Abridged version SRT

# Subcutaneous reflex therapy of Häfelin (SRT)

## 1. Definition

First we would like to give a short definition of subcutaneous reflex therapy (SRT):
**Subcutaneous reflex therapy (SRT)** is a therapy based on manual stimuli – in other words a form of massage – which absorbs dysfunctions from the connective tissue layer and eliminates these problems with the help of special hand movements affecting subcutaneous layers between skin and musculature. (Over the years Häfelin as therapist and empiricist has persistently and meticulously developed simple connective tissue massage further to subcutaneous reflex therapy.

## 2. The Method: Naming and Development

Whenever the catchword 'back to the roots' is used in discussing connective tissue massage (Bindegewebsmassage, BGM) and subcutaneous reflex therapy (SRT) it can only refer to the fact that both have their starting point, in terms of diagnosis and therapy, in the

**subcutaneous connective tissue.**

For many years these two methods were collectively referred to as connective tissue massage. But in the years 2002-04 Häfelin was repeatedly urged by younger colleagues to part with this unpopular designation, which was sensible enough in view of the fact that even at this stage there were considerable differences between the two. Thus, subcutaneous reflex therapy was first used as an official designation in 2005, with the grammatically correct spelling only introduced in 2011. Since it is Häfelin who had, throughout his professional career, developed and shaped SRT, it is only consistent that this method should be named after him. Consequently, the full designation now is

**Subcutaneous reflex therapy of Häfelin (SRT).**

The developmental stage of SRT has long since come to an end which means that subcutis disorders con now be recognized as such and receive specific treatment. This closes a gap in the rehabilitation process and in itself constitutes a convincing raison d´être for SRT. It can thus be established that this method provides us with an excellent diagnosis-oriented and evidence-based therapy concept.

## 3. Getting the right findings

A crucial part of SRT is the establishment of a correct diagnosis which in this case has to deal mainly with subcutaneous disorders making themselves felt by pathological alterations of the **subcutaneous turgor, scar disorders, adhesions and paraesthesia or sensory disturbances.** These alterations are identified and then registered on a medical-data collection form. Since the subcutis has a tendency to react spontaneously, treatment is constantly accompanied by control palpations. It is therefore logical that each new unit of treatment should start with a new diagnosis.

This diagnosis is extremely important as a precondition for an exactly targeted and minutely accurate therapy, in accordance with the maxim that 'finding dictates treatment'. Conversely, however, this means that any stereotyped approach (e.g. if each unit of treatment were routinely to start with the so called 'small build-up') would make such diagnostic efforts superfluous and devoid of value.

The most accurate identification of the subcutaneous turgor is achieved by means of *Kibler´s* skinfold palpation. As early as 1980, Häfelin had been the first to recommend its application in dealing with *Benninghoff´s* cleavage lines of the skin. **Subcutaneous diagnostic findings could thus be obtained, for the first time, from all parts of the human body.** However, it should not go unmentioned that *Teirich-Leube* had recommended *Kibler´s* palpation - although only in the dorsal area and in combination with a constantly traverse grasp position – even earlier.

## 4. Techniques

Naturally, different subcutaneous alterations call for different approaches as well. As early as 1975, Häfelin came up with the first descriptions of **subcutaneous petrissage** for the removal of adhesions while at the same time taking the first practical steps for its implementation.
Basically the manual stimulus must take the skin´s deep displacement layer (i.e. between subcutis and muscular fascia) as its starting point. It is necessary in this regard that a distinct bow-wave should be formed ahead of the 'therapy finger' as such, and we have at our disposal a variety of techniques and grasps whose adequate use depends on the relative thickness and elasticity of the skin. Control palpations have corroborated the sensible and spontaneous reaction of the subcutis.

**Since 2010, feelings of cutting on the part of the patient are no longer aimed for because such feelings may be an indication of overdosage**. Occasionally, temporary periods of hypersensitivity may also occur as a part of subcutaneous petrissage.
It is due to Häfelin and his various sophisticated procedures that SRT did not end in a blind alley but purposeful approaches could be pointed out for patients to follow.
As a result not only do therapists now **dispose of SRT techniques** in the narrower sense of the word but especially in the case of ailments of unknow origin, the '**expanded treatment concept SRT'** is often useful whereas in the case of persistent complaints and problems the '**combined treatment concept SRT'** may generally be recommended.

## 5. Indications

It is widely known that there is interaction between the skin and the inner organs and caudal and cranial areas of the body. This is why local subcutaneous alterations can also be diagnostically identified by examining any other part of the body.
In the other hand it would be an unwarranted simplification if SRT came to be regarded as a panacea for every pathological state of health. Positive treatment results can in fact be expected in all cases where significant subcutaneous alterations have been diagnosed.

After these basic remarks here is a list of the main indications: **First, scar pains and ailments of unknown origin should be mentioned. Other areas of application include postoperative and posttraumatic conditions characterized by adhesions, sensibility disturbances or scar pains.** Due to the fact that cutting feelings, which proved to be troublesome for many patients, do no longer occur, new indications such as **fibromyalgia, neurodystonia and the psychosomatic syndrome** have been added to the list.
The 'expanded treatment concept SRT' and the 'combined treatment concept SRT' now give us useful and individually adapted options and it is precisely through a combination of these treatments with other methods of physical therapy, hydrotherapy an movement therapy that many patients´ dreams may come true.

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