

Integrating the Rossiter System into SI Practices: A Modality Worth Considering

In the 2006 IASI (International Association of Structural Integrators) Yearbook, Richard Rossiter laid out the roots, philosophy and tenets of The Rossiter System, the two-person connective-tissue stretches he developed for structural pain relief. In the 1990s, his program was used to reduce medical costs and for quick pain-relief and pain-prevention programs in U.S. factories and manufacturing plants. As various SI practitioners and bodyworkers have studied with Rossiter throughout the United States, Brazil and Europe, they have found that his approach also works well for other key audiences: athletes; obese/large clients with dense, thick tissue; clients for whom other approaches have failed; and clients interested in taking full responsibility for their bodies. Here, SI practitioners and bodyworkers discuss their experiences with The Rossiter System.

Don Wolvington and Phyllise Stickel consider themselves among the dwindling pool of Rolfers whose 1970s-era training involved personal interaction with and direct instruction from Ida P. Rolf in those early, heady years in Boulder, Colo.

Both remember the advice that Rolf gave about how to become a good Rolfer. “*Do it my way for five years.*” That’s how she encouraged and admonished students to learn her Roling techniques and adhere to them solidly before branching into other modalities.

“(Rolf) was very emphatic about not adding in other techniques until we learned how to Rolf,” Stickel recalls, “and then if you wanted to add in other techniques, you could.”

So she and Wolvington adhered fairly strictly to Roling early in their careers, and then gradually added other components and approaches: visceral work, cranial work, core training, embodiment and other modalities that have added depth and skill to their practices.

Within the last three years, Wolvington, of Sante Fe, N.M., and Stickel, of Vancouver, British Columbia, have both added Richard Rossiter's connective-tissue stretching techniques to their practices as well. So has Scott Sachs, a neuromuscular therapy practitioner at The Pain Reliever in Fort Lauderdale, Fla., and Ui Eli, a Southern California bodyworker who specializes in sports-specific therapies and techniques.

SI practitioners who have studied with Rossiter find that his two-person stretches, which call for active, client-directed movement under therapist-supplied weight to the tissue, are an effective adjunct to many different SI modalities that they've learned and incorporated: movement, kinesiology, neuromuscular therapy, Ashiatsu Oriental bar therapy, orthopedic and osteopathic massage therapy, flexibility training, cranial-sacral work, myofascial release, and Rolfing/structural integration in its various forms.

New approach, new attitude toward clients

They are the first to acknowledge that the Rossiter approach is different. Clients are fully clothed and typically lie on a foam mat on the floor (not an easy transition for some who are accustomed to soothing table work, Eli notes). Clients are asked to accept weight from the practitioner's strategically placed foot – as much weight as they can tolerate. And then they're encouraged to stretch into and through their pain as they loosen and elongate large areas and planes of connective tissue. It's not for everyone, SI practitioners agree, especially clients who are more interested in soothing/relaxing bodywork.

Rossiter-trained SI practitioners say that Rossiter's two-person stretching techniques are especially helpful for specific groups of clients or challenges, including:

- clients with specific pains who want quick relief, especially if other modalities have not been effective or provide results that fade in a few days
- athletes and physically active clients who are already involved in fitness/stretching regimens and are interested in optimal performance, increased flexibility and continued endurance without injury

- clients who are willing to work hard and truly commit to a client-therapist relationship in order to recover the integrity of their bodies. Rossiter tells his practitioners to consider themselves “coaches” instead of therapists so that they can truly encourage and push their clients to work hard toward pain relief. To that end, he calls his sessions “workouts,” and the client is the “PIC”: person in charge of his/her body and workout.
- clients who are large/obese and whose tissue is too dense or deep to manipulate by hand, especially if the clients *are* interested in pain relief from practitioners who *are not* interested in injuring/taxing their own arms, hands, fingers, thumbs and shoulders to help clients feel better.

Practitioners who have studied with Rossiter also say his approach to connective tissue and pain has changed how they think about their respective SI modalities and the ways they now involve clients in their own health care and recovery. They’re integrating Rossiter techniques into their sessions in a variety of ways: at the beginning to open large amounts of tissue quickly for deeper, finer work; during a session for spot pain relief; or as an entire session focused specifically on fix-it work and pain relief. They see it as an adjunct modality on par with many of the other modalities that use regularly.

Rethinking SI practices, questions, approaches

Wolvington, for example, has incorporated his traditional 30-year Rolfing practice in Sante Fe into Core Connection, a fitness center where clients pursue core training, personal fitness training, balancing and resistance exercises, weight lifting and strengthening exercises. Wolvington’s Rolfing practice functions as adjunct to the training-centered exercises and regimens that he supervises with clients. “I’m a core trainer as much as a Rolfer now, and that’s what got me interested in the Rossiter work as much as anything,” he says. “I started thinking, ‘Wow, the quick things you could do with this work.’ ”

Wolvington says that if a person develops hip pain or a stiff knee, for example, “I’ll do a

spot Rossiter session for three to four minutes and then it's back to the training routine. In my Rolfing practice, if I get a big person, or someone with an appendage problem, say a shoulder, arm or leg that's giving them trouble, I'll do Rossiter work instead of Rolfing. It's like I have these three tools in my box (core training, Rolfing, Rossiter techniques), Sometimes I do a full half-hour to hour of Rossiter work. I've had some very good luck with tennis elbow and wrists and upper-body work. And I haven't found too much resistance from my clients. They trust me, and once I get them trying it, it's like with anyone ... some people are skittish about hurting, and some love it and can't get enough of it."

Stickel was intrigued by The Rossiter System and took advantage of a 2005 workshop that Rossiter taught in Langley, B.C. She found the work intuitive and easy on her own body, and she began integrating it into her Rolfing practice immediately.

"I've always had movement as part of my practice, and my clients don't notice that much difference, actually, except that I put them on the floor and put my feet on them. I just tell them that I took another course and learned a new way to work with muscles, and they accept it. It's not a big deal to them to try something different."

As a long-time Rolfer, she also finds the Rossiter work easier to explain than Rolfing, especially to skeptical clients who've never heard of either.

"It seems a little radical at first," she says, "but what we do was radical at one time. A lot of people still don't know what Rolfing is, and I think the Rossiter work can be explained very easily: It's stretching the body, it's stretching connective tissue. That's what I say to clients. It's a new way to stretch out your connective tissue, and it's not really complicated for me or for them."

Wolvington says clients who are intent on getting better respond well to the work.

"Most people, if I get them a certain distance into it, they love the Rossiter approach," he

says. “They get specific results. And I want them to take more responsibility for their process. Moving people from Rolfing into training is part of that process as well ... instead of having them lie there while I work on their structure.”

Involving clients in the session – asking them to keep their eyes open, to breathe, to move, to stretch, to describe what changes and how – is what separates Rossiter’s work from other approaches, Wolvington points out.

“Where there are tight, stuck places in the body, there are corresponding places in their body that are weak, and if you don’t address that weakness, clients are going to continue to have the same problems,” he says. “Rolfing something weak can increase (clients’) awareness, but I have to get them to make those weak places strong, and they have to do that on their own. With Rossiter work, they’re the one working hard at their own body to make it happen, they’re the one in charge of the stretch. In my own mind, the Rossiter work went beyond Rolfing and got people more actively in tune with themselves. And frankly, most people ‘get it.’ Getting them to stretch is pretty simple.”

He still relies on Rolfing, especially for low back and pelvis work, where he feels that his hands and fists are better tools to access deep tissue. “But if there’s somebody large, or if I’m tired and they’ve got some big gnarly thing that’s bothering them, I put them on the floor and do Rossiter work on them,” he says.

Athletes are prime clients

Eli also finds Rossiter techniques specifically useful and effective for the large, muscle-bound athletic clients attracted to her Southern California practice. (That’s saying something for a woman whose e-mail address begins [torturequeen@....](#))

“I used to cringe when these guys who are over 6-foot-4, 300 pounds would show up because I knew that they’d been to ‘everyone else’ and finally had no choice but to brave my reputation as the ‘torture queen,’ ” she explains. “I also knew that I would have to use

‘force’ and exert myself in order for them to achieve results. With Rossiter and the larger athletes, they do the work/stretch, and gravity takes over for my part. They definitely feel the work, and because they are performing the stretches, they personally achieve longer-lasting results, and the pain experienced is felt only during the stretch, not after.”

She finds the Rossiter stretches particularly helpful for shoulder, arm and hand conditions, as well as feet, legs, hip conditions and some neck problems. Since implementing Rossiter work into her practice, she finds that clients experience results far more quickly than she’s seen from other approaches. Before learning the Rossiter stretches, she notes, she never would have done deep-tissue work on an athlete a day before a competition because of lingering soreness from the deep orthopedic, osteopathic Ashtiatu and sports-oriented techniques she employed.

“With Rossiter, no one has had lasting soreness to date – just minor bruising – and my athletes are out competing the very next day with no negative side effects to extremely deep work within a 24-hour period. Rossiter is also predominantly what I use when it comes to doing on-site work in the middle of nowhere, where there is no table and only a limited amount of time to get the client feeling better.”

Eli says that Rossiter stretches also relieved a shoulder problem she had endured for two years “in which I saw pretty much everyone but a surgeon. With Rossiter, I screamed a bit, stretched a bit, did a few lengthening exercises, and eventually got better within a couple of sessions.”

Deeper work, deeper impacts

Learning The Rossiter System, Wolvington says, has also had a broader impact on how he now thinks about structural integration.

“Richard’s approach to internal stretches, the moves that are Rossiter moves, have

influenced my Rolfing work significantly,” he explains. “I’ll do some of the same Rolfing moves, but I’ll have clients do the Rossiter moves while I’m holding the tissue with my hands. It’s had a deep effect on my thinking process and the ways to get the client involved with making the change in the tissue. There may be places I don’t go with my foot, but I use Richard’s concept of getting them to move and getting them much more participatory”

Stickel also finds Rossiter work allowed her to reopen her practice to large, obese or big clients with thick, dense tissue.

“I had stopped working on large men because it was just too hard as a Rolfer,” says Stickel. “Then I got a couple of big ones who really wanted me to work on them, and I thought ‘OK, I’ll try it.’ I put my socks on and put them on the floor and said, ‘I’ll try some new things with you.’ And I got good results.”

She also finds the Rossiter stretches helpful for carpal tunnel syndrome, arm numbness and shoulder pain, and “I use the hip techniques a lot in my practice every now and then. It really has added a lot to my Rolfing; it’s made it quicker and easier, especially working with larger people, and I really like it.”

Stickel uses an electric table that she lowers to floor level to deliver the Rossiter techniques (most other practitioners put clients on a mat on the floor). Sometimes instead of applying weight with her foot, she’ll use her arms and lean on the same spots while encouraging the client to move.

“I’m doing what I’ve always done, only more efficiently,” she says. “I think it’s really wonderful what Richard has done. I think he’s a genius to put this together, and I think he’s helping a lot of people. If I were starting out, I’d probably do a lot more of it.”

Sachs uses NMT (neuromuscular therapy) approaches, core training, myofascial release, deep-tissue work and trigger point therapy with clients at The Pain Reliever and at a chiropractic office in Florida. After taking two Rossiter workshops in 2007, he began

incorporating Rossiter stretches into his regimens at both locations.

Typically, he'll use Rossiter techniques on clients first to loosen and open large amounts of connective tissue in a short time, and then he'll follow with other approaches to broaden what he can accomplish in a single session; he says the Rossiter approach "has easily doubled the effectiveness of my bodywork."

For NMT, movement over location

Learning and using the Rossiter System's two-person stretches, Sachs agrees, has enhanced his knowledge and application of NMT techniques and thinking.

"NMT locates the trigger points and reproduces the pain pattern. That's our job: reproduce the pain pattern, and it will go away. Rossiter, on the other hand, is kind of like, 'How did you move to get there?' and utilizing the movement that it took, or utilizing a movement that is restraining, and then approaching the problem that way. Probably the most concise way I can say it: Rossiter uses movement moreso than location, while NMT uses location more than movement."

Sachs says he now evaluates and assesses clients differently than he did before he began incorporating Rossiter techniques into his regimen.

"Usually (in traditional NMT) I ask, 'Where does it hurt?' Sachs explains. "Now I say, 'Show me how you move when it hurts. What makes it hurt?' And as far as treatment is concerned, I now utilize the Rossiter movement in conjunction with the trigger point therapy. Without a doubt, I'm able to get better results. When I'm working with someone who has a specific pain, I'd say 60 percent of my result is due to The Rossiter System, yet it's only 15 percent of what I do."

He also notices that a number of clients – even those who've quit Rolfing because they were opposed to how it felt – are open to Rossiter stretches. He recalls one client who, after

a Rossiter workout, said: “It feels really good to be in control.”

“Another said, ‘It feels a lot safer than Rolfing.’ And another one has said, ‘It’s twice as deep and it doesn’t hurt half as much.’ ”

Once exposed to The Rossiter System techniques, Sachs’ clients take the initiative to push their own bodies even further in search of pain relief, better movement, freer range of motion, he says.

“With all other bodywork, you push on the (trigger) point and you move it, but with Rossiter, you push on the points and they move,” Sachs says. “After one or two Rossiter sessions, if I just get to a point, the client will begin to move without my cue. They will begin to do it to themselves because they like it. They like to be proactive, especially when they really want to know how to take care of their own bodies. They’re more apt to be self-motivated after even the first session.”

In fact, he says one of the key principles he learned from Rossiter is the instruction that’s given to a client who’s lying on the floor, accepting weight from a therapist and being asked to hunt for pain in the body and move/stretch through it. Rossiter raises his voice, looks directly at the client and says, “GET IT!” As in, “*Get after your pain. Find it! Locate it. Get mad at it! Own it! Take control of it by stretching into it and through it.*”

“However he developed that approach, it’s a great tone to use ... ‘Get it!’ ” Sachs says.

“People who want to get out of pain really respond to that.”

What to tell skeptics?

The Rossiter System has its detractors, critics and outsiders who do not think it should be classified among SI modalities. To a person, those who now use Rossiter System approaches in their SI practices say that *feeling* The Rossiter System’s stretching is tantamount to believing in its value and worth.

Stickel, in fact, was surprised at the negative reactions she received from some of her peers when they learned she'd taken a Rossiter System workshop and was integrating the work into her practice.

“I've been exposed to a lot of things that I don't use in my practice,” Stickel says, “but as an Advanced Rolfer, [I believe] people owe it to themselves to have a look at the Rossiter work and see how they can integrate it. They should suspend their criticism and their opinions until they actually experience it. It's strange to me that people reject it without experiencing it themselves.”

Wolvington agrees. “You've got to try it. You've got to have it done on yourself if you want to know what it is,” he explains. “Like anything else, you can hear the theory of it, but until you actually experience, you'll never really ‘get’ what it is.”

Eli points out that “extreme” approaches to pain relief, such as Rossiter System and Ashiatsu work, “conflict with all schools of thought in regards to sports medicine. Even with the consistent results I get in regard to client improvement, my style of work creates a lot of conflict with health-care providers in conservative medicine – right up until they get injured and somehow end up at my office.”

And how do they think Ida Rolf would react to Rossiter's work?

Says Wolvington: “If it's getting even more exciting results than just straight Rolfing, if it's a modality that works well in conjunction with Rolfing, I think she would be very glad about that. I think she would be glad that people are still getting the real basic understanding of Rolfing and a track record of how the body works and how the 10 sessions work, but I also think she would be glad that there has been growth beyond that.”

About Richard Rossiter

Richard Rossiter is a certified Advanced Rolfer and author of three books on The Rossiter

System, the latest of which is “Step out of Pain the Rossiter Way: Powerful Two-Person Stretching Techniques for Head-to-Toe Pain Relief” (2006; Rossiter & Associates Inc. www.stepoutofpain.com). He teaches workshops throughout the United States to SI practitioners, bodyworkers, massage therapists, personal and athletic trainers, nurses, holistic physicians, allied health-care professionals, chiropractors and the lay public.