

**ROLF INSTITUTE<sup>®</sup> OF STRUCTURAL INTEGRATION**

**STANDARDS OF PRACTICE**

**As approved by the Board of Directors for  
Submittal to Membership**

**November 2009**

## I. Overview

Rolfing® Structural Integration, originally developed by Dr. Ida P. Rolf, PhD, is based on the premise that quality of life and well-being depend in part on the person's capacity to adapt to the field of gravity. Rolfing is an approach to helping the person live and function with greater ease, grace and efficiency within the field of gravity. In particular, Rolfing helps us use gravity as an ally in the manifestation of the human upright posture, as well as in the uniquely human activities and place in the world that uprightness permits.

The theory and practice of Rolfing incorporate several basic assertions about the human being, the human body, and how our physical structure both reflects and affects the overall state of our being. At the most basic level, Rolfers™ maintain that gravity is so much a part of our existence and experience that it is usually overlooked or forgotten as a relevant factor influencing our lives. Equally fundamental is the recognition that each human being has an inherent internal pattern for optimal organization of form and function, which pattern is essentially self-organizing. The intent of Rolfing is to identify and address that which keeps each person's pattern from manifesting as a higher level of order and function.

Rolfers maintain that the human structure is not fixed, but rather is highly mutable. Structure can deteriorate over time, due to injury, trauma, habits and repetitive patterns that cause inhibitions in movement, which can become chronic restrictions in tissue. However, structure can also change for the better, at almost any point in life.

When Rolfers use the term *structure* with respect to the human body, they refer to the relations among the parts and segments (feet, legs, pelvis, trunk, head, etc.) that tend to be constant over time. But an understanding of structure involves much more than just the physical parts. In a broader sense, it involves a person's balance and function in all dimensions. In fact, Rolfers recognize that all aspects of the person – physical and spiritual; emotional, perceptual and cognitive; social and behavioral -- are manifest in the physical body's structure and its relationship with gravity.

For Rolfers, the body's physical organ of structure is the connective tissue matrix (including fascia, tendon, ligament, and cartilage). Connective tissue is characterized by its continuity throughout the body and its ability to adapt in one area to changes in another. By considering the connective tissue matrix as a whole, Rolfers go beyond treating isolated body parts to perceive and address the physical pattern of organization in the whole person. Much of a Rolfing's repertoire consists of hands-on interventions to effect change throughout the connective tissue matrix, in order to improve the person's overall pattern of structural organization. The repertoire also includes qualities of touch and skills at observing and perceiving changes, both in local tissues and throughout the entire system.

In conjunction with hands-on work directed to the connective tissue matrix, Rolfing encompasses a movement aspect that focuses on patterns of function. These patterns often originate in how we perceive and ascribe meanings to ourselves and our environments. Movement work addresses these patterns of function by engaging directly the client's subjective experience and habits of perception, and thereby facilitates changes in coordination and expression. This, in turn, deepens the physical structural changes and sensate experiences, which helps the client to embody and maintain changes. Movement work goes to the heart of the client's patterns of expression and meaning in relating to self, to the environment and to others,

thus enhancing overall structure, function, and integration of the whole in gravity.

The purpose of Rolfing is to improve the organization of the person as a whole, rather than to alleviate symptoms. This focus on overall structural and functional balance, as opposed to symptom relief, is a key distinguishing feature of Rolfing from medicine and from many other somatic approaches.

Recognizing that the person is a unified structural and functional whole, Rolfers use the term *integration* to speak to the relationships among the parts to each other and to the whole. Integration refers to harmonious and efficient relationships among all the parts and subsystems that constitute the whole human organism, as well as between the person and the environment.

As a somatic practice, Rolfing addresses the human being through the physical structure and its functional expression. However, we understand that structure is the product of all aspects of our experience. Rolfers emphasize the client's internal experience and perceptions as part of the exploration of structural change. The client's awareness and perceptions are as important for organization and integration as the changes in connective tissue.

## **II. Definition of Rolfing® Structural Integration**

Rolfing Structural Integration® is the theory and practice of organizing the human being in the field of gravity. Its goal is to enhance the person's structural integrity, which is manifest in the person's ability to function economically in relation to the environment. Rolfing accomplishes this by addressing imbalances in the body's connective tissue matrix, as well as by helping the client find more functional options regarding patterns of movement, perception and cognition.

## **III. The Practice of Rolfing and the Professional Development of Rolfers**

What follows are elaborations of certain key terms and concepts.

### **A. The "Recipe"**

Ida P. Rolf designed a basic strategy to deliver Structural Integration as a series of 10 sessions (the "Recipe"). Generally, but not necessarily, a client's initial Rolfing series is based on Ida P. Rolf's formal ten-session strategy. However, the number and precise content of a particular client's sessions is determined by the client's needs and best interests, as well as by the practitioner's level of training and experience.

Dr. Rolf developed the Recipe as a protocol to advance the teaching and propagation of her innovative point of view. It is a formal teaching protocol and, in general, an efficient strategy

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\* Note on terminology: The work of Ida P. Rolf, Ph.D., is now known and referred to by her original and preferred term, *structural integration*. *Rolfing*® (more properly called *Rolfing*® Structural Integration) refers to the work of graduates and members of the Rolf Institute® of Structural Integration, the original school that Dr. Rolf founded to teach her work. Although the various schools now teaching structural integration have much in common, the intent of this document is to set forth standards of practice only for Rolf Institute graduates and members (known as Rolfers™).

for structural integration. In practice, the Recipe is tailored to address natural variation in human structure, as well as each client's unique circumstances and process of discovery.

### ***B. Meeting the Client's Individual Needs***

As holistic practitioners, Rolfers recognize that a human being is a self-regulating and self-organizing system, all aspects of which are interrelated and interdependent. The aspects of the person that Rolfers consider include spatial, geometric and biomechanical relationships within the physical body; perceptual and cognitive influences on economical physical function; psychobiological factors of the person's emotions, culture and environment; and the energetic component of a person's sense of vitality and well-being. Rolfers also acknowledge the importance of the existential or spiritual dimension to a client's process.

In considering these interrelated aspects of the whole, a Rolfer recognizes that any one aspect of the human being reflects all others, and that an intervention in any one of them will affect the others. Therefore, any intervention will be effective only to the degree the client can adapt to it and find support for it in all aspects of being.

Finally, Rolfers recognize that every person needs time to integrate Rolfing interventions. In keeping with the client's need for closure, any session or series of sessions concludes when the client achieves the highest level of organization then and there available in all aspects of being.

### ***C. A "Rolfer"***

Because Rolfing happens as a process in the context of the relationship between Rolfer and client, part of what is required to accomplish Rolfing is the Rolfer's own embodiment and manifestation of certain qualities. Rolfers must exemplify in their own presence and person the qualities and characteristics that Rolfing seeks to elicit in clients. To that end Rolfers are expected, in addition to gaining competence in the theory and practice of Rolfing, to embody structural and functional qualities of integration and balance in the field of gravity.

Rolfers are encouraged continually to explore experientially the work they learn in certification trainings and continuing education. The qualities that come from this mixture of theory, practice, reflection and experience are necessary to the effective practice of Rolfing, and are beyond any strategy, technique or tactic. A person who does not embody and manifest the qualities of a Rolfer cannot, by simply following the Recipe or imitating strategies and techniques, accomplish Rolfing.

### ***D. Levels of Training and Certification***

Rolfers are trained and certified only by the Rolf Institute of Structural Integration. The Rolf Institute trains and certifies practitioners at three levels: Certified Rolfer™, Advanced Rolfer™, and Rolf Movement® Practitioner.

*Certified Rolfers* are trained to deliver an initial series based on the ten-session strategy and basic components of Rolf Movement work. They are permitted, within the framework of the

Principles of Intervention, to vary the ten-session strategy as appropriate – and even to work outside it, should the client’s needs and best interests so dictate.

The client’s initial series leads to a new level of organization – which, over time, allows spontaneous continuing change toward higher levels of function. Following the initial series and the passage of sufficient time for the client to integrate the experience, the client may receive further work either to restore the level of organization achieved by the initial series, or to advance to a higher such level. Work subsequent to an initial series, though guided by the Principles of Intervention, is by its nature non-formulistic. Certified Rolfers are trained and permitted to deliver sessions to clients who have already completed their initial series. However, *Advanced Rolfers* have received additional training to facilitate work outside and beyond the scope of the ten-session strategy.

The *Rolf Movement Practitioner* is trained in depth to improve the client’s organization in gravity from the functional perspective.

#### **IV. Limits and Boundaries of Rolfing**

##### **A. *Limits of Rolfing***

A Rolfer does not diagnose or treat diseases or physical or mental disorders of any kind. Rolfing is not a substitute for medical or psychological diagnosis or treatment. Although the client might experience relief of various symptoms, this relief is not a goal of Rolfing *per se*, but rather is a byproduct of the improved organization of the whole person.

##### **B. *Techniques, Modalities, and the Standard Practice of Rolfing***

Because the essence of Rolfing rests in its goals and principles and not in specific techniques, Rolfing has a rich tradition of incorporating various elements from other hands-on modalities and professions. Use of any particular element in the Rolfing context shall be considered part of the Standard Practice of Rolfing if and to the extent that it is included in the official RISI curricula for any RISI Certification Training or is taught as part of a RISI-approved continuing education program; however, this shall not be interpreted to prohibit the RISI from offering continuing education classes on subjects outside the Standard Practice of Rolfing, so long as the non-standard nature of any such class is clearly identified.

Rolfers individually competent with respect to elements not within the Standard Practice of Rolfing may use such elements in connection with their delivery of Rolfing under the following conditions:

- The element clearly contributes to the Rolfing process;
- The element makes the work substantially easier or more effective both for the client and the practitioner;
- The Rolfer has no reason to expect application of the element to have a significant detrimental effect on the particular client at the time it is used; and
- The Rolfer informs the client that the element is not within the standard practice of Rolfing.

Because Rolfing is by tradition a hands-on profession, the use of non-manual means as substitutes for or complements to manual manipulation is not within the Standard Practice of Rolfing. Rolfers individually competent in the use of such means are not prohibited from using them to help achieve the goals of their Rolfing sessions, so long as the conditions stated above are satisfied.