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NEIDNER TECHNIQUE

History

This technique was developed by William Neidner, D.O., a student of W. G. Sutherland, D.O., when searching for some means of helping two children with muscular dystrophy. He began to think of the total fascial system of the body. He recognized that in health, viewing the human body from above the head, there is a clockwise rotation, like a corkscrew, being introduced into the earth with a clockwise force.

As he evaluated these two children, he discovered they were exhibiting a counter-clockwise force. He then developed the following technique to normalize this.

A. WITH PATIENT SUPINE

1. Standing at the head of the patient with a hand over each shoulder the fingers spread over clavicles and upper ribs. Test the ease of diagonal motion anterior and inferior of right shoulder and then left shoulder. In the counter-clockwise pattern the right will move more freely. Apply a direct fascial release, i.e. attempt to carry the left shoulder anterior and inferior while restraining the right posteriorly. Hold until the release occurs, and the left moves freely. At the moment of release the resistance to the antero-inferior motion of the left shoulder melts away.

2. Stand on the left side of the table for all of the following steps.

   Take left arm, abduct it at the shoulder about 75°, flex it at the elbow 90°. Slip your right arm posterior to the patient's left upper arm and rest your right hand on the patient's forearm. Encourage internal rotation of the shoulder girdle by slightly lifting the upper arm toward the ceiling and depressing the forearm toward the floor. Wait for release and ease of motion to occur.

3. Place each hand on either side of the lower half of the thoracic cage. Spread the fingers to encompass as wide an area as possible. Evaluate ease of rotation - counter-clockwise when right hand will carry right thoracic cage anteriorly and inferiorly more easily, clockwise when left thoracic cage moves anteriorly and inferiorly more freely. Apply direct action to bring left side to move more freely anteriorly and inferiorly.

4. Pubic tubercles - in counter-clockwise pattern left will be superior to right. Apply direct action fascial release to move the left side inferiorly.

5. Place hands over the innominate bones bilaterally with thumbs over anterior superior iliac spines. Test for antero-inferior medial motion of each side. In counter-clockwise right side will move more freely. Apply direct action fascial release to bring left side into antero-inferior medial motion.

6. Left lower extremity. Flex hip about 45° and knee about 80°, adduct, internally rotate and hold the thigh until there is fascial release of pelvic girdle into direction of clockwise motion.

B. WITH PATIENT PRONE, FACE TURNED TO THEIR RIGHT

1. Operator stands at the head of the table with hands placed over the shoulders. The fingers are spread over the scapulae. If counter-clockwise motion predominates the operator's right hand will carry the patient's left shoulder posteriorly, inferiorly and medially more easily than the operator's left hand will move their right shoulder posteriorly, inferiorly and medially. The operator will then apply direct fascial release through the left hand, i.e. to the patient's right shoulder until the softening and ease of motion occurs.

2. Stand on the left side of the table, i.e. the right side of the patient for all the following steps. Take the patient's right shoulder to 80° of abduction and external rotation by lifting the hand toward the ceiling, and elbow with the upper arm posteriorly, medially.

3. Turn to face toward the patient's feet. Grasp the lower thoracic cage with both hands spreading the fingers over the ribs and laying the thumbs beside the vertebral column. In counter-clockwise motion the operator's right hand will move the patient's left rib cage posteriorly, medially and inferiorly more easily than is possible on the other side. Apply direct action fascial release to move the right rib cage, i.e. the operator's left hand posteriorly, medially, inferiorly. Hold until softening and melting of the resistance occurs.

4. Place both hands on the iliac crests, thumbs toward the posterior, superior spines. If counter-clockwise motion predominates, the operator's right hand will carry the patient's left innominate bone more easily into a posterior, medial, inferior direction. Apply direct fascial release with the left hand on the patient's right innominate to carry it in a posterior, medial and inferior direction. Hold it until softening and ease of motion is palpated.

5. Place right hand over the sacrum with heel of the hand at the base and finger tips over the coccyx. Reinforce with the left hand. To encourage clockwise motion apply direct fascial release to the sacrum inferiorly on the patient's right side (i.e. with the operator's thumb) and anteriorly on their left side (i.e. with operator's little finger). Hold the pressure until release is palpated.

6. The operator now stands beside the right lower extremity facing toward the head. With right hand under the knee and the left hand on the ankle, carry the hip to 45° of flexion with external rotation and abduction. To encourage clockwise motion lift the knee toward the ceiling with a posterior, inferior motion while depressing the foot toward the floor. Hold this direct fascial release until the softening and increased freedom of motion occurs.

This is a profoundly relaxing treatment and should be remembered and considered toward the conclusion of a treatment program after more local strain patterns have been resolved.