[Health]

Jill Coyne has been a certified Rolfer for four years.

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Rolfing revealed

Intensive bodywork technique grounded in gravity is gaining popularity

By Lauren Viera | TRIBUNE NEWSPAPERS

The effects of Rolfing didn't really sink in until the day after my second session. ■ It was a late-October afternoon, and I was walking between lunch errands. I'd been walking for about five minutes at a steady clip before it hit me: I was walking better. Better than the prior afternoon, better than ever. More of my foot was hitting the ground with each step, offering a stability I'd never felt before. I was carrying myself with better posture than before, and there was an easy swing in my arms. ■ Without realizing it, I was taking longer strides. I was covering more ground than I ever had before. And it felt amazing.

This is Rolfing, in a nutshell: allowing your body the structural freedom to do what it wants to do naturally — move.

The practice is named after Ida P. Rolf, a pioneering biochemist who earned her doctorate from the College of Physicians and Surgeons at Columbia University in 1920, when women had just earned the right to vote.

After years of studying osteopathic and homeopathic medicine, as well as yoga, Rolf began experimenting in the 1940s, at first on friends and family, with the massaging and manipulation of fascia — the layer of soft, connective tissue that covers the muscles and holds in place everything around them.

Her theory was that after years of daily stress, "bound up" fascia restricts the muscles, in turn restricting movement. The solution? Manipulate the fascia enough, and gravity — yes, gravity — will take care of the rest.

Put simply, the "gospel of Rolfing," as its founder has been quoted as preaching, is this: "When the body gets working appropriately, the force of gravity can flow through. Then, spontaneously, the body heals itself."

There's a growing community of practicing, certified Rolfers.

I found mine via word of mouth.

Jill Coyne, 34 and formerly a massage therapist, has been Rolfing for the last four years from a lofty, eighth-floor studio in the Fine Arts Building. Faint echoes of operettas and violin quartet rehearsals drift through the 125-year-old walls and fall gently on the massage table centered in the room. A skeleton silently observes while Coyne works, gently kneading and pulsing her client's bare skin. She likes to work for 90 minutes at a time, sometimes longer — whatever it takes to home in on an area and ever so slowly work out the kinks, leaving the client with an airy, fresh sense of movement. Under Coyne's hand, Rolfing isn't painful, it's invigorating.

Coyne first learned about Rolfing a decade ago in a yoga magazine, in the midst of earning massage certification. She was fascinated. "It just made sense to me," she says, "this idea that the body that I was living in, that felt very restricted and limited, had the potential to find openness and flexibility through a process." She eventually signed up for a session with certified advanced Rolfer Heidi Massa, and arrived with an open mind and a boatload of curiosity. She was hooked almost immediately.

Coyne eventually relocated temporarily from Chicago to Boulder, Colo., where she began the first in a series of courses at the Rolf Institute of Structural Integration, the only educational facility in the country that offers Rolfing certification. Many

Ready for Rolfing?

Find a certified Rolfer: There are just over 1,000 nationally. **Rolf.org**, the official Web site of the Rolf Institute of Structural Integration, lists certified Rolfers geographically.

Budget yourself: Individual Rolfing sessions tend to last an hour to 90 minutes. Single sessions can address some issues, but for the curious, certified Rolfer Jill Coyne recommends trying the first three sessions of the Rolfing Ten Series to get a sense of how it can affect the body as a whole. A single session typically costs about $120, and some Rolfers offer a lower price, about $1,000, for the full Ten Series.

Don't be shy: Your Rolfer will mostly likely begin your first session by asking you to disrobe and take a walk around his or her studio. While it may at first feel as if you're being ambushed for "America's Next Top Model" tryouts, this protocol is simply so that your Rolfer can accurately observe your body's alignment and gait. (If you're especially modest, discuss clothing alternatives with your Rolfer.)

Don't be afraid: Rolfing used to have a bad reputation for being painful. It's not. Yes, it involves applying pressure to the body, but you're not expected to endure pain. Speak up if the pressure is too strong.

Use your sessions to their fullest: After and in between sessions, try walking. Try running. Try cardiovascular exercise of any kind, really. You might be surprised how differently your body moves once it's been Rolfed.

— L.V.

other schools offer similar structural integration coursework, most of them founded by early Rolf disciples, but only the Rolf Institute certifies Rolfers. Earn your certification elsewhere, and you can't legally practice as a Rolfer.

Practitioners make strict distinctions among Rolfing, chiropractic work and deep-tissue massage. They're not the same, says Massa, 52, who's been Rolfing since 1994.

"It's not like bodywork; it's not like massage," Massa says. "Being a Rolfer is more like being a tailor than being a masseuse. You have to look at (the body) and say, 'What's too long? What's too short? What's too bunchy? What's too tight?' Rolfing is not a form of alternative medicine; Rolfing is more about education."

Duffy Allen, a faculty member at the Rolf Institute who splits her time between Boulder and her practice just outside Burlington, Vt., agrees that the success of Rolfing relies heavily on teaching clients about their bodies. "Rolfing is about education," Allen says. Dr. Rosemary Feitis is an advanced certified Rolfing practitioner who works out of New York City. A Rolfer for the last 40 years, Feitis was one of Ida Rolf's first trainees, but even she agrees that it isn't the be-all, end-all for physical treatment.

"I think there are times when you need to be cautious," Feitis said. "Its place is not necessarily in medicine, except in the sense that it helps certain problems that are brought to doctors and really belong in the realm of physical therapy."

Occasionally, Rolfing reveals simple solutions to chronic issues. In one of our sessions, Coyne observed that when walking, I was bringing my neck too far down to my chest. I explained to her that I had to do so to see under my bangs, which were desperately in need of a trim. Coyne could relate: She'd been called out on the same issue years ago by her Rolfer. "People's head postures are sometimes affected by their hairstyles," says Coyne, who, for the record, has since kept her hair pinned neatly away from her face.

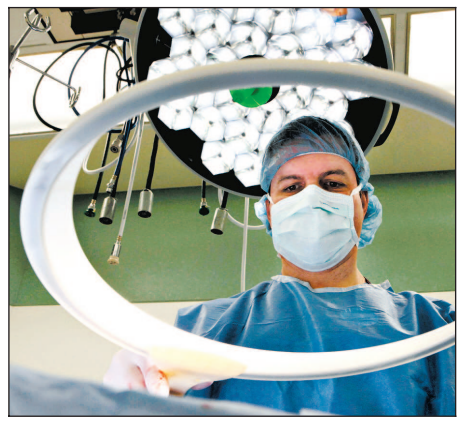
As I'm nearing the end of my own Ten Series, I've learned to do a lot more than keep my bangs in check. I'm walking and running more, simply because it feels good to do so in a body that moves well. A few colleagues have commented that I appear noticeably taller, either because I'm standing up straighter, or because my fascia has stretched to allow my limbs more breathing room. The best side effect is the hardest to explain: the feeling of moving in a new body, one that moves more freely than before.

"It's a very hard thing to articulate and put into words because it's so experiential," Coyne says. "The experience of feeling different in your own body is nearly impossible to describe. I'm in awe of it, again and again."

lviera@tribune.com

Surgical tools left behind? Scanning wand finds items

By William Hageman
TRIBUNE NEWSPAPERS



ANTONIO PEREZ/TRIBUNE NEWSPAPERS PHOTO
A surgeon waves an RF Surgical Detection System wand over a patient.

Surgery, by definition, has risks attached. And anything that cuts down on those risks is welcome.

That's why one system for tracking and locating "retained objects" — things left in patients after an operation — is getting a closer look in the medical community.

Manufactured by RF Surgical Systems of Bellevue, Wash., the RF Surgical Detection System uses a scanning wand to find any tagged items remaining in a patient. Tags (or seeds) about the size of a rice grain are imbedded in gauze, sponges and the like. One wave of the wand over the patient will reveal if the coast is clear.

A retained item can cause a blockage or other problems, even death.

The best solution, of course, is to get everything out the first go-around. Traditionally, the way to do that has been a physical count that keeps track of everything used in a procedure.

"Nurses count everything that goes into the patients — sponges, gauze, instruments, sharps — and they count everything that comes out," said Kevin Cosens, chief executive of RF Surgical Systems. "If the counts don't match, then, of course, they can't close the patient."

That means a recount, making a pile of bloody sponges and gauze, going through garbage cans.

"If they still can't find it in the operating room, then they've got to wait and get somebody from the radiology department to roll in a C-arm and take a picture to see if they can find it," Cosens said.

Counting, though, isn't always dependable. In a study of risk factors for retained instruments and sponges after surgery, published in 2003 in the New England Journal of Medicine, researchers concluded: "Of the many cases (in the study) of retained foreign bodies in which counts were performed, 88 percent involved a final count that was erroneously thought to be correct."

There is no definitive data on the frequency of retained objects. According to the New England Journal researchers, "The incidence we found of 1 in 8,801 to 1 in 18,760 inpatient operations corresponds to one case or more each year for a typical, large hospital." Because the study was based on malpractice claims, those numbers were most likely underestimates, researchers said. And Cosens said that numbers from Minnesota, which reports all surgical errors, indicate there is a retained object in 1 in 8,000 surgeries.

Sponges (the most common retained object) and other items get left behind for various reasons. There can be a human error. There are supposed to be 10 sponges in each package; maybe a pack has only nine. In an emergency situation, an extra item may get tossed into the mix.

"With this system, if that should ever happen and the count still comes out correct, you still are able to wand the patient," said Kim Stache, administrative director of surgical services at Edward Hospital in Naperville, Ill., which started using the system in December.

"Because of the RF seed, if there is still a sponge in the body or the opening, it would beep at us to let us know, hey, there's still something in the wound. Whereas if the counts were correct, the patient would be closed. And if complications arise later, you find that the sponge was left behind. In the large majority (of cases) of sponges left behind, the counts were correct."

Stache said that the system has already benefited at least one patient.

"Our counts were incorrect at the end of a total joint surgery and we could not find the sponge," she said. "They relooked at the wound, they looked at the garbage, then we wanded the knee again and it was actually on the table, underneath the knee. With all the moving around of the knee it had gotten under the patient. We never complete a case without counts correct, so it saved us some time."

More than 100 hospitals are using the system, Cosens said, which adds the extra layer of security at a cost of about $15 per surgery.

"We've had zero retained objects in all of the hospitals that are using our system over the last two years," Cosens said. "We're getting a lot of positive feedback."

bhageman@tribune.com