Jones Institute Europe

Formation Lawrence H. Jones

Chapter 13.

Strain and Counterstrain

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Strain and Counterstrain

RANDALL S. KUSUNOSE

Observing a skilled strain and counterstrain practitioner you are immediately impressed with how gentle and nontraumatic this technique is for the patient and the operator. How quickly they are able to assess the musculoskeletal system for the areas of dysfunction and the involvement of the patient in assisting to guide the operator to the final treatment position.

This innovative system for the treatment of somatic dysfunction was developed by Lawrence Jones, DO, FAAO. He defines strain and counterstrain as a "passive positional procedure that places the body in a position of greatest comfort, thereby relieving pain by reduction and arrest of inappropriate proprioceptor activity that maintains somatic dysfunction."

From the definition it is clear that the strain and counterstrain concept is not directed toward tissue injury or tissue damage but aberrant neuromuscular reflexes within that tissue. Specifically, the primary proprioceptive nerve endings are singled out as reporting false information to the central nervous system and maintaining somatic dysfunction.[1] The operator will affect this system by passively positioning the patient's dysfunctional segment toward comfort or ease and away from pain, bind, and restricted barriers. The position results in maximal shortening of the involved muscle and its proprioceptors and eventual reduction of neuromuscular firing to tonic levels. Strain and counterstrain is an indirect technique because its action is away from the restricted barrier.

ORIGIN

Jones was motivated to experiment with the concept of positional release in part from his frustration with the rationale of his time for the osteopathic lesion (which has since changed names to somatic dysfunction). He was schooled to believe that somehow joints became locked or subluxed and the only way to treat them was to burst them loose via high velocity thrust techniques. His results were generally good, but occasionally a case would enter his office that resisted all of his manipulative skills, until Jones states, "only stubbornness kept me from admitting I was stumped." He recounts that he was treating just such a case when he discovered positional release.[2,3]

A young man with psoasitis (stooped posture, unable to come completely erect with severe pain across the low lumbar area) had been treated by Jones using high velocity techniques for 6 weeks with no relief of symptoms. He had been treated previously by two chiropractors for 2-½ months with similar results. He complained of pain in bed and an inability to find a comfortable position that he could stay in for any longer than 15 minutes. So, Jones devoted one treatment session to finding a reasonably comfortable position for the patient to sleep in. After 20 minutes