for a client at times, depending on what their specific need is. The times that we would recommend ice or cool water would be after there's been inflammation, especially in an area like tendonitis of the forearm where the toxins become trapped in small quarters, to minimize the reaction to the treatment....More often than heat, we recommend an apple cider vinegar pack or soup to neutralize the discomfort in the given area."

How is trigger point therapy used in conjunction with the Pfrimmer technique?

Ross: "It works extremely well with the Pfrimmer foundation format. Because of the deep combing effect of the Pfrimmer work, there's a tendency to disrupt those nest beds of deep trigger points.

"Sometimes they're erased, not only addressed for the moment of pain and discomfort. They are erased off the map, so to speak, for recurrence in that area. That is one of the reasons why I would recommend a marriage of the two. We find it best to go through the Pfrimmer format in the given body area first, perhaps in several body areas depending on where the pain is, and then going in and addressing the trigger points as specific as reinforcement to be sure that it's done the most thorough job that you can in a given area.

"Or if we've done several Pfrimmer treatments routinely and there is still discomfort in a shoulder, going in on a specific trigger point area to see if some area has been missed, as a specific to refine the detail and the skill of the troubleshooting."

What have you learned about referred pain?

Ross: "Its main thrust is addressing the adherent factor. Because of the structural pattern created with the adherency, we know that releasing the adherency in one area is going to release the pain in the other area. So one of the most common patterns that we address is neck or lower back pain as a result of adherency in the sacrospinalis muscles, and where there is gluing either down to the rib cage or to adjacent muscles. With movement the area that's stuck together catches in the movement pattern, then it creates spasm in targeted areas, either in the immediate area or referred pain area...."

Is this one reason for the full-body protocol?

Ross: "Yes....We feel that client education is of extreme importance. We try to teach the students to be instructors to their clients, to inform them what is going on, why it's going on and what they could do to head it off. But in all honesty, we find that it's very difficult to get people to change their pattern.

exercise and changes and adjustments in their diet, their way of thinking, their way of moving, sitting, working or even changing their occupation. So that they can be as self-retaining as they're able to be psychologically...."

James Cyriax refers to cross-fiber friction. Is he talking about something different?

Ross: "I perceive it quite differently, but because of the documented medical results of Cyriax' work, I like to refer to it for credibility purposes, for people who are not familiar with the Pfrimmer work. I perceive that the work he did is very much what's been incorporated into sports massage, a cross-fiber friction at the origins and insertions of the muscles...."

"A recent case that we had here involved a client who had foot surgery and was getting worse. She was losing the use of her foot altogether and really getting panicky about it. She went to the surgeon and said, 'Would you please give me a prescription for Pfrimmer deep muscle therapy.' He turned his nose up at that. He said, 'I'll only refer to a physical therapist....'

"So I said to him, 'This is a personal friend of mine,



Victoria Ross

"We try to teach the students to be instructors to their clients, to inform them what is going on, why it's going on and what they could do to head it off."

"Many people still come to us in the clinic here because they want someone to do something for them for one hour a week, and there's nobody else who does give them so much care, attention and affection. In some cases they don't want to get well, because then they won't have a good excuse to keep coming, and we compensate for that too.

"Once we discern that, we don't make them feel uncomfortable about coming because it serves a psychological purpose. But we do try to educate where possible, both in the forms of remedial

and I'm just going to work on her out of the goodness of my heart, and if you are pleased with the results that you see on that foot, would you please send the physical therapist that you work with to the school for the summer schooling, because it belongs out there, in every one of those settings?' He did admit to her that he was profoundly impressed. Her foot's fine now. Her foot is great."
That was the end of it though, wasn't it?
Ross: "That was the end of it. No more news from him."

Do you have any ideas about how this might change?

Ross: "Just the individual educating to minimize that threatened feeling....Entice them to want to have a marriage with it for the benefit of their clients. It will enhance their own credibility."

Do you think it's the responsibility of the associations to do something in this regard as well?

Ross: "It would give professional credibility in the eyes of doctors or other people in the medical profession. I think it would be most appropriate, but I don't think that that's where the connection will occur. It would just be backup for credibility...."

Do you have a personal vision for the future of the Pfrimmer work and your involvement in it?

Ross: "My personal vision is that there will be Pfrimmer instructors throughout the country to make it accessible to people in all areas of the country and even in foreign countries. I would say that my vision of the share that I might have in that would be in instruction....My ultimate goal is to see people on the street getting relief from the work, for prevention as well as for correction...."

How do you see it fitting into a new health care system?

Ross: "I'm hopeful massage therapy will be included and other natural healing arts. It would be most exhilarating...."

Do you know what is meant by the term on the title of Thérèse's book, invisible bonds? How are muscles invisible bonds?

Ross: "Her intention with that is the body's tendency toward adherence factor. In other words, we humans have this tendency for patches of flesh to dry out and become stuck together, similar to the way Saran® wrap gets stuck to itself when untangling it from the box.

"Those adherent areas restrict the movement of the muscles either within its own contractibility or its gliding and sliding ability against its neighbor to allow for range of motion. So where range of motion usually makes a connection to joint spaces, most restricted range of motion is those invisible bonds....So those invisible bonds are what restrict the movement of the body to where eventually you are dragging your muscles around instead of them moving you around."

Is there a psychological component to PVMT? In other words, does it evoke the release of stored memory, and if it does, what do you do about it?

Ross: "My observation over the years is that yes, it very much does, though not to the degree that straight myofascial release does. It seems that most memories are held in the fascia, but because Pfrimmer is a form of total body myofascial release, inch by inch, there is a degree of that. It just seems that it's more manageable than Roling®. The release with Roling is sometimes so profound that everybody has to stop and cry."

Therefore, intentionality would be a strong factor in that Pfrimmer therapists don't have a lot of emotional release to deal with.

Ross: "That's true, possibly. I never looked at it that way. I was thinking more of it being a gradual, treatment by treatment, release. It's less abrupt...."

"We do go in and release all those areas inch by inch, gradually restoring the health of everything on a cellular level while releasing the fascial planes. So it's a more gradual, a more loving, a more nurturing approach to use."

How do you train your therapists to deal with this psychological factor?

Ross: "We instruct them to allow it to happen, to be supportive and to not intervene. To be good listeners and good receivers and to welcome it and to allow them to feel comfortable with the fact that that's happening and to just maintain a professional support."

Is there any final statement you would like to make to fellow massage therapists?

Ross: "Yes. If we as massage therapists are really serious about our individual and collective professionalism, we should give serious consideration to refocusing our view of corrective bodywork.

"Those of us who are inclined toward relaxation-inducing massage would do well to continue with the general Swedish massage format. However, those of us who are unable to resist the craving to do corrective bodywork must realize the discovery made by Thérèse Pfrimmer back in the 1940s...."

"Results for the client are vastly enhanced when corrective strokes are incorporated into a total body cross-fiber treatment. Hence, such approaches as myofascial release, neuromuscular technique, counterstrain, localized transverse friction, stripping and exercising are best incorporated into the Pfrimmer format instead of Swedish. And grouping corrective strokes into an unstructured conglomerate with no basic format at all robs the client further of valuable results.

"My personal experience and observation over the past 20 years behooves me to warmly encourage all massage therapists inclined toward corrective bodywork to investigate the invaluable discovery made by Thérèse Pfrimmer. In my opinion, her work is truly the basis and foundation of corrective bodywork today."

Thank you, Victoria.



Readers may write Victoria Ross in c/o the Pennsylvania School of Muscle Therapy, 651 S. Gulph Road, King of Prussia, PA 19406 or the Thérèse Pfrimmer International Association of Deep Muscle Therapists, 105 Woodland Lane, Norristown, PA 19403.



Massage

sells itself
with the
right
information

Strengthen your
marketing package
with these
professionally
prepared brochures



A variety of topics to support
your unique practice

Extensive research in each brochure

Written by a practicing massage therapist

Space for your business name

Affordable Prices

Information for People

408 N. Central

PO Box 1876

Olympia, WA 98507-1876

1-800-754-9790