

**The Rossiter System:
Its Goals, Philosophies and Effectiveness
*A White Paper by Rossiter & Associates Inc.***

The Rossiter System is a two-person stretching program that combines common connective/soft-tissue modalities with the uniquely powerful twist of active client participation in the stretching techniques.

Many newcomers to the Rossiter System have questions about its philosophies, roots, scientific/medical bases and reasons for its effectiveness. This paper describes the background and related, known approaches for pain relief that combine to make The Rossiter System an effective tool for structural pain and limited flexibility/range of motion.

In an era when an estimated \$61.2 billion a year in productivity is lost from the U.S. economy because of pain-related problems (headache, back pain, arthritis, musculoskeletal pain).¹ The Rossiter System is one of many structure-related options that can be deployed to prevent and reverse common aches and pains, greatly improve workers' well-being, overall health and productivity, and drastically reduce the costs, and sometimes unnecessary and sometimes risky treatments currently offered for pain-related problems and conditions. At its very core, the Rossiter System is most effective for preventing, alleviating and reversing pain and pain-related symptoms, and is often referred to as "fix-it" work because its goal is to achieve results and changes in tissue quickly, effectively and with an eye on results.



History of The Rossiter System

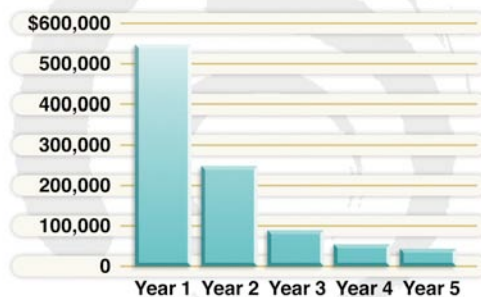
Richard Rossiter is a connective tissue specialist through certified advanced training at The Rolf Institute, in Boulder, CO. He became a Rolfer as a result of his own experiences with chronic pain. As a teen, he suffered a right shoulder injury and dislocation while playing hockey in northern Minnesota. Later, as a U.S. Army helicopter pilot, his left shoulder was injured and dislocated as a result of being shot down in Vietnam. After military service that ended in 1971, he worked as a commercial helicopter pilot in Alaska, where the physical stress and strain of flying furthered his shoulder pain. After a long

search for non-drug/non-surgery approaches to pain (both of which would have made flying physically and/or legally impossible), he underwent several Rolfing sessions – hour-long sessions with a Rolfer to loosen and lengthen the body’s connective tissue – and felt his pain began to lessen.

As a result of that success, Rossiter became a Rolfer in 1983 and began a private practice in Austin, TX (and later Little Rock, AR). In Little Rock, he also began working closely with, and accepting referrals from, a neurosurgeon. Rossiter’s clientele included many individuals who were factory workers experiencing chronic pain and repetitive stress injuries. Many already had undergone cortisone injections, multiple surgeries and other “standard” medical treatments – but were experiencing continuing pain and lessened range of motion/mobility. He began searching for ways to prevent and relieve pain in clients before they had been exposed to traditional medicine’s treatment regimen of drugs (NSAIDS/muscle relaxants/pain-killers), injections, splints/braces and surgery. He found he was able to help clients achieve better, quicker, longer-lasting results (pain relief, greater flexibility and range of motion) in patients who had not been exposed to or subjected to traditional medical treatments.

For 15 years, his business outreach involved consulting and training with small manufacturers and factories, where he was hired to train workers in-house to undergo two-person stretching workouts with each other, at work and on company time, to prevent injuries, alleviate pain as it developed and keep medical costs low for the company/factory. He is finally offering his unique stretching program to other body workers, therapists and the general public.

Steady 60% declines in medical costs are logged at a carpet mill that relies on the Rossiter System.®



Why The Rossiter System is Different

The Rossiter System, in a nutshell, creates “space” in the body by loosening and lengthening the body’s connective tissue system and the network of fascia. Ligaments, tendons, collagen, fibers and tissues that connect throughout and give the body its shape, support and elasticity.

For massage therapists, Rolfers, myofascial release practitioners and other body workers, fascia includes superficial fascia (tissue on the underside of the skin), deep fascia (sheets

of tissue that separate organs and create “sections” inside the body’s cavity) and subserous fascia (loose tissue that covers organs and loosely holds the network of blood and lymph vessels in place).

Many current modalities focus on muscle groups or specific muscles, while The Rossiter System focuses entirely on the underlying and broader connective tissue system, and it addresses different levels and types of connective tissue – outer layers, inner layers, layers that exist around and between muscle fibrils.

The other Rossiter System differentiator is the degree of involvement by the client/recipient. In almost all modalities that purport to provide pain relief or body work, a “therapist” or “practitioner” provides a specific type of therapy to the client. A massage therapist, does all the work by providing a body massage to someone who lies on a table. A Rolfer spends one-hour sessions using hands, fingers, elbows, thumbs and physical strength stretching, pulling and loosening connective tissue while the client lies on a table. With The Rossiter System, however, the client is an active participant, and each session is called a “workout” instead of a session, treatment or therapy. The Rossiter System, unlike most other modalities, requires and depends on active stretching and conscious involvement and movement by the client. The client remains clothed throughout each workout, and most Rossiter System is done with the client (or the PIC, Person in Charge of his/her body and pain) on the floor on a mat. The Rossiter System provider, called the Coach, uses his/her foot as a source of weight and warmth on the PIC’s body throughout each technique and workout while the PIC performs each stretching technique. (Only a handful of Rossiter System techniques are done with the PIC seated in a chair, and the Coach using the elbow as a source of weight). At all times during a Rossiter workout, the PIC remains clothed and in charge of the amount of weight, movement and power that is involved.

**Within three years of implementation
medical costs at a major
manufacturing plant dropped by 62%**



Some forms of massage – Thai Yoga Massage, for example – require active participation by the client and therapist.² So does the Rossiter System, but the major focus of the Rossiter System is pain relief. Many refer to The Rossiter System as “fix-it” work, geared primarily to a client who presents with pain and wants quick, powerful intervention to make the pain go away.

Another key differentiation of the Rossiter System is the system itself. It includes 120-plus techniques, arranged in 10 levels. Each level builds on the movements, skill and knowledge of the previous level, and each level is somewhat more powerful than the previous level. Each technique in The Rossiter System has a name, a set of written instructions that do not vary (except in extreme circumstances, such as artificial joints, previous surgery, the presence of implants, etc.), an accompanying web-site video and clear instructions for the Coach and the PIC. Sample names of techniques include Forearm Up, Forearm Down, Hole in the Shoulder, Bicep Torque, Knee Wave, Hand Hula, Foot to Foot, etc...). With a name for each technique, the Coach and PIC have a common language and a common set of instructions for each workout, so there is much less chance of miscommunication, misunderstanding or medical jargon getting in the way of positive results. In fact, the techniques have names so that the lay public – the client, the patient, the PIC, a factory worker, an adult of any education level, a student, etc. – has a common, easy-to-learn language. In the Rossiter System, there is no sense of “superiority” by the therapist or provider; instead, each workout is a shared responsibility of both. Practitioners of The Rossiter System, in fact, are encouraged to keep medical jargon to a minimum in order to make the best possible connection and achieve the best possible results with each PIC.



Links to Other Modalities

Rolfing/Structural Integration

Because Richard Rossiter's background and training are in Rolfing, the principles of the Rossiter System are rooted in and based most heavily on Rolfing. Rolfing is a form of bodywork, provided by a Rolfing practitioner to a client, and it addresses the body's head-to-toe network of connective tissue.

Rolfing is provided as a series of 10 one-hour sessions in which the client – naked or partially nude – is “Rolfed” by a practitioner who uses his/her hands, elbows, palms, arms and body weight to pull, stretch, fluff and elongate connective tissue in pre-defined areas and locations throughout the body.

The Rossiter System, likewise, focuses almost entirely on the body's connective tissue and is rooted in the belief that many common health problems – joint pain, muscle pain, muscle tightness, inflexibility, migraines, postural problems, etc. – are the result of connective tissue that has become shortened and tightened from overuse, stress, trauma or

the long-term effects of poor postural habits and other behavioral tendencies. Loosening and lengthening the connective tissue, according to Rolfing, is an effective and therapeutic way to re-establish “space” inside the body – and the connective tissue system is the body’s system of “space” in the body.

What differentiates The Rossiter System from Rolfing are several factors.

First, The Rossiter System calls for movement and active participation by the client, not static acceptance of movement and tissue changing by the practitioner. This double-edged approach increases the power, quickness and effectiveness of the tissue-stretching techniques, with the added benefit of active participation in the restoration of health and well-being by the client.

Secondly, Rolfing targets specific, well-defined and small areas of tissue at a time, while the Rossiter System – using the foot, as it does to add weight – covers larger “areas” of connective tissue, allowing a larger volume of tissue to be changed with each technique and each repetition. Moving the placement of weight 1/4 or 1/2 inch with each technique increases the volume of tissue that is affected and changed, and makes sure that both practitioner and client are able to follow and move with tissue as it loosens, lengthens and changes.

Thirdly, The Rossiter System has specific names for each technique – more than 120 in all, each with a set of written instructions for both Coach (the practitioner) and the PIC (Person in Charge, or the person/client seeking help), and in most cases, a video to demonstrate each technique properly. In addition, all 120 techniques are arranged into 10-plus levels, each building on the previous level so that the “work” becomes more specific, more difficult and more powerful as one moves up the levels.

Fourthly, Rossiter System work is not called “therapy” or “treatment” or “modality,” but rather a “workout.” It is simply a pre-defined set of techniques with common terminology and language that two people learn and perform together to help one (the PIC) get out of pain, regain movement/flexibility, prevent injury or tightness, address a structural problem or overcome a health ailment.

And lastly, in order to save wear and tear on the practitioner’s own body, and in an effort to prolong the careers of Rolfers whose work is physically demanding, most of the Rossiter techniques are performed on the floor, with the Coach using his/her foot to add weight to the PIC’s body while the PIC performs a series of techniques, movements and stretches. The Coach is not the “expert” or “healer,” but rather a facilitator who helps a fellow human being find his or her way out of pain. At the end of each workout, in fact the coach is encouraged to acknowledge the PIC’s efforts and say, “Way to go. You did a good job.” That way, both Coach and PIC take responsibility for the workout, the success, the results and the effort put into each workout.

Fundamentally, however, Rolfing and The Rossiter System share a belief in the power of the body to heal itself, in the role that connective tissue plays in creating imbalances, pain and tightness within the body, and the power of connective tissue work/workouts to

restore balance, relieve pain and help the client regain healthy, function and mobility – all without side effects, drugs, shots, surgery or other risky interventions.

Myofascial Release work

Many professionals who learn the Rossiter system frequently ask how it compares to Jon Barnes' myofascial release work. And in some ways, it is similar, because The Rossiter System also focuses intensively on the body's network of connective tissue. Over the years, Barnes has established a body of knowledge and training around myofascial release, and because of his background in physical therapy, myofascial release techniques are now practiced in physical therapy settings. Barnes himself began looking at connective tissue when he realized that his own background as a physical therapists did not provide results that were long-term or deep enough for long-lasting relief. Like Rossiter, he began zeroing in on the causes – not the symptoms – of pain, and then developing techniques that use gentle pressure over time to release tissue that's been shortened, knotted, stressed and tightened from trauma and overuse.

Barnes emphasizes a treatment system that involves gentle, sustained pressure on tissue rather than aggressive and fast manipulation. "We are all fascial beings," writes Barnes at his web site, (myofascialrelease.com). "...the fascia controls all of the other structures and systems of our body and basic physiologic functions of our being, all the way down to the cellular level." Barnes, in fact, has trained more than 20,000 physical therapists in myofascial release for pain, restricted movement, spasms, spasticity, neurological dysfunction, scoliosis, headaches, sports injuries, surgical scarring, etc.

Among Barnes' writings:

"Myofascial release is generally an extremely mild and gentle form of stretching that has a profound effect upon the body tissues.

"...release of the fascial system also tends to balance and provide more space between the joint structures of the skeletal system," a finding he came upon after realizing that joint-only techniques are too short-lived and too limited to affect joint structures.³

Because the Rossiter System also focuses exclusively on the body's fascia and connective tissue system, the same kinds of results – more space, quicker results, pain relief for a variety of problems, etc. – can be expected. Moreover, the Rossiter System has the added element of active client participation, a factor that could even deepen and enhance the results, effects and staying power, so to speak, of the techniques themselves.

By contrast, though, The Rossiter System can be taught to lay people who can then use the techniques on their own, with friends/colleagues/family at no cost for the rest of their lives.

Massage Therapy

In the last several decades, massage therapy has evolved in a widely used, widely accepted and effective modality among the medical professional because of proven benefits that include increased circulation and oxygenation of massaged tissue, enhanced

relaxation and well being, looser muscles, greater flexibility and enhanced range of motion.

In traditional massage therapy, the therapist provides the massage hands-on to the client, who is usually unclothed/partially clothed and passive on a massage table. Many of the same benefits of massage – enhanced circulation, better oxygenation, looser tissue, greater mobility/flexibility – also occur with the Rossiter System because tissue is being manipulated and moved as in massage therapy.

The biggest difference, however is that tissue moves even more dramatically with The Rossiter System techniques because the client is actively involved and performs a set of pre-determined movements specifically aimed at stretching, lengthening and loosening tissue throughout the body. Unlike massage, which is therapist-provided, The Rossiter System is a cooperative effort. The client, in essence, “borrows” the Coach’s foot and knowledge to get help for aches and pains throughout the body. With minimal instruction, the client very quickly learns – and the client’s body “learns” – what it needs to do and how it needs to move in order to get relief.

Lawrence Gold, a certified Hanna Somatic Educator, says about massage therapy⁴: “Working *on* the client pre-supposes that the client cannot help (him/herself); work with the client pre-supposes that the client has some practical responsibility for (his/her) condition. Done *with* active participation by the client, this approach evokes faster and larger improvements – and something more than relaxation. Because of the client’s enhanced awareness of the connection between sensation and movement, their control of movement (e.g. strength, resting tension level, and coordination) improves.” What sets The Rossiter System apart from massage therapy and other bodywork modalities such as Rolfing, Hellerwork and structural integration, is exactly what Gold describes: a singular focus on working WITH the client, with the client’s active participation, to achieve results.

Shiatsu

Shiatsu is a Japanese form of bodywork, a treatment modality that uses “non-intrusive touch” to improve balance and health. It was developed in Japan as early as 1925, recognized by the Japanese government in 1964 as a therapy and spread to the U.S. in the 1970s to other body workers, massage therapists and the general public. It involves holding, stretching and leaning body weight into different parts of the clothed body to improve blood flow, circulation, flexibility, posture and deep relaxation. Shiatsu practitioners use various parts of their own bodies – thumbs, fingers, forearms, elbows, knees and feet – to add weight or pressure to the client’s body. The goal is similar to that of acupuncture – focusing on the body’s meridians, or energy pathways, and restoring the flow of energy through them.

Like Shiatsu, the Rossiter uses weight on the client’s body but focuses almost entirely on the use of the foot to add weight because it is the kindest and most forgiving appendage for the practitioner/Coach to use. In The Rossiter System, the Coach adds “weight” instead of “pressure,” and the Rossiter System insists on clarifying the difference

between the two. Weight is delivered slowly and gently and is generally well tolerated by the client/PIC. Pressure, on the other hand, usually causes a pressing back or reaction, and may not be as well tolerated by the PIC. The only Rossiter System techniques that do not use the foot are those based on the Traps technique for the shoulders/neck/upper body. For Traps-related techniques, the Coach uses his/her elbow to add weight.

Another key differentiator, related to the concept of changing a larger volume of connective tissue with each technique/repetition is, that Rossiter System weight is applied over a larger area than in Shiatsu. Instead of targeting exact spots or trigger points, the Rossiter System applies weight over a larger area, allowing change to occur over a larger areas.

Connective Tissue Massage

Developed by practitioner John Latz of the Institute for Structural Integration, Connective Tissue Massage (CTM) involves massage of the layers of the body's connective tissue to lengthen, lighten and free up tension and tightness in the body. Latz endorses the use of hands and elbows and specific leaning/postural stances to exert pressure on the body while massaging connective tissue. By contrast, the Rossiter System emphasizes the upright integrity of the practitioner's body, both as a way to prolong practitioner's careers and avoid injuries that can develop in practitioners during the course of providing bodywork to others. Rossiter System clients participate actively in each workout rather than receiving the work passively, lie clothed on the floor during each workout – not on a massage table, and the foot is used almost exclusively in the Rossiter System to add weight. But the goals are the same – lengthening and loosening of the connective tissue.

Acupuncture/Acupressure

Acupuncture/acupressure involves the insertion of tiny needles (acupuncture) or the application of pressure (acupressure) to specific spots or pathways on the body (“meridians”) to increase the balance and flow of energy or “chi” through these meridians. It is an ancient practice widely used in Asian/Eastern cultures and increasingly used in the United States for a variety of purposes – pain relief, anesthesia, addiction treatment, etc.

The Rossiter System prefers to think of its approach to energy-related healing as “acu-area,” meaning the placement of the foot during techniques is not as pinpoint precise as with acupuncture or acupressure. While there is no specific training in acupuncture/acupressure placement or mechanics during Rossiter System training, the placement of feet during techniques no doubt follows the meridians and pathways of the body, helping through stretching to open them up and restore flow/balance. It most closely resembles acupressure, which is delivered with the hands directly to pre-defined acupressure points or meridians.

Writes Stanley Rosenberg in the Summer 2003 issue of *Structural Integration* (publication of the Rolf Institute) “I personally believe that my client's body has the resources with it to heal itself. My client's body does not need me to beat down their resistance. It is natural for traumatized and tense tissue to forgive. To forgive is to give by

returning to the state before the event happened. Tense of traumatized tissue knows itself what to do with information from the lightest touch possible.”

In the Rossiter System, the concept of “touch” is provided by through weight, delivered by the Coach’s foot. And with each technique, the PIC determines the amount of weight his/her body can withstand for maximum pain relief, energy flow, movement, mobility and range of motion.

Pilates

In 2002-2003, the form of stretching known as Pilates gained popularity on video tapes/DVD and in fitness health clubs. It is a form of stretching that is more active than yoga and focuses primarily on the strength of the torso. But like other forms of gentle exercise, it too helps each person become aware of tension/tightness and work actively to loosen muscles and connective tissue in key areas of the body.

Energy Medicine

Acupuncture, Reiki, healing touch and other modalities belong to field known as Energy Medicine, which holds that any intervention with a living system involves energy of one form or another. Energy medicine involves understanding how the body creates and responds to electric, magnetic, electromagnetic and other forms of energy, including energy that emanates from or is created by light, sound, pressure, heat, chemical, elastic, emotions and gravity.⁵

According to studies by Dr. John Zimmerman, practitioners of hands-on and hands-off therapies (Reiki, acupuncture, structural integration/Rolfing, cranial-sacral therapy) can emit extremely low-frequent (ELF) energy fields in varying but detectable levels – energy levels that can help regenerate nerves and spur the growth of bones, ligaments, skin and capillaries (Oschman⁵). While feet are not included in his study, it is entirely reasonable to assume that the same sorts of touch, delivered via the foot, are also existence and detectable in a system like The Rossiter System.

Hanna Somatic Education

A theory known as Hanna Somatic Education holds that awareness of pain – where it is, how deep it is, how long it’s been in the body, when it moves – is a goal worth pursuing and achievable. Likewise, the Rossiter System holds that active participation in each workout is critical. The PIC must be aware at all times of his/her own pain, how it changes, where it moves, what works best at relieving it and how to deal with it in the here and now and in the future.

According to Hanna material: “Injury or overuse often causes muscles to hold excessive tension for such long periods that your brain – the master control organ of the muscle system – forgets to relax tight muscles. Somatic education – and Rossiter System techniques by extension – reminds and trains the brain how to recognize, focus on and loosen muscles throughout the body.

Conclusion

Clearly, the Rossiter System is based on the theories, principles, outcomes and practices of a variety of accepted modalities and bodywork therapies, from massage therapy to acupuncture, from Rolfing to Shiatsu, from somatic education to myofascial release.

Hence, many of the results and benefits can be expected to be the same – pain relief, greater flexibility and increased range of motion, increased circulation and relaxation, and a loosening of the body’s network of connective tissue, from head to toe. Its primarily goal is pain relief and a heightened sense of PIC involvement, empowerment and self-education.

What sets The Rossiter system apart is the quickness with which results occur and are apparent. This is the result of several factors:

- Active client participation and involvement. On one hand, this idea is as simple as the “two heads are better than one” adage. One person applying movement can produce a specific but limited amount of change in the body of another person (massage therapy, Rolfing, etc.). But two people working and moving together can increase the power, effectiveness, speed and amount of tissue that can be changed at any one time – even though each technique is done slowly. Secondly, it is one of only a few modalities that give clients the power to identify, change and work hard for their own well-being. The Rossiter System Coach is not the “expert,” but rather the facilitator who can help each IC/client/patient – the only person who truly knows where the pain is, and the person whose body is being subjected to some form of change – find relief with help.
- A systemwide approach to pain relief and well-being. The Rossiter System is just what it says – a system that addresses connective tissue from head-to-toe in a series of predictable, routine techniques that are easy to teach and easy to learn. Instead of addressing pain as a specific, location-limited phenomenon, The Rossiter System addresses pain as a systemwide breakdown or tightness that can be relieved only by loosening and lengthening the entire system of tissue that feeds into the pain, no matter where it arises or presents. No matter what the ache/pain on a PIC’s arm, for example, a typical Rossiter workout is done on the entire upper body, from wrist through neck, to create space in the entire network of connective tissue that feeds into, supports and affects the exact spot where pain is experienced.
- A focus on the cause of pain, not the symptoms of pain. Like many other complementary/alternative therapists – and unlike traditional medicine – the Rossiter System zeroes in on the cause of pain, stress, tightness and all the other symptoms that arise when connective tissue becomes short, tight and constricted inside the body. When the causes are addressed, pain has a final solution and a resolution.

Although it is unique in its approach – unique for both recipient and provider – the Rossiter System can be easily taught, easily learned, and once learned, adopted for a lifetime of use. It can be deployed to prevent pain, used sporadically to alleviate pain

symptoms as they arise, or used long-term to ensure that connective tissue throughout the body remains flexible, fluid and loose and able to create the “space” that the body so craves and requires.

-
1. Stewart, Walter F., et al, “Lost Productive Time an Cost Due to Common Pain Conditions in the U.S. Workforce”; *Journal of the American Medical Association*; 2003, 290;2443-2454.
 2. Noah, Rebecca, and Calvert, Judi, “Thai Yoga Massage”; *Massage*, Sept-Oct 2003; pp 77-80.
 3. Barnes, Jon; “PT/OT Today,” <http://www.myofascialrelease.com>, Vol. 5, No. 40, “Mind and Body.”
 4. <http://www.somatics.com> Web site, by Lawrence Gold.