TRAINING

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MOVE, FEEL AND LIVE BETTER

Let's take a well-earned break from the COVID-19 topic, by distracting ourselves with the SOMA perspective of the body, which has been developed by leading sports conditioner, coach and movement expert, *Ian O'Dwyer*.

OMA stands for Self (you), Osteo (bone) Myofascial (muscle and fascia) Applications (tools and techniques).

The SOMA perspective views the body in four primary Osteo-Myofascial Rings, which are all integrated. Each "ring" refers to a region of the body where large amounts of tissue all come together.

SOMA is a self-care, tissue-management process for the osteomyofascial tissues of the body, using multiple applications to empower you to move, feel and live better.

There are primary tissues that have a huge impact and effect on outcomes and solutions for clients in wellness, longevity, and performance. In this article, I'll focus on the importance of understanding fascia and how it connects and covers the entirety of the body.

Fascia is nebulous, it comes in many forms and encases and entwines every cell in the human body including nerves, muscles, bones, viscera, heart, lungs, brain and much, much more.

Let's take a look at certain attributes of fascia that have been identified. I am going to stick with what has been observed by researchers (including Ida Rolph, Phillip Schleip, Tom Myers and many more), myself and other practitioners.

Fascia is unitary. That is, it is completely "toes to nose", birth to death. It connects every cell in the body (Shultz and Feitis, 1996). It transmits and accommodates force globally allowing the body to share the stress that is introduced through exercise, daily challenges or occupational hazards. Fascia will respond in many ways and is vital in every form of somatic training; most body sensing is fascial. It is incredibly sensitive with neural receptors.

We need to cultivate our fascial garden intelligently; feed it, hydrate it and move it well. The fascial system takes 6-24 months to make major changes or remodel, so perseverance is essential. Feeding the body with the necessary motion to replicate life's challenges is crucial. Understand that fascia requires a variation of force and movement to allow optimal adaptation (Huijing 2007; Kjaer et al., 2009).

THE SOMA RINGS



The tissue in each ring consists of both soft and hard tissue whereby:

- The Shoulder Ring consists of all the tissue associated with the cervical and thoracic spine, shoulders, and ribs.
- The Pelvic Ring consists of all the tissue associated with the lumbar spine, sacrum, pelvis, and hips.
- The Knee Ring consists of all the tissues associated with the knee.
- The Ankle Ring all of the tissues associated with the foot and ankle.

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THE ADAPTATION OF FASCIA

Understanding the adaption phases of fascia is important, as it determines how we need to condition it to be successful for the client's goals. Ignoring these phases could mean the difference between positive and negative outcomes.

1 Viscosity

FRACTIONS OF A SECOND. In fast movements, different layers move at different speeds.

Just like catching a cricket ball, the hand goes from soft (to be able to move into position) to hard (adaptation to stop the ball) to soft (to be able to throw the ball). Fascia exhibits non-linear viscosity to distribute impact, this is where vector variation is vital (Myers, 2014).

Elasticity

ABOUT A SECOND. Created by tensile (stiffness) training. Any longer will create plasticity.

Fascia can be trained by storing and releasing energy quickly (quick feet, there is a lot of rapid response through the forefoot in this drill). This type of training can possibly take years to develop at an elite level. Many athletes who have been conditioned at top-level sports in a contrasctile state (muscular focus) and then been advised to introduce stiffness training have endured numerous injuries. This must be done in a controlled and measured manner (Myers, 2014).

Plasticity

MINUTES. It doesn't return to its original position.

A great example of this is when you take a plastic shopping bag and gently push your finger into it without perforating it. The bag maintains the position that you have placed force into, much like doing a static stretch and hold to a particular region of fascial tissue in the body. This phase may be necessary in restorative poses or movement challenges to encourage postural changes required to eliminate dysfunction, discomfort or pain for the client (Myers 2014).

4 Remodelling

DAYS, WEEKS, MONTHS, YEARS. When the fibroblasts devour the old fascia and lay down new fascia.

This is a fascinating process when viewed under a microscope, and goes a long way to explaining why some clients heal faster than others (Myers, 2014). Robert Schleip romantically identified two archetypes in the human being that are very different to each other; the 'Viking' and 'Temple dancer'. If you had of observed me when I was in my sporting prime you would have thought that I was a "Viking". However, my fascial tissue, in fact, has the characteristics of a "Temple Dancer" - it's already more elastic so further stretching isn't what my body requires. I have fewer fibroblasts than the "Viking" (a stiffer type of fascial tissue that requires more plastic preparation) and due to this will heal slower, as it takes more time for my fibroblasts to devour the old and lay down the new fascia.

There are multiple challenges we can use to identify the tissue response in clients. Note, SOMA IS NOT a diagnosis but an awareness tool that enables the trainer/allied health professional/therapist/csoach to quickly glean what type of conditioning or exercise the client may benefit from the most.

Here are four of the challenges that we use to help understand a client's tissue type:

- 1. Can you touch the ground with both hands flat? (while standing with straight knees).
- 2. Do your elbows hyperextend?
- 3. Can you touch your thumb to your wrist?
- 4. Can you extend the pinky finger back to 90 degrees or more?

A number of clients may fall into the hybrid category, which means they have a little of both. With this in mind, implementing an exercise or creating a program that blends stiffness (more fascial-based) and contractile (more muscular-based) training, will be most successful.

The majority of exercises designed and implemented for clients in the wellness, fitness and sporting environments are contractile focused due to prior education and an isolated approach. These are not wrong or right but certainly not complete and an inclusiveness of both is necessary for longevity and optimal performance. •



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