

**STUDY AND RESEARCH PROJECT
INTO NECK, SHOULDER AND BACK PAIN
CULMINATING IN THE SQUIRES MULTI-SYMPATOM
MUSCLE SYNDROME AND THE DEVELOPMENT
OF VELCRESION THERAPY™**

BY

AMANDA SQUIRES

“out of alignment - the start of old age”

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Amanda Squires

(Dip. Rem Massage and Anatomy and Physiology)

BODYWORK

43 Campbell Avenue

Anna Bay, Port Stephens

NSW 2316, Australia

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This thesis was first written in 1991 and is still applicable in 2007/2008.

A few modifications and corrections have been included in this edition.

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INTRODUCTION

An initial study, in 1990, of 150 males and females between the ages of 12 years and 78 years, all of whom had tried other medical specialists, chiropractic, acupuncture and physiotherapy treatments to no avail, were now found to be trying remedial massage as a “last resort” to ease pain.

A research was initiated into finding and testing a more effective and long-lasting remedy by massage for patients presenting symptoms of chronic neck, shoulder and back pain.

It was found in 100% of cases that one or both shoulders had rotated forward and adhered in this position. (Rene Calliet, “Shoulder Pain”). This shoulder action was found to be responsible for the start of a postural mis-alignment which created a compensatory condition, which then affected the whole body to a greater or lesser degree, muscularly, skeletally and eventually homeostatically.

This study will show that when the mis-aligned shoulders are in-situ for over three years, visible postural imbalances could be seen and disorders of varying degrees were consistently recorded in eight lines across the body, nominated the Squires Multi-Symptom Muscle Syndrome (M.S.M.S.).

Results obtained on 0-15 year chronic cases showed that when the shoulders were unlocked and re-located to correct alignment, the major complaint of back, neck and shoulder pain disappeared and the other physical disorders recorded often disappeared or improved significantly. More difficult 15-50 year chronic cases provided a basis for research to obtain the same result.

Inquiries were made into how the mis-alignment occurred. Why had it gone unnoticed by both practitioners and patients? What did it look like? And most importantly, why had the shoulder remained locked into this incorrect position?

Simple tests on short-term and long term cases showed shoulder and body mis-alignment in persistent areas, substantial enough to be visibly seen and photographed in all age groups.

In accordance to the strain/slack effect of the muscles directly and indirectly attached to the mis-aligned shoulder girdle and rotated arm, there was found to be peculiar compensatory adhesive processes occurring as a result, in consistent areas of the body.

It was found that to re-align the shoulder correctly, these adhesive processes had to be ‘unlocked’, not only at the shoulder, but at key positions located around the body.

While the shoulder/s are mis-aligned, the adhesive nature of these areas were noted as being unresponsive to exercise and other therapies. It was found the tissues in question adhere like “velcro”, hence the name “velcresions”¹ is referred to in the text.

Authors Note: 2005

¹ Velcresion Therapy™ has evolved not by theory but anatomically by 25,920 actual man hours of hands on treatment over 18 years.

Authors Note: 2007/2008

Re-vamped pdf file of booklet available on www.bodywork.com.au

HISTORICAL BACKGROUND

A particular arm movement had been discovered inadvertently a few years ago, which was found to be effective in conjunction with massage, of alleviating symptoms of patients presenting chest pains or severe headaches; (they had already tried medical treatments). These patients were able to describe a similar type of accident which had occurred prior to the onset of symptoms.

Massage plus the special arm movement were tested on more cases which reported symptoms of chest pains, headaches or a similarity in accidents, with a fair degree of success.

When a 30 year old patient came in presenting symptoms of tightness of breath when playing football, his case history also revealed 10 years of suffering chronic lower back pain with impingement of the sciatic nerve. He believed that the sciatic condition was permanent. He had spent 3 years and many thousands of dollars in trying to find relief, only to be informed by specialists that he would have to “live with it”. His x-rays showed no vertebral cause for pain. Why this case was so special, was that the accident recorded prior to the lower back problem was similar to the aforementioned cases. This patient was given massage therapy with the arm movement mainly to alleviate the chest tightness and loosen the shoulder, but what occurred was that the lower back pain also cleared up. Assimilation of similar type data called for research into a possible link up.

In the initial part of this study, it was noted that a variety of symptoms responded to massage plus this special arm movement.

MULTI-SYMPATOM MUSCLE SYNDROME

Next, it was noted with each case history, a pattern of areas were being recorded that showed ill health. This pattern regularly showed two major and at least six secondary symptoms presented in varying degrees of severity and were located consistently on eight lines across the body - nominated the Multi-Symptom Muscle Syndrome i.e. a syndrome within a syndrome.

List of Eight Lines

Lines	Areas
1	Head and Eye Line
2	Jaw and Ear Line
3	Throat and Thyroid Line
4	Arm and Shoulder Line
5	Upper Chest Line
6	Lower Chest Line
7	Hidden Line
8	Lower Torso Line

With regard to an article by Anne Cusick and Kenneth Otteenbacher (Clinical Evaluation and Research in Occupational Therapy: Single Systems Design), this study used measurements and recording with visual analysis and photography on a multiple base line.

In over 150 documented and photographed patients presenting neck, shoulder and back pain, case histories would record at least one symptom on each of the other lines. This exploration and therapy is on going and to date, another 299 (plus myself) patients have now been tested and treated successfully.

Authors Note: 2008

This research was started in 1990 and is still evolving.

SYMPTOMS ON OTHER LINES

Line	Description
1	Sinus, Headache, Loss of Memory, Dizzy Spells, Head Discomfort, Migraines
2	Hard of Hearing in under 40 year olds, Ringing in the Ears
3	Persistent Coughs, mucous, All Types of Neck Aches with every variety of medical diagnosis, Dowager's Hump
4	Shoulder Pain, Rotator Cuff, Tennis Elbow, RSI, Carpel Tunnel, Finger Swelling and Pain (Arthritis), Pins and Needles and/or Numbing in the Arm
5	Heart Palpitations, Chest Pain, Tightness of Breath, Childhood Asthma, Swollen Lymph Nodes, Breast Lumps, Burning between Shoulders
6	Stomach Pains, Rib Pain, Nausea, Mid Back Pain
7	Hidden Line - Internal Organs
8	All types and names and conditions of Lower Back Pain, Knees, Menstrual Problems, Ankles, Calf Cramping, Sciatica, Pain in Legs

Many other descriptions were recorded in each line, but these were the most common. The data collected enables this pattern to be used at the consultation for the present day situation and utilised to determine how long the pattern had existed. Analysis of duration and the type of accident was added to the data. Where no accident could be remembered, type of birth was investigated and a pattern of illnesses on all lines was still evident during childhood to 18 years, except the arm and shoulder line (4), but was soon added to the list after joining the work force.

HOW THE MIS-ALIGNMENT HAS OCCURRED

1. Information regarding an accident felt to be responsible for the start of the syndrome revealed a type of movement which would have included jolting of the shoulder joint in an unprepared state. It was noted in most cases that the pain experienced at the time was not at the shoulder, but most commonly at the neck, as in car accidents, or lower back, as in falls and therefore, the shoulder escaped scrutiny and x-rays. But with the greater number of case histories being recorded, when it was found that some patients could not remember having had a bad accident, they were able to take the pattern of 8 lines of symptoms and retrace their health history right back to first memories of childhood.

Children of all ages have been visually tested, but no therapy given under 12 years of age. Over 12 years, a few children have been treated and various results are still being recorded. Results are harder to obtain because youthful velcresions are more numerous and time consuming to disperse.

Authors Note 2008

Children are now being assessed and treated.

2. Where information could be acquired as to the type of birth experience by such patients, many cases recorded a difficult birth experience, which would indicate that possibly one or both shoulders could have been mis-aligned accidentally as the baby's arms were helped out of the birth canal by medical staff and escaped unnoticed.

3. Later it was assessed that repetitive postural action can lead to a gradual formation of vecresions but, at the beginning the study concentrated on painful areas and the unexercised areas.

Theoretically a number of ideas were explored as follows:

- (a) It was a modern day society problem, not native or peasant;**
- (b) Birthing is more natural for the body in the squatting position, this was different nowadays;**
- (c) Most natives, ancient tribes and civilisations have ceremonial dances or particular practices which would incorporate total joint mobility at the rotator cuff, which would correct an anterior rotation before the third year, i.e. Bali arm dances, Yoga, Tai Chi, Zulu dances;**
- (d) Evolution, i.e. arms were used to greater extent by gorillas and monkeys, but present day modernisation is quickly obviating our need.**

In conclusion, the information gathered supported the approach developed but, in the final analysis, each case history has to be taken on its own merits and may have all three combinations (i.e. lateral, posterior, anterior) of shoulder and arm mis-alignments. The jolting and adhering may be experienced a number of times according to lifestyle until, eventually, velcresion build-up, plus lack of quality exercise and pain experienced at the site on movement, would discourage the arm from righting itself.

VISUAL ANALYSIS

Photographs and visual analysis were performed on case histories presenting major symptoms of shoulder/neck and lower back pain.

As can be seen in the example photographs below and following, mis-alignment can affect all age groups.

Illustration of Postural Mis-alignment

Head position (twisted)

Neck length (shorter one side)

**Smaller Transverse
Trapezius triangle**

**Uneven clavicle length
and non-horizontal position**

Uneven triangles at clavicle

**Gaps on left side of
body showing hip unevenness**

**Hands rotated anteriorly and
different lengths**



FRONT VIEW

Incorrect Alignment “Right Shoulder Drop”

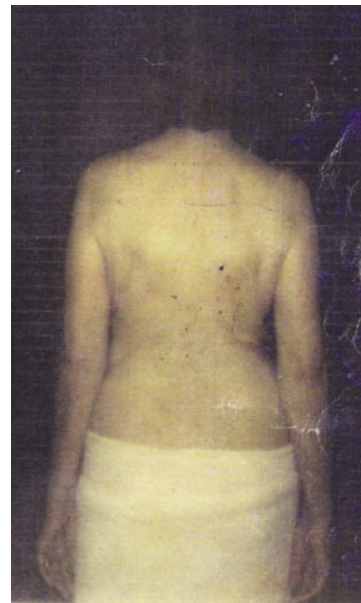
- (a) Arms and hands anteriorly rotated so palms face backwards.
- (b) Nipple level.
- (c) Transverse trapezius size.
- (d) Clavicle position.
- (e) Length of shoulder
- (f) Position of head and features.
- (g) Length of torso.
- (h) Position of head in relation to chest.



BACK VIEW

Incorrect Alignment

- (a) Shoulder length and position.
- (b) Position of hands and arms.
- (c) Comparison of torso length.
- (d) Hip level.
- (e) Spinal curvature.



SIDE VIEW

Incorrect Alignment

- (a) Position of head to shoulders.**
- (b) Curve of back, Kyphotic and Dowagers Hump.**
- (c) Position of arms and hands forward and rotated respectively.**
- (d) Note the Velcresion effect at the jaw line.**



PATIENT CONSULTATION

Visual analysis and recognition of each person's individual postural mis-alignment is looked at in a mirror. The patient by now is familiarised with his/her own case history of multi-symptoms and visually made aware of postural discrepancies.

This is an important part of the initial consultation, because it creates an awareness which invokes a need to be posturally corrected.

At this stage, an easy demonstration is shown as to what happens physically when a trauma occurs to force the shoulders forward into an anterior rotation. The arms rotate forward, being attached to the shoulder girdle and the palms of the hands can be seen to be facing backwards and not alongside the thigh, the head sinks and moves forward over the chest, the upper and lower chest compress as the back kyphotises. If only one shoulder is traumatised, initially it pulls unevenly on the lower back and a scoliosis sets in.

It is then explained to the patient that when this shoulder/arm rotation occurs and remains in the incorrect position, the eight lines will be eventually affected and symptoms will usually present at the individual's weakest or most traumatised lines first.

Variable combinations and degree of severity are shown in the secondary symptoms and the patient is advised that when one of the secondary symptom lines is over traumatised, it can then take precedence as a major symptom. A flow between the lines of major and secondary symptoms in conjunction with velcresion formation is at play or lying dormant according to the person's changing lifestyle,

repetitive strain on muscle and joints during occupation in the work force, exercise or activity, excessive bed rest or inactive limbs, parts of the body made immobile while recuperating and habitual sleeping posture.

Hereditary and genetic weakness are a factor, but this research had concentrated on the bio-mechanical and practical aspects of conduits and circuits and always achieved results.

POSTURAL MIS-ALIGNMENT AND VELCRESIONS

Muscular and Skeletal System

There are many muscles attached to the shoulder girdle, each one of which gets affected to some degree by the shoulder rotation. (Refer René Calliet, “Shoulder Pain”)

Anatomically, this can be detailed more specifically, but as the degree of severity is only conclusive to the severity of symptoms, a limited explanation is given to patients as follows;

Put simply, the pectorals contract when the shoulders rotate. The latissimus dorsi stretches and adheres to the serratus anterior under the axilla down the side of the body creating a tender lumping effect. The arm rotating can affect flow-through of blood, nerves and lymph to and from the hand. The transverse trapezius shortens and tightens with other neck muscles as the head goes forward over the chest and thereafter starts to tighten, squashing the seventh cervical and first thoracic vertebrae together. These vertebrae are also being forced together by the tightening action of the joining and surrounding muscles being over or under tensioned. This area then becomes known as the “Dowager’s Hump” and is present in all cases to some extent. It will only ever release after both arms have been rotated back to correct position, dispersal of velcresions and a firm neck stretch.

Tissues

In the upper torso, all the tissues of the muscles are subjected to stress and change and so are ligaments, cartilage and all other tissues located at pressured areas. The tissues at joints, points of origin and insertion are affected and start

adhering together to retaliate to the stretch or slackening effect, in order to maintain, foremost, a balanced, upright head position.

Velcresions

This “sticking up process or development of ‘adhesions’, so as not to be confused with the term adhesions as recognised by the medical profession as scar tissue after operations, has been given a name by the writer which is original, but regarded as apt and descriptive. The name is “Velcresions”, which describes in a general term all adhesive processes which can be unlocked.

DESCRIPTION OF VELCRESIONS

Imagination and visualisation has created an on-going update and more observation and touch analysis were added daily. Below is a list of facts as known, compiled in order of assessment:

Study and Analysis by Touch

- located in regular areas**
- located all around the body**
- a bone is usually near by**
- needs warmth and fluid skin texture to feel**
- pushed against a bone or solid surface to feel**
- different textures - different areas**
- different textures in intensity**
- different ways adhered**
- different direction of dispersal according to repetitive posture**
- some areas could have different directions of dispersal at different times**
- theorised as layers of different muscles tightening during the decades as a person's different lifestyles are applied**
- velcresions had to be dispersed along vertical lines**
- arm, shoulder, neck and head moved to position of creases and wrinkles emulating repetitive posture; velcresions more intense, which aided finding and dispersal**
- velcresions have an elastic quality, but get compacted**
- do not disperse by squashing or heat except at outside perimeters**
- velcresions were found to break up and disappear when pushed over the edge of a bone**
- velcresion areas were at effect of other areas on the same vertical line and would build up again, unless the whole vertical was cleared, particularly the transverse trapezius triangle, the crux of the matter**

Study and Analysis by Postural and Visible Assessment

- **mis-alignment**
- **mis-alignment corrected, pain disappeared**
- **velcresions located in a vertical line from a horizontal at the clavicle/shoulder**
- **the vertical lines from shoulder to centre body were assessed**
- **clavicle appearance and size of the transverse trapezius triangle (t.t.t.) related to repetitive posture and symptoms**
- **postural repetitive movement could be diagnosed**
- **postural sleeping pattern could be diagnosed by creases**
- **velcresions always located near a crease or wrinkle**
- **skin markers observed and felt in a badly affected velcresion area, i.e.:**
 - **sunspots**
 - **skin cancers**
 - **moles**
 - **black and brown crusty blemishes**
 - **cysts**
 - **swollen lymph nodes**
 - **breast lumps**
- **arthritic fingers were noted for bentness, swelling and discolouration to assess system/s affected**
- **velcresions did not disappear with exercise or active jobs**

Assessment of Data

A visual concept initially was a muscle squashed into a concertina, origami, zig-zag effect. The undoing or dispersal over the edge of a bone appeared to be a unique method discovered.

- ***Exercise*** was likened to smoothing, making elastic, which did not work to disperse velcresions. Fibres interlocking was envisioned, creating a hard core, which was what was being physically felt.

Authors Note: 2008

Exercise, long-term repetitive sports and exercise with weights built up more adhesions because when the body is misaligned and imbalanced, the joints and hinges are over traumatised.

- ***Foot Reflexology*** charting appeared accurate and crystals dispersed very quickly with velcresion dispersal technique (v.d.t.) instead of just pressure. Retracing the vertical up to the shoulder, velcresions were found. Misalignment to the vertical line proved that shifted weight load created velcresions. A compensatory balancing effect was happening, registering a dis-ease at the feet.
- ***Acupressure Points or Trigger Points*** as charted were in hard core areas of velcresions; as the body moved out of alignment, velcresion build-up continued, but at the same part of the vertical, extending the hard core areas. Meridian lines follow the body, but velcresions built up at the same vertical load point. Pressure point usage on a mis-aligned body was found to give only very temporary relief in comparison to break up by v.d.t.


- ***The Chiropractic*** skeletal chart and nerve supply was utilised in all data assessments and correlated to the lines of the M.S.M.S. **Velcresions** in-situ would affect duration of results by chiropractic manipulation, but this study absolutely proves and substantiates this doctrine.
- ***Velcresion Blocks*** were now visualised on the vertical through layers of any substance which, when dispersed, increased blood flow, lymph flow; stopped pins and needles and numbing and recreated the normal feel and texture of skin and underlying muscle and ligaments.

Visual Image and Concepts

A Velcresion

- concertinas 

- varies in length and texture 

- creates a hard core 

- squashed on the vertical 

- must be able to interlock permanently 

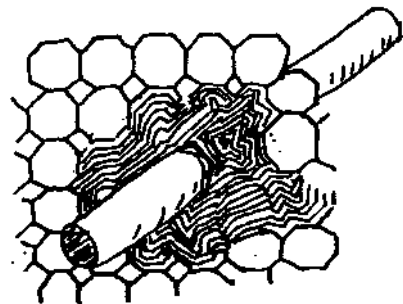
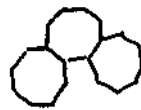
- must be elastic 

- must be three dimensional and able to move in all directions 

Summary

A velcresion is:

- a variety of cells can concertina - "velcresions" - early stage
- A three dimensional collection of cells creating a honeycomb effect which can concertina and lock, creating a hard core - "velcresion block" - later stage.



Conclusion

Velcresion blocks can only relax, but do not disperse with, heat, movement and applied therapy. Medical treatments do not disperse velcresions, only subdue the symptoms.

Velcresion blocks can contract with cold, sleep, lack of movement and with movement.

Results show velcresion blocks are able to affect vessels and nerves.

Speculation

- **Are blood vessels flowing through a velcresion block or being pushed or bent by a growing block?**
- **Is a blood vessel wall toughening up by being pressured within a block or developing its own variety of honeycomb effect by a combination of both?**
- **Could this be causing hardening of the arteries?**

Are varicose veins caused by velcresion blocks building up at key locations at the groin? This area is definitely affected by postural mis-alignment weight load. Results have proved that blood flow to and from the leg is restricted by impedance flow at the groinal velcresion block areas. Results of increased flow and change of leg skin appearance and colour have been recorded on slow healing by-pass operations. With the changed weight load and decrease of velcresion pressure, all types of leg complaints have responded. Long term results on the body's ability to repair varicosed vessels is still being recorded.

Is this how nerve supplies get affected? Does a velcresion block impinging on the conduits and links continually create a fluctuating supply according to the contraction and expansion of blocks? Sporadic supplies or surges would gradually affect and weaken areas homeostatically.

VELCRESION THERAPY™

Treatment

These velcresions can be found all over the body and have been described in some texts as lesions or connective tissue with a zig-zag pattern (Refer Nikoli Bogduk, “Neck Pain: An Update”, Family Physician, Vol. 17, No. 2; and Tom Dieters, “Back Pain, A menace to Society, Muscle and Fitness”, May 1989, respectively.)

Velcresions are so named after the material “Velcro”, as this is how the tissues were likened to being stuck together. As with Velcro material, no matter how much stretching or pulling or warming the tissues are subjected to, they will not undo unless pulled apart. This is why no amount of exercise or heat treatments or therapy will be fully effective for chronic hinge or joint immobility.

Method

The pulling apart of these velcresions sounds sinister and painful, but over a period of 18 months, a reliable and effective method (relatively unpainful after the first initial breakthrough treatments), has been tried and tested and positive results obtained in as little as two sessions in some cases. The patient may experience a degree of soreness for a few days after treatment. More freedom of movement and postural changes can be felt and viewed at the end of each session. Usually three by 2 hour sessions are sufficient to treat the major symptoms presented and clients then continue Velcresion Therapy™ until the best possible spinal adjustment and postural re-alignment has been obtained, taking into account degenerative factors of vertebrae in the older age groups.

A pattern of popular locations has emerged, which can now be charted. A consistent pattern of therapy has evolved as to which areas to work and clear first. This is important posturally, so the muscle balance of tensions will be uniform and thus allow the rotator cuff to loosen up sufficiently to rotate the shoulder to correct alignment. This must be followed up with re-tuning all the back and upper torso muscles. It is important to disperse velcresions at various key positions simultaneously, before and after the shoulder rotation, particularly along the brachial unit because, if this is not done, particular muscles and movement can pull the shoulder back to the incorrect anterior/position/lateral.

With the shoulder in the new (and proper) location, associated muscles - even if slightly stuck by velcresions - now have the chance to “play off” against each other and supplement the therapy by effecting a natural ‘undoing’ of the velcresion effect.

Personal experience has found that the velcresion effect can start sticking again after 4 hours of repetitive action or non-action, as in sleeping.

Therefore eight unique engineering/biochemical stretches, which take 15 seconds, have evolved to keep the velcresions from sticking at key locations. These particular stretches service particular areas which are prone to velcresions, starting from repetitive postural habits and clients are advised as to which are most pertinent to their own particular lifestyle and sleep pattern. In other words, a stretch in the opposite direction of any action over four hours is necessary to avoid the velcresion effect starting up.

Authors Note: 2008

Particularly No.1 stretch.

VELCESION THERAPY™

Treatment must address the whole body in a sequence of events to obtain results. It evolved as a body re-alignment therapy.

- 1. to treat pain**
- 2. recording a pattern of at least eight different symptoms, usually two major predominating.**
- 3. is the recognition of easily tested, visible postural imbalances of the body**
- 4. is the art of unsticking velcresions before and after a particular movement which slots the arm at the rotator cuff into it's correct position**
- 5. is the re-creation of a symmetrical body shape as depicted by a horizontal clavicle and even triangles, with the arm close to the torso and the palm alongside the centre of the thigh**
- 6. to re-tune muscles and mobilise joints**
- 7. to re-align the spine to correct weight bearing curvature**
- 8. is the formulation of a body awareness and a body self help maintenance programme which takes 15 seconds**

Velcresion Therapy™ has been developed to be a fast, effective, natural method of treatment of symptoms and causative factors of pain, no matter the type of origin. Associated results recorded have led to further interesting research material.

RESULTS OF STUDY

These results are dependent on the shoulder, clavicle and arm being in correct alignment and completion of total body Velcresion Therapy™.

- **Pain and discomfort elimination**
- **Muscle and joint flexibility regeneration**
- **Excessive body mis-alignment is corrected by dispersal of velcresions**
- **Body weight is correctly re-distributed to load bearing joints**
- **Muscles, cartilage and ligaments reposition, which allows correct tensioning to regenerate and fluid movement to return**
- **Systems and organs cease pain symptoms but further technical testing is required to assess the degree of repair, arrestment or total disappearance of disorders**
- **Body re-modelling increases height, streamlines the torso, straightens the spine, eliminates rounded shoulders, expands the chest, uplifts the breasts, smooths out creases around the body, elongates the neck, smooths out wrinkles and deep lines at the neck and shoulders**
- **General well being, motivation and enthusiasm are constantly reported to appear overnight after the shoulder rotation has taken place**
- **Stress, irritability, nervous tensions and depression have receded dramatically or disappeared by the end of the therapy**
- **Feed back on stretches and understanding of the therapy to their symptoms has been positive.**

Results Achieved in Treatment

The treatment itself deserves to come under results.

- **The new therapy and resultant research potential has been derived from the data collated during 3,000 massage and treatment hours over a period of eighteen months.**

Authors Note: 2008

Over 65,000 hands on massage hours worked and researched.

- **The time taken per treatment has been reduced from a couple of months on each shoulder to as little as two treatments to clear pain and approximately four for body re-modelling.**
- **Pain on the breakthrough treatment has resulted in developing an effective and fast sequence of techniques.**
- **Therapy is now ready to be taught.**

Results to Explore

- **All therapies would have to take gravity into account.**
- **Absolute relaxation of cell blocks would also be necessary to stop blocks forming more rapidly.**
- **This study proves a Velcresion Block is three dimensional, which can change shape and revert, but needs a boundary, plus GRAVITY to be FELT.**

DISCUSSION

The importance of this research will help all other doctrines and therapists to understand why treating the symptom and specified area only, does not provide effective long term health in chronic cases of all varieties.

This study has utilised techniques to record that when postural mis-alignment starts occurring, so does ill health, no matter what age is involved. It will enable the local medical practitioner to physically view and test a patient easily and add another dimension of diagnosis of treatment. This can add a greater success rate to their prognosis and encourage scientific acceptance of holistic medicine.

It will improve chiropractice by showing that when a spine is out of alignment, nerve messages are impeded and homeostasis is affected. But it will also show why spinal manipulation in cases where scoliosis or kyphosis is already chronic, can never be totally successful.

It will explain why physiotherapy and other occupational therapists have a varied success rate only after many treatments and this study will show that treatment on only a localised area is not enough. Heat and machinery do not provide an answer to postural mis-alignment.

It will allow acupuncturists to theorise why energy flows are restricted along the meridian if the 'lines' are out of balance posturally. Hence, only a percentage of patients get relief from chronic situations, often only for a period of time. However, acupuncturists could be very necessary to get to the core of the velcresion block for final break-up.

A further interesting study will report that velcresion build up occurs at near bone acupressure points, but with this therapy, the key locations for the rotator cuff to release encompass only a limited number on all meridian lines. However, if the body is out of alignment, the velcresion build up slightly deviates from the meridian points and follows a vertical line according to the body weight load from the horizontal at the clavicle and the weight load to body centre. This now, in turn, proves how Reflexology works, and the “crystals” felt in the feet and hands are actually a variety of velcresions, resulting from incorrect weight load and tensions.

DEVELOPMENT

Each therapist develops his or her own technique or style of treatment in any doctrine and occasionally a particular pattern of relating data to results creates a new concept or more informed knowledge of an old one.

This work portrays how the sense of touch has stimulated the beginning of a research project which has ever widening research horizons on many levels.

For example:

- **Diagnostic equipment modified and developed**
- **Computerised health Questionnaires**
- **Data Analysis Teams**
- **Computerised Skeletal and Postural Scanners**
- **Hi-Tech Analysis and Recommendations**
- **Hi-Tech Maintenance Machines: step-in, switch-on, replacing tribal dances.**
- **Research development**
- **Knowledge to the People**
- **Therapists trained in this workmanship and existing practitioners of all modalities agreeable to combine forces. There are enough sick and imminently sick people to go around if the load was distributed to encompass a health acceptance of new disciplines arising at the birthing stage of a new era. Hence better treatment for the rapidly aging population.**

Authors Note: 2008

It is 20 years down the track since this workmanship started evolving and I too am heading into the "ageing age"!!

RECOMMENDATIONS

Ray James, “Writing for Publication”, suggests that authors complete their articles with recommendations for action and not just a call for more research.

In view of the young age groups shown to be afflicted with the above mentioned syndrome, I would suggest;

- 1. An effective form of testing for new born babies be formulated, to be used before they leave hospital.**
- 2. Regular visual testing in schools could be set up with, most importantly, a mandatory exercise programme which includes a backstroke rotation and a nation wide marketing programme with easy to follow formulas like the “slip, slop, slap” awareness campaign. It would directly increase awareness with young adult parents, an age group particularly susceptible to an increase in velcresion formation as lifestyle changes.**
- 3. An adult awareness campaign depicting correct clavicle and arm alignment as an easy to do test in front of a mirror at home. A carefully thought out health campaign must ensu to enable corrective Velcresion Therapy™ to be available and a preventative selection of exercises recommended with the simple, logical reason why.**

Research is recommended in areas not particularly discussed in this data but in areas devoid of velcresions, more scientific testing is needed. For example, in the neck area, when freed of velcresions and posturally ‘old age’ is reversed, some very interesting results are reported.

- 4. Research Funds be made available to the author to aid research and record data.**

Research commenced into:

Alzheimers

Nerve Disorders

Blood flow in groin and neck

Childhood Asthma

Breast Lumps

Postural Research

Analysis of wrinkles and creases

Rehabilitation made easy

CONCLUSION

This Study and Research Project was undertaken as a result of observation of causative factors for chronic back and shoulder pain. At first, the recalcitrant nature of the conditions could have been attributed to the 'old age' of many of the sufferers, but reassessment of records of other patients, stretching down to young age groups, gave lie to this assumption and it was decided to look deeper and see if a pattern of trauma could be formed or a common denominator found.

I was a case history and I have personally experienced every step all the way to good health.

The Multi-Symptom Muscle Syndrome questionnaire, plus individual visual analysis, provided the platform for what became a very successful research project. An evolving pattern for diagnosis and treatment culminated in the development of a very special method of remedial and therapeutic massage treatment.

The comprehensive case histories taken, coupled with photographs depicting and illustrating postural conditions enabled a pattern to be defined and subsequently named: The Multi-Symptom Muscle Syndrome. Application of this to individual cases resulted in the development of a postural re-alignment programme for the patient, coupled with the special Velcresion Therapy™, the method evolved to free 'adhesions', the prime cause of chronic distortion and dislocation and ergo, chronic pain.

With regard to the data obtained by the initial case histories and overall results obtained after therapy, many different areas of ill health recorded improvement or disappeared. This Velcresion Therapy™ is now being used successfully for other illnesses.