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Strain and Counterstrain

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In 1954, an osteopath by the name of Dr. Lawrence Jones attempted to treat a patient who had been suffering with back pain for two and a half months. After six weeks of treatment the patient had not improved. The patient was unable to sleep for more than 15 minutes at a time. Dr. Jones spent one visit only attempting to find a comfortable position for the patient. He passively put the patient in a variety of positions until he "achieved a position of surprising amount of comfort, the only benefit he had received in four months' treatment."¹

The theory behind this method is based on resetting a malfunctioning proprioceptor, specifically the spindle cell, which according to Korr,² "are nonadapting receptors, sustaining streams of impulses for as long as they are mechanically stimulated."

For example, if a patient has pain on cervical extension, a likely cause could be involvement of the anterior scaleni. On palpation of the scaleni, a tender spot might be found at the anterior surface of the tip of the C5 transverse process. The patient's scaleni is put into a position of ease by passively moving the patient's head and neck into a position of flexion, counter rotation, and lateral flexion away. The tender point is monitored for the amount of pain since the pain should substantially reduce as the muscle is passively shortened. This position of comfort is maintained for a minimum of 90 seconds after which the patient's head and neck is slowly brought back to its neutral position. At the end of this period, the tender point is substantially reduced and cervical extension creates less discomfort. Jones has found many tender points to monitor, many of which are found on the anterior part of the body. Often pain on lumbar extension is relieved by working on the anterior tender points related to the psoas major muscle.

An interesting paper on counterstrain was written by H.R. Schwartz, DO, on acutely ill patients in hospital situations.³ The reduction of tender areas by counterstrain is a diagnostic method of eliminating the possibility of tenderness due to visceral causation.

An excellent course on this method of soft tissue treatment is currently being taught by George Roth, DC, from Canada. For further information you can contact Dr. Roth at the Wellness Institute at 1-800-668-4295.

References

1. Jones LH: Strain and Counterstrain. Colorado Springs, Colorado 80910, Amer Acad of Osteopathy (2630 Airport Rd.), 1981.
2. Korr IM: Proprioceptors and somatic dysfunction. JAOA 74: 638-50, Mar '75.
3. Schwartz HR: The use of counterstrain in an acutely ill-in hospital population. JAOA, vol 86, 7:7/86.

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Editor's Note:

Dr. Hammer will be conducting his next Subluxation Myopathology (SM) seminar October 29-30 in Philadelphia, Pennsylvania. You may call 1-800-359-2289 to register.

Click [here](#) for more information about Warren Hammer, MS, DC, DABCO.



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