
Understanding Fascial Counterstrain

A gentle approach to pain, protection, and tissue dysfunction.

This guide explains what I am looking for when I examine you, why I may treat an area nowhere near the place that hurts, and how a tissue can stay sensitive and protected long after the original problem has settled.



Conway
PHYSICAL THERAPY

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Why pain can continue after an injury has healed

- An old injury healed, but the area never quite felt like yours again.
- Pain that seems out of proportion to what the MRI or X-ray shows.
- Symptoms that keep returning no matter how faithfully you stretch and strengthen.
- One area that tightens and guards over and over, for no clear reason.
- Pain in one place, while the thing driving it seems to be somewhere else.
- Symptoms that began after an illness, a surgery, an injury, a long stretch of stress, or years of the same repetitive load.

These are common experiences, and they do not all have the same explanation. But they raise the question this guide is built around: **why would an area keep hurting long after it should have healed?**

Inflammation arrives to repair, and it is supposed to leave

Inflammation has a worse reputation than it deserves. When tissue is injured, strained, or operated on, the body floods the area with fluid, immune cells, and chemical signals. That is repair, and the tenderness keeps you from using the part hard while it happens.

Then it is meant to leave. Your body has a drainage system for exactly this job, called the **lymphatic system**. It is a network of very fine vessels running alongside your blood vessels, carrying extra fluid and inflammatory material out of the tissue and back into the bloodstream. It is not a passive set of pipes. Those vessels squeeze, pumping the fluid along. **In most sprains and strains the drainage recovers within a couple of days and the area clears.**

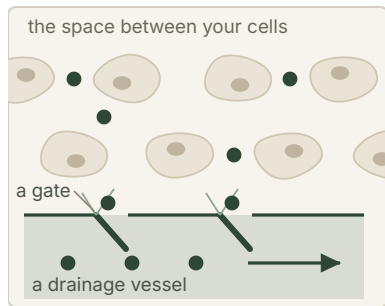
Sometimes it cannot get out

Inflammation does not sit inside a muscle or a joint. It sits in the **interstitial space**, the fluid-filled space between your cells, and it leaves through the smallest drainage vessels, which run through that same space. Two things go wrong, in this order.

First, the pump slows down. Inflammatory signaling chemicals, interleukin-6 among them, reduce the rate and the force of the contractions in the local drainage vessels. In a short-lived injury that hardly matters. When the signaling does not switch off, the pump does not recover, and what is in there stays in there.

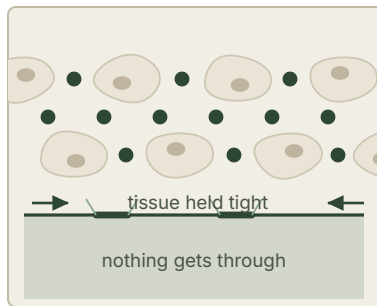
Second, the gates close. The walls of those drainage vessels are not sealed. Where their cells overlap they form tiny flaps that work like drawbridges, tethered by fine filaments to the connective tissue around them. Normally the tissue moves, the filaments pull, the flaps swing open, and fluid and inflammatory material pass in. When the connective tissue around them contracts and stays contracted, those gates cannot open the way they should.

How it is supposed to go



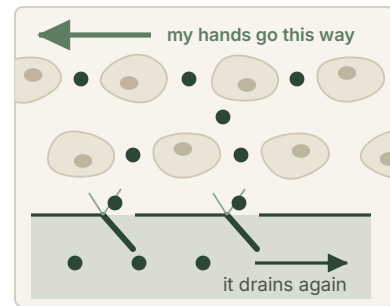
The gates open, and inflammation leaves with the fluid.

When it gets stuck



Tissue held tight holds the gates shut. The inflammation stays put.

What treatment aims to do



Slack takes the pull off the gates so they can open again.

FIGURE 1 Inflammation sits in the space between your cells and leaves through flap gates in the walls of the smallest drainage vessels. Tissue that stays contracted holds those gates shut.

KEY IDEA

This is a dose, not a switch. There are thousands of these gates, like a honeycomb. Close a few and fluid still finds its way out. Close enough of them and it cannot. That is what I mean when I say inflammation has become stuck.

And then it does not sit quietly

Inflammation that stays put keeps stimulating the sensors in that tissue, and that steady signal is what produces the pattern people describe to me.

- It keeps hurting, and stays tender to touch
- The area guards, and stiffness returns after every release
- Muscles test weak without being weak
- Imaging is built to find structure, and lines up poorly with who hurts
- Stretching and strengthening help for a while, then stop
- Other areas take up the slack and start complaining too

One honest boundary. Persistent pain is complex. Sleep, stress, load, previous injuries, general health, and how the nervous system processes signals all matter, and stalled drainage is not the explanation for every chronic pain condition. It is the one I am trained to find and treat.

So, what is fascia?

Fascia is connective tissue: the sheets, sleeves, and wrappings that surround, separate, support, and connect nearly everything in the body. It is not inert packaging. It is well supplied with sensory nerve endings, it is what those drainage gates are tethered to, and it takes part in how you sense tension and load. Worth being careful here, though: **fascia is one participant in a complicated system, not a single web responsible for everything that hurts.**

What Fascial Counterstrain is

Fascial Counterstrain is a hands-on method for finding tissue where inflammation has become trapped, and using position and light pressure to open the drainage so the inflammation can leave. **Your body does the healing. My job is to clear the way.**

THE WAY I USUALLY EXPLAIN IT

Picture an apple orchard. The ditches that drain the rows clog with leaves, so the water backs up and sits and goes stagnant. Then I park my farm truck on the hose that brings the clean water in. The trees do not die that week. They look fine for a while, then the leaves yellow, the fruit drops early, and the branches go brittle.

Nothing is wrong with the trees. They are sitting in bad water with the supply pinched shut, and they are still trying. **My job is not to fix the trees. It is to rake the drain open and move the truck off the hose.** Then they do their own recovering.

It grew out of Strain-Counterstrain, developed by Lawrence Jones, DO, and expanded into its current form by Brian Tuckey, PT. It is taught through the Jones Institute, where I trained.

1

Scan

I start at your spine to find the level your body is working hardest to protect, then use light contact at your head to narrow down which tissue is driving it.

2

Locate

That points to a tissue. Each tissue has tender points that sit in consistent places from person to person, often nowhere near where you hurt.

3

Treat

I keep a finger on the point and move you until it goes quiet under that finger, then hold there for a minute or two.

4

Retest

Then we check. Tenderness, motion, and a movement that matters to you get measured again.

Counterstrain does not involve forcing joints, aggressive stretching, or trying to break up fascia. Nothing cracks, and nothing gets thrust or twisted. Most people are surprised by how little appears to be happening.

Why something so gentle would change anything

Every tissue in your body is in constant conversation with your spinal cord and brain through sensory nerves, and an irritated tissue keeps the nervous system protecting the area. Holding that tissue in the position where it is completely slack does two things at once. It quiets the signal the tissue is sending, so the protection can stand down. And it takes the pull off those drainage gates, so they can open.

The body is more than muscles and joints

Counterstrain covers a wider map than most hands-on care. These are the systems I may examine, and what a finding in each one tends to look like.

 Muscles and connective tissue Irritated or protectively toned muscle can be tender and stiff, test weaker than it should, and stop short of full range.	 Joints and ligaments Protection around a joint changes how freely it moves and how you organize movement around it. Stiffness is not always structural loss.	 Nerves Nerves have their own coverings and blood supply. Sensitive neural tissue can contribute to pain, tingling, and protective movement. <i>Weakness that is getting worse, or numbness that is spreading, needs medical evaluation first.</i>
 Arteries Arteries carry fresh blood out to the tissues. Tissue that is not getting enough can ache, tire quickly, and feel heavy or cold. I check the tissue around these vessels and treat what I find. <i>This does not treat arterial disease and does not open blocked arteries.</i>	 Veins Veins carry blood back to the heart at low pressure, so tension in the tissue around them matters more. Within this model, tingling and pins and needles point to a vein more often than people expect. <i>This is not treatment for vascular disease.</i>	 Lymphatic tissues The drainage system carries extra fluid out of tissue and is also part of immune defense. When drainage around an area improves, comfort and movement usually follow. <i>No detoxification is involved. Swelling that is new, one-sided, or unexplained gets checked medically first.</i>
 Visceral tissues Organs are held in place by connective tissue, ligaments, nerves, and vessels, and those supports get irritated like anywhere else. I treat that layer, not the organ. <i>Counterstrain is not a treatment for disease of the internal organs.</i>	 Cranial tissues Most of the light contact I use at your head is examination, not treatment. The head also has membranes, nerves, and small muscles that hold protective tension of their own.	 Bones and their coverings The outer covering of a bone is densely supplied with sensory nerves and can stay strikingly tender after an impact, a fracture, surgery, or repeated overload.
These are clinical findings in tissue, examined by hand. They are not a diagnosis of disease in an organ or a blood vessel, and nothing here measures inflammation the way a laboratory would. I find tissue that behaves as though it is irritated, treat it, and check whether anything measurably changed.		

It is why two people with the same shoulder complaint need different treatment, and why a problem that muscle and joint work has not touched is worth another look.

Why am I treating somewhere other than where it hurts?

This is the question patients ask me most, and it deserves a real answer rather than a reassurance.

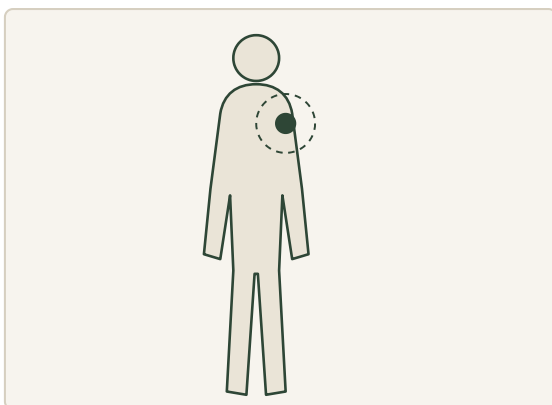
Where you feel pain and what is driving it are not always the same place. Three reasons cover most of it.

Nerves can put pain in the wrong place. Hit your elbow and you feel it in your fingers. Nothing happened to your fingers. Structures that share a nerve pathway do the same thing on a larger scale, so an irritated tissue at the base of your neck can be felt in your arm.

The body shifts work around a guarded area. When one region is protecting itself, everything near it moves differently to cover for it. The part that ends up complaining is often the part picking up the slack rather than the part that started it.

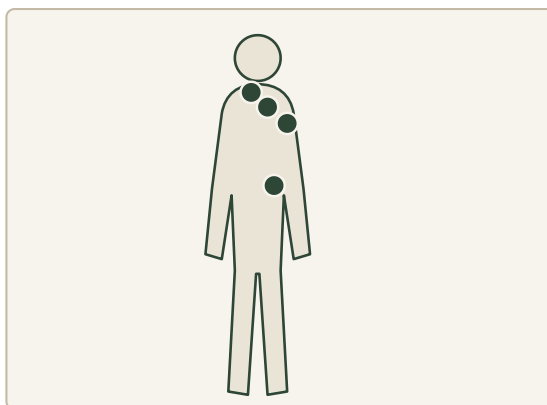
Some things have to settle before others will. A body running on high alert is protecting everything at once, so I work in an order. Calm the nervous system and the drainage around the head and neck first, and the findings further down get clearer and easier to change. It also means people often feel better before I have gone anywhere near the part that hurts.

What you point to



One place. It has hurt for three years, and the scans showed nothing wrong.

What the examination found



Four tissues holding findings: the shoulder itself, under the collarbone, the base of the neck, and the ribs on that side.

FIGURE 2 The shoulder is on both maps. It was not the only thing on the second one, and not the finding that changed the most.

HOW I ACTUALLY THINK ABOUT IT

Rather than assuming the most painful spot is the whole problem, I look for the tissues contributing to the pattern. Sometimes that is exactly where you hurt. Often it is not. A distant finding is a candidate, not a verdict, and the retest tells us whether treating it mattered.

What treatment feels like, and what happens after

I keep one finger on the tender point and move the body part with my other hand until the point goes quiet. That is what tells me the position is right, and I hold there for a minute or two. You stay clothed, and I tell you what I want to do and why before working on a new area. You can decline any part of it.

During a session, people notice

- Tenderness easing under my hand
- A settling or relaxed feeling
- Warmth, or easier breathing
- More movement available
- Muscle tension letting go
- Or very little at all

Feeling nothing dramatic does not mean nothing changed. That is exactly why I retest rather than asking you how it felt.

What happens after

I reassess: range of motion, tenderness, how smoothly a movement goes, or your tolerance of something that has been provoking symptoms. Some changes are immediate. Others become clearer over the next day or two. Mild soreness for a day is common. I will not promise a particular response, because response varies.

Does one treatment fix everything?

A recent, straightforward problem can change quickly. Longstanding problems usually involve more than one contributing tissue, and clearing one layer often reveals the next, which is why visit counts vary rather than following a fixed package.

A point that is treated often does not have to be treated again. When one clears it generally stays cleared, so we work through layers rather than over old ground.

HOW YOU WILL KNOW IT IS WORKING

Most people know within about three visits. By then you should be able to point to something real that has changed: motion you did not have, tenderness that has dropped, an activity that costs you less. That is the standard I hold the work to, and if we are not seeing it, I will tell you and help you find a better direction.

And when you are doing the things you came here to do, care should end. This is not a treatment you are meant to need indefinitely.

What I hope you take from this

Pain does not always mean something is damaged.

Sometimes inflammation arrives to repair an area and then cannot get out, because the pump that should clear it has slowed and the tissue around it is holding the drainage gates shut. What is left behind keeps signaling, the body keeps protecting, and the area keeps hurting long after the injury itself has healed. It is a physiological situation, and it explains why an area can still hurt when the imaging looks unremarkable and the exercises have been done faithfully.

Fascial Counterstrain is a gentle way of finding those tissues, taking the tension off them, and checking whether anything measurably changed.

When an area stops needing to be protected, movement gets easier. And so does everything you use movement for.

Where this fits. Counterstrain is one part of what I do. Care may also include strengthening, graded exercise, breathing, activity changes, and dry needling. Hands-on work creates an opening. Movement is how the body makes it stick.

A NOTE ON MEDICAL CARE

Physical therapy does not replace medical evaluation or your medications. **Seek emergency care** for chest pain or pressure with sweating, nausea, or shortness of breath; sudden severe headache, facial or arm weakness, slurred speech, or vision change; new loss of bladder or bowel control or numbness in the groin; a hot, swollen, painful joint with fever; or a newly swollen, painful calf. **Call your physician** for new pain after a fall if you are older or have osteoporosis, unexplained weight loss, or night pain that wakes you. I do not treat over infection, an unhealed fracture, a healing surgical site, or anything your physician has told you to leave alone.

If any of this sounded like your situation

The most useful next step is usually a conversation rather than a booking. Tell me what has been going on, what you have tried, and what you want to get back to, and I will tell you honestly whether I think this is likely to help. If it is not, I will say so and try to point you somewhere more useful.

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