



Step Out of Pain

*The
Rossiter
Way*

By Shirley Vanderbilt

It's all about a foot, a person in charge, and a coach. The Rossiter System, a series of more than 100 stretching techniques designed to quickly and effectively change large amounts of connective tissue, is the brainchild of Richard Rossiter. Like the tango, it takes two people moving in concert with each other to execute the moves. The person in charge (PIC) lies on the floor and does the active stretching. The coach provides the weight and warmth of a foot to anchor the tissue and make it pliable, and simultaneously "coaches" the PIC to stretch for all they're worth. The goal, Rossiter says, is pain relief that not only affects the targeted area, but is also integrated into the rest of the body.

The Foot Works

As in the "overnight success" of movie stars who, in reality, evolved in their art through many years of dedicated work, Rossiter's

approach took form through trial and error and lots of dedication to his art as a bodyworker. Trained in structural integration as a Rolfer, he says within two years of opening his practice he was bored with Rolfing. After successfully treating a neurosurgeon who had back problems, Rossiter was inundated with referrals from the physician. These were "basket cases," the worst of the worst. "They were already screwed up. Physical therapy didn't work; surgery didn't work. I was getting calls from people who wanted to be fixed. They just wanted their arm fixed and how was my working on their hip fixing their arm?" Rossiter says, referring to the Rolfing series process. In addition, his clients voiced concerns regarding the lengthy commitment and cost involved.

At this point, Rossiter began to rethink his training, experimenting with those clients who were adept

at giving feedback to his techniques. He'd work an area, then ask the client to describe what happened, how it felt, how it changed, and what worked best. Through this process he discovered that if the client moved and stretched while he was applying his technique, the effect was doubled and immediate. Two people presenting with the same symptoms and same build had different clinical outcomes, with the major difference being the client's participation. "If they wanted to maneuver their body to help me get the pain out and the problem out, they had better results than just lying there." It was a matter of motivation versus reception of treatment. Rossiter also found that with the "basket cases," he couldn't do the ten series because clients were referred for a specific area and insurance payment was only for that problem. As the focus of his work shifted and results improved, he began



The Precursor

For most floor techniques, the person in charge (PIC) lies on a mat on the floor, fully clothed. The coach (therapist) stands nearby, offering a foot for weight, ongoing instruction, and constant encouragement.



Full Lock

The Full Lock position engages the PIC's tissue on one side of the body before a stretching technique begins on the other side. The toes pull toward the head, engaging tissue in the legs. The opposite arm sweeps out perpendicularly to the side, engaging the upper body and torso. The head rolls over and down toward the opposite shoulder, engaging the neck and shoulders.

teaching his stretching system to laypeople, including factory workers whose pains were disabling and needs for a quick fix immediate.

In the early stages, Rossiter called the approach Helping Hands. The person being stretched was positioned on the floor and the partner used fists and knuckles in the treatment. During one workshop, some of his clients were husband/wife teams and the wives were having difficulty applying enough weight with their hands to be effective. At that point he suggested the women use their foot. Then a woman in the group said, "It's a lot easier with our feet. Why don't you just teach us with our feet?" The transition was that quick, Rossiter says. "It was that simple." He noticed participants were able to get the maximum benefit with minimum use of their body and hands.

From then on it was all about the foot, but Rossiter says more modifications were required. With one foot on their partner, people were hopping around, struggling to maintain balance with the other foot. So he added the chair for the foot person to hold onto and developed other "rules of safety" for participants. Originally, the foot person was called the boss, and the person who stretched, the worker—a huge conundrum when he took his technique into the factory setting. Changing the name of boss to trainer fared no better, when he found out trainers in the factory earned

more per hour than other workers. He eventually came up with the terms coach and person in charge, which seemed to level out the playing field, as far as terminology, and gave more impact to the roles of those involved.

Lie Down, Lock it Up, and Strrrretch

There are just a few essential requirements for the Rossiter stretching workouts. First, of course, is having a partner and second, the PIC must be able to get down on the floor and back up again on their own. The tools are simple: a floor mat or soft blanket for the PIC and a support chair and socks for the coach. And unlike many types of tablework, the PIC remains fully clothed.

The starting point for most of the techniques has the PIC lying on the floor with the coach placing a foot on the targeted area. The PIC then assumes the "lock," a position that gives the stretch its full power. In essence, the foot is just dumb weight, Rossiter says. The effectiveness of the movement rests primarily with the PIC's focus and determination to stretch the pain away.

In a lock, the PIC extends the legs with toes pulling toward the torso, one arm sweeps to the side at a 90-degree angle with palm facing out and fingers pointed to the ceiling, and the head rolls down with nose pointed to the shoulder. The arm and head positioning is done on the side of the body opposite the area being worked, but allows the stretch to affect the entire body. Each component of the lock engages long sheaths of connective tissue: leg extension for the back of the legs; arm extension for arm, hand, and upper side torso; and head roll for upper neck and shoulders. It may sound uncomfortable, but the stretches are accomplished quickly, in three repetitions of only ten seconds each, and an entire workout can be completed in as little as 20–30 minutes.

Performing the lock correctly is essential to effect a complete stretch. Slacking off doesn't work. It's the coach's job to see that the lock is done right and to urge the PIC to continue holding the lock throughout the repetitions. If the head swivels to position, instead of rolling off to the side, it can cause a headache or sore neck by the end of the workout. The head roll is similar



to the way a lightbulb rolls on a table. In his seminars, Rossiter tells his students, "If you allowed your PIC to cheat and thought it didn't matter, they will have a headache tomorrow."

The weight of the foot is another essential matter. "When teaching a course, I step on everyone so they can know how much weight they should be able to take for ten seconds," Rossiter says. Weight is added slowly, and PICs are urged to take as much weight as they can tolerate, to the point of discomfort but not severe pain. But caution is advised if the PIC has been taking pain medications, as adequate pain feedback could be diminished.

"The foot is big and it grabs a lot of connective tissue," Rossiter says. It provides a flat and powerful anchor to the tissue and its weight is easier to endure than the probing and digging of fingers and knuckles. For the coach, there's a same-side/same-foot principle involved. Use the right foot when working on the PIC's right side, and vice versa. With subsequent repetitions of the stretch, the coach moves the weight of the working foot about one-quarter inch to address new tissue area.

When weight is applied and the stretching begins, the coach can feel the tissue sliding. Initially there will be a back-and-forth movement, but the tissue is "done" when the movement changes to up and down and the PIC feels a dissipation of pain. "That means the tissue is home and has no place that it needs to go to feel better," Rossiter says. It's what he calls *tissue wisdom*. For the PIC, that wisdom comes from

comparing how the body feels before and after the stretch.

Rossiter recommends starting on the "good" side of the body, with the PIC paying close attention to the before and after, so that when the work moves to the "bad" side, they will be accustomed to the discomfort and effort involved and better know what to expect. Throughout the stretch, the coach is constantly communicating with the PIC, asking for verbal feedback and comparisons of the stretched versus unstretched sides of the body. The coach also keeps an eye on the lock and makes sure the PIC isn't holding her breath or closing her eyes in response to pain. And above all, they are coaching the process along, telling the PIC to "go for it!" and pushing her to stretch to the max, even shouting and goading if that's what it takes.

The Rossiter System has ten levels of workouts for the upper body, primarily executed with the floor technique. There are some variations in which the coach uses the elbows or hands and a few that have the PIC lying face down or seated upright. Techniques targeting the low back, hips, knees, feet, and hands can be used to supplement the upper body work and address these specific areas.

When the PIC maxes out at one level, she can take it up a notch to a more powerful stretch or can stay at a lower level if that works. The important thing, Rossiter says, is to build a sense of confidence and safety. Although the coach is pushing for the maximum movement and participation, it's the PIC who

The Hole in the Shoulder is a powerful technique to open up and loosen the upper torso and shoulder girdle.

1. The coach uses the heel to add weight directly into a "hole" in the PIC's shoulder, a hunk of tissue just above the armpit and away from the shoulder bones or rib cage.
2. The PIC locks and slowly raises a straightened arm up toward the coach.
3. The coach grabs the PIC's hand; the PIC loosens/relaxes the entire shoulder.
4. The PIC reaches across the body toward the opposite hip or belly button, and then raises the arm back up to the coach.
5. The PIC reaches the arm backward at about 135 degrees and slowly lowers the arm to the floor.
6. The PIC flattens the arm on the floor and exhales, pushing the coach's foot out of the "hole." The technique is over.

is sensing the results. "I like to think of myself, as coach, as the second-most knowledgeable person in the room," Rossiter says. "The PIC, as person in charge, knows more about their body. I know the approximate area to go to, but they are the authority."

Rolfing Unplugged

In its evolved form, the Rossiter System has elements of structural integration, shiatsu, and the Rolfing recipe, but that's not all. Rossiter says his re-creation makes clients "the major player in their recovery, not the therapist. I want them to become the one doing most of the work because that's when it works. →



If they're being passive, it doesn't work to the same level as the person who is involved. I want them to be passionate about their recovery—I want them to sweat.” And the coach is truly a coach, not a therapist. “That’s the other thing I took out of Rolfing. You’re there to assist a person in that person getting rid of their own pain.

“I had to take apart the Rolfing series in a way it had never been taken apart before, to see what part of the system worked for each part of the body,” he says. “In Rolfing we never talked about volume, but the key is changing volume. Ida (Rolf) said you go in and work on part of the body each time and eventually you get everything. I thought, why not make the client stretch every tissue? I want huge movements, I want big movements. When you do big movements throughout an area,

it’s like cleaning it out. The way that stays is by involving the whole body. The whole body is connective tissue and in order to do that you have to stretch it.”

Maximized stretching is what creates the volume and thus the space to restore supple, pain-free movement. “It’s like the rest of the body feels what it needs in that area,” Rossiter says. “If they lock their feet and it makes their back hurt, you know it’s connected. If you don’t make them stretch while you work locally, the old pattern in the rest of the body will reinsert itself into that local area. When they get up and leave, it comes right back.”

Re-creating that originally designed space in the body is the whole goal of the Rossiter System, he says. While you can’t change the client’s habits, lifestyle, and basic body structure, nor remove the

stress that tightens their connective tissue, you can open the space. The impact can be specific to one area or to the whole body, following the path that pain takes in the body.

Although the magic number ten shows up in Rossiter’s system, it’s a different ten than the series approach of Rolfing. Sure, there are ten levels of workouts, but the application has flexibility.

“It’s whatever is needed,” he says. The point is to create a base for the client, doing the same set of techniques and instilling confidence, and then they can move on. “Once you get them accustomed to go after their own pain, you can move up to another level. Over time they can put together all the things they like best about Rossiter.”

One other thing about the number ten. Stretches are held for approximately ten seconds in three repetitions. Why? Rossiter says it’s because he found, over time, that it was the most effective way to do it. Tens aside, the major change from Rolfing (and most bodywork, actually) that Rossiter has implemented in his approach is the relationship between client and practitioner. The work is client-driven, not only in terms of participating in the stretch, but also in providing feedback regarding their needs and results. When his clients come in, Rossiter says he asks what they’d like to fix that day and focuses solely on those issues. No sixty- to ninety-minute sessions, no Rolfing recipe, and the results are quicker and easier. “I never spend more than forty minutes. Beyond that, their systems can’t handle it. They change a lot of tissue in forty minutes.”

No-Nos and Other Issues

The Rossiter System is not appropriate for the following conditions:

- Breast implants (only certain techniques are safe).
- Cancer within five years.
- Pacemaker implants.
- Patches, either nicotine or Norplant (areas with patch to be avoided).
- Surgery within the past six months.
- Target area injected with cortisone within six months.
- And the usual—broken bones, open wounds, rashes, contagious diseases, etc.

In addition, the following conditions may limit effectiveness and/or require physician approval:

- Guillian-Barré Syndrome.
- Lazy PIC—lack of motivation and persistence.
- Osteoarthritis.
- Previous back surgery and resultant tissue scarring.
- Rheumatoid arthritis.



Gas Pedal Up and Down (low-back pain technique)
 The coach uses the arch of the foot to add and hold weight on the most tender spot on the PIC's thigh. The PIC locks both feet, keeping the opposite foot locked throughout. The same-side foot slowly pushes outward (Gas Pedal Down, as if stepping on a gas pedal) and then is pulled toward the head (Gas Pedal Up). Repeat the stepping motion 2–3 times.

It's Not Just for Factory Workers Anymore

Rossiter began teaching his techniques in public seminars and factory settings in 1989, and in 1990, he formed Rossiter & Associates, Inc. as a training and consulting firm. When approaching companies, he emphasizes the preventive benefits of the Rossiter System and the savings inherent in resolving work-related and repetitive-use injuries without expensive payouts for medical care. With just a small core group of employees trained as coaches, the techniques can be taught to and implemented by other employees, resulting in a decrease of work injury-related absenteeism. In all, he has trained about 2,000 factory workers. But these aren't the only ones benefiting from the stretching routines. Other clients include athletes and

performing artists, as well as their trainers, coaches, and physical therapists.

More recently, Rossiter's classes have been filled with bodyworkers—Rolfers, chiropractors, massage therapists, energy workers, you name it. While the techniques are beneficial in and of themselves for the clients, one of the greatest perks for therapists has to do with that bane of bodyworkers—overuse injury. Rossiter admits that in his early years of Rolfing, he wondered how long he could go

on subjecting his hands, fingers, elbows, and shoulders to the grueling physical demands of this work. Integrating the Rossiter System into whatever traditional modality therapists practice can ease that demand on the body and add longevity to their career. It can speed up results or provide a quick fix, and the therapist can handle more clients with less wear and tear. Rossiter also points out that clients who are uncomfortable about disrobing for table work are more likely to accept an approach that keeps them in full dress.

With Rossiter's techniques, the bodyworker steps out of the traditional role of therapist and healer and becomes a supportive assistant to the client's active participation and self-healing. But that can be a good thing. Rossiter says it's important to give clients credit for knowing their own body. "If you create

smart clients they will tell you exactly what they need when they come in, and it's okay for them to tell you. Instead of creating clients who are dependent on you, you are the tool they use to fix their problems. It's a different way of looking at therapy, then."

Scalpels, Needles, and Knives, Oh My!

Rossiter has a thing about surgical instruments. Like many who prefer to allow the body to heal itself whenever possible, he views surgery as an insult to the body, literally and figuratively, if alternatives can do the trick. Little wonder he and his wife/coauthor, Sue MacDonald, have titled their Rossiter manual *Surgery Sucks!!!!*



Windshield Wiper Right and Left (low-back pain technique)
 The coach uses the arch of the foot to add and hold weight on the most tender spot on the PIC's thigh. The PIC locks both feet and then slowly sweeps them as far to the right and as far to the left as possible, in a windshield-wiper motion. Repeat the wiper motion 2–3 times.



Calf Crunches Smooth & Easy (knee pain technique)

With the PIC's leg resting on a padded chair, the coach adds weight straight down on the upper calf just behind the knee. The PIC slowly pulls the toes forward and backward several times, and then slowly circles the foot by rotating at the ankle several times in one direction and then several times in the other direction.

Fix Your Body without Needles, Knives, Scalpels, 'Scopes, Lasers ... or other Sharp Stuff! And like the evolution of his system, publishing had some ups and downs. Their first book, which MacDonald calls “just an appetizer,” was uninspiringly titled by the publishing company as *Overcoming Repetitive Motion Injuries the Rossiter Way*. After lackluster sales, the authors revised, added on, and self-published their newer version in a format that lends itself as an instructive tool in workshops and stretching sessions. “It’s laid out horizontally with a spiral binding so that anyone who uses it can lay it flat on the floor or a table and follow along by flipping from one technique to the next,” MacDonald says.

“Pain is information,” Rossiter says, and structural pain is a symptom, not a diseased organ or a tumor that can be cut away. He’s not arguing with the use of surgery for cancer, broken bones, and the like. But he says surgery for structural pain sometimes not only misses the underlying cause,

but can also leave the body permanently damaged. Once connective tissue is cut, it tries to glue itself back together and forms scar tissue. That’s like putting a piece of cloth between those elastic tissues—it stops the body’s flow of information.

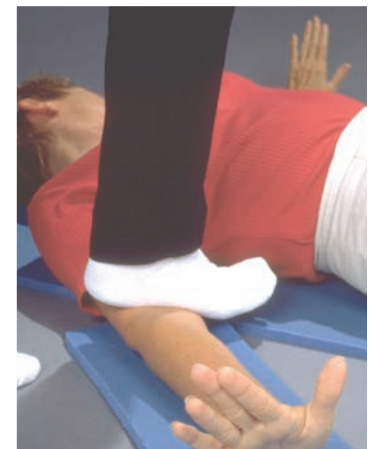
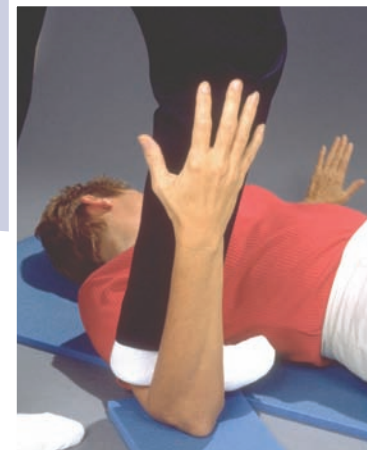
In promoting his stretching system, Rossiter has been striving to change the way his clients view their daily aches and pains. He wants to do away with the slicing and dicing of carpal tunnel, knee, and shoulder problems, and tackle the pain at its source—the connective tissue. But for those who have already been under the knife, the workouts may have limited results. The stretches are designed to be most effective with tissue in its natural state. This is especially a concern with low-back, sciatica, or disc surgery, although in these cases, the PIC can still benefit from the upper body workouts. In the end, his goal is fewer people on the operating table and more people on the floor stretching away their pain.

Rossiter defines his workouts as an acquired taste. “Suddenly someone’s telling you something and they might be yelling at you. There’s a certain level of participation that is required. When you get beyond that requirement, there becomes an enthusiasm. If they don’t like what’s required, they’re not a candidate. The caveat is if they’re willing to go after it.” **MAB**

For more information on the Rossiter System, visit www.rossiter.com or <http://surgerysucks.com>.

Resources

- Rossiter, R. 2005. Stretching the SI Process: Evolution of the Rossiter System. *IASI Yearbook 2005* 105–112.
- Rossiter, R., and MacDonald, S. 2004. *Surgery Sucks!!!! Fix Your Body without Needles, Knives, Scalpels, 'Scopes, Lasers ... or other Sharp Stuff!* Cincinnati: Rossiter & Associates, Inc.



Troy's Flip 1, 2, & 3 (arm/elbow pain technique)

With the PIC's hand resting against the coach's calf, the coach adds weight with the arch of the foot just above the PIC's elbow. The PIC slowly bends the hand back at the wrist, peels back with the fingertips, and slowly lowers the arm to the floor, flipping it over just before flattening it on the floor.