

The Rossiter System: Unlocking the Body's Pain, Unlocking the Power of the Foot - Richard Rossiter, a Certified Advanced Rolfer, has refined a powerful system of two-person stretching techniques that quickly and powerfully prevent and relieve pain... by focusing exclusively on the body's connective tissue system

By Richard H. Rossiter



When I graduated from the Rolf Institute in 1983, I was infused with energy and well-trained in the principles, practices, the recipe and language of Rolfing. But when I opened my practice and began receiving phone calls from prospective

clients, their reality didn't match my training. "I hear you do Rolfing," went the typical phone-call inquiry. "Can you fix my low back pain?" If it wasn't a low back problem, it was an achy elbow, a stiff shoulder, a painful knee, a case of carpal tunnel syndrome or something else causing pain. I wanted to respond with an enthusiastic "Yes!"...but my official Rolf response instead went something like this: "If the body is realigned with gravity, and if I can recreate the flow and get harmony in your body, yes, your pain can be alleviated." Not only was that response a mouthful...not very many people understood what I was talking about. And in true Rolfing fashion, I felt compelled to schedule 10 one-hour sessions to fully get rid of their pain. Their next most common questions were "OK, how few sessions will it take to get that fixed? And how much is this gonna cost?" It was obvious they were as concerned about as their pain as they were about their time and their wallets, and caller after caller kept throwing the same questions in my face: how few sessions, and how much? Today, 20 years later, I still get similar calls, but my responses and my approach to bodywork/Rolfing/Structural Integration have changed completely, thanks to a combination of:

- The challenges presented by my clients over the years
- A rethinking of what causes structural pain – and what gets rid of it
- The ability to work early in my career with a neurosurgeon who referred to me his most difficult patients, and
- The willingness of my clients to test new techniques and movements,

Eventually, I created a system of powerful, tissue-changing techniques called The Rossiter System. Over the past five years, I have begun taking The Rossiter System to the bodywork community – massage therapists, Rolfers/structural integrators, healing touch therapists, nurses, physical therapists, chiropractors athletic trainers and the lay public. No matter where I go or which audience I teach, the frequently asked questions are the same, and I hope to answer them in this paper – both to explain what The Rossiter System is and how it works, but also to give bodyworkers of all backgrounds and training a sense of how these techniques work quickly and effectively to prevent/relieve pain and address the root causes...and not just the symptoms...of structural pain.

What Is The Rossiter System?

The Rossiter System is a series of more than 100 powerful stretching techniques that two people do together to quickly and powerfully change large volumes of connective tissue in short amounts of time. The upper-body techniques are arranged in 10 levels, each level building on the knowledge and foundations of the one before it. The higher the level, the more challenging the techniques and the quicker the results. The Rossiter System also has specific sets of techniques for low back/siatic region, hips, knees, feet and hands.

Each technique has to meet four qualifications to be included in the system: it has to be:

- Simple
- Teachable to anyone
- Easy to learn
- Able to produce consistent results

Each technique has a name, a specific use, written instructions and an accompanying video. One of the most powerful techniques, for example, is called Hole in the Shoulder for opening the shoulder girdle. Two of the elbow techniques are called Bicep and Bicep Torque. One of the most powerful foot/ankle techniques is the Lower Calf Crunch, and something called Double Claw can help open up the hand and wrist.

What makes these techniques different than say Pilates, stretching or traditional massage?

First, the techniques are based on two concepts: weight and movement. The therapist/provider (called the “Coach” in the Rossiter framework) uses the foot to add weight to the client’s body before and during each technique. The foot adds warmth to the tissue, allowing it to stretch more easily and freely, and it anchors tissue in place while the client executes each technique’s specific movement(s). The client is called the Person in Charge (PIC), because he/she is in charge of finding the pain in the body and working hard to stretch it out. Each technique requires determined and active movement by the PIC.

Why use the terms “Coach” and “PIC” instead of therapist and client?

In the Rossiter System way of thinking, getting out of pain is a team approach. The Coach has the knowledge of the body/anatomy/tissue and can help “coach” the client, literally out of pain by knowing how, when and in what order to use the techniques. The PIC, in turn, knows exactly where pain exists and moves in his/her body, and with the Coach’s instruction, encouragement, badgering and guidance, can find the pain, stiffness and tightness, follow it through the tissue and stretch it out so that it resolves and moves out of the

tissue very quickly. With this relationship, the PIC takes responsibility for healing and recovery, and both share in the results. The therapist isn’t put on a pedestal as an expert, and the client becomes an active participant in his or her own health. The PIC, not the Coach, gets credit for successful results.

What is a typical Rossiter session like?

First, it’s called a “workout,” not a session. And it’s much different than a traditional massage, healing touch or therapy session. And there’s no need for the client to undress. All Rossiter workouts are done with the PIC fully clothed. The PIC typically lies on the floor on a foam mat (a few of the techniques are done in a straight-back chair). The Coach stands next to the PIC and uses his/her foot to add weight to the PIC’s body and then instructs the PIC on each technique ...when to move, how to move, where to move, etc., constantly adding verbal encouragement and instruction to the process. No table work is ever needed, although it’s an option. Before each technique is done, the PIC moves into a position called “Locking.”

What is “Locking” and why is it done?

Locking, in my way of thinking, is the position that integrates each technique into the PIC’s body. Locking involves three specific movements. First, the PIC pushes out with the heels and pulls the toes toward the torso, engaging or “cocking” the long sheaths of connective tissue at the backs of the legs. (The PIC does NOT engage the low back, and if he/she does, is instructed to use only the legs). Secondly, the PIC sweeps the opposite arm out to the side with the palm facing outward and the fingers pointed to the ceiling, resting it so that the arm is perpendicular to the body. This engages the large sheaths of connective tissue of the arm, hand and upper side torso. And lastly, the PIC naturally rolls the head down and away, so that the nose is pointing toward the shoulder (this is not a tilt, not a lift, but a natural roll down and away and must be done correctly to avoid headaches). These movements, along with normal breathing, engage the sheaths of fascia in the upper neck and shoulders. If the PIC is doing a technique on

the right arm or right elbow, Locking is done on the left side of the body; and vice versa. When the PIC is in this three-movement “Locking” position, the body’s head-to-toe network of fascia/connective tissue is engaged or “cocked”—the true essence of integration of connective tissue. The PIC is asked to keep breathing normally and to keep the eyes wide open – a way to ensure the PIC is always present and participating. THEN and only then does the technique begin on the other side of the PIC’s body. (For floor techniques done face-down, some modifications are needed for Locking, but the concepts remain the same and some form of Locking is almost always involved).

How is each technique used?

Give some examples

Anyone who learns the Rossiter System learns the guidelines that govern the use of techniques. First the techniques are done three times each, about 10 seconds each repetition. With each subsequent repetition, weight is moved about one-quarter inch to address a slightly different but equally broad area of tissue. The same side/same foot principle applies as well, meaning if you’re delivering a technique on the PIC’s right side, you use your right foot. If the technique is on the PIC’s left side, you use your left foot. That keeps your body, as the therapist, balanced as well. The PIC is asked frequently to compare what the stretched side/body part feels like compared to the un-stretched/unaddressed side or body part. Communication is important, and the PIC and Coach must talk constantly to discuss results, sensations, placement of weight, etc. The PIC determines the amount of weight, the PIC determines the amount of the movement, but the Coach encourages maximum effort and participation for all techniques for best results. Once you get the hang of The Rossiter System, you can do a full workout in 20-30 minutes.

Are there some clients who can’t do The Rossiter System techniques?

Many of the same guidelines that govern which clients are eligible (or not eligible) for other types of bodywork apply to Rossiter techniques as well. The primary difference with Rossiter is that clients must be able get

onto and off the floor by themselves. One of the Rossiter System’s benefits is that it’s attractive to potential clients who might not ever pursue other modalities, such as people who do not want to undress, people who are obese/body-conscious, even big beefy athletic types whose tissue is so dense that the practitioner’s hands aren’t able to penetrate it well. It’s particularly well-suited for clients who want to take an active, conscious role in their own healing and recovery...people who want to do more than just lie on a table and let someone else work on their body. They want to do the moving, the stretching, the feeling, and the sensing of their own tissues. Once they “get it,” they understand the huge difference that Rossiter techniques can make in their own bodies, and they’re amazed at how quickly the results can be felt.. In my 20 years as a bodyworker, the clients who got the best results were those who truly wanted to be active participants and do the hard work needed to get better. Within minutes, they’re saying things like, “It feels lighter,” “It feels looser,” “It hasn’t felt this fluid in 5 years,” or “Oh, my gosh...the pain is GONE.”.

How did you develop the Rossiter System? What’s its evolution?

One of my first successful clients happened to be a neurosurgeon who – although he offered back surgery to his own patients – was interested in every possible alternative except surgery for his own chronic back pain. Impressed by the results he received from my Rolfing intervention, he began referring to me what I refer to now as his “basket-case” patients – the ones for whom he’d run out of options. They’d had multiple surgeries. Their joints were swimming in cortisone. Some were legally disabled or unable to return to work because of worker’s compensation injuries, or—more likely – the surgeries and treatments foisted upon them by the workers’ compensation system.

Their presence in my Rolfing practice forced me to re-think the tenets of my training, especially about which body parts get “worked on” during each of the 10 sessions. And re-thinking the tenets of my training forced me to try new things in my practice, particularly with clients who were good at giving feedback about what was happening in their own bodies. Through

trial and error, I started experimenting. When I'd work on a particular part of their body, I'd ask them to describe how it felt, how it changed, how it moved, which approaches were more powerful, which produced the quickest and best results. Over time, it became clear that I alone couldn't resolve their pain completely. By asking THEM to move while I worked their tissue, I doubled my results. By making them stretch and elongate their own tissue while I applied weight, they were suddenly getting the results I felt they should be getting – and getting them immediately.

Most importantly, I began to pay attention to my own body. After a day of Rolfing, I watched my clients leave my office – moving freely, thanking me for making them feel better, proclaiming easier freedom of movement and less pain...while I went home hurting like hell. My thumbs and fingers ached. My palms and hands hurt. My elbows and shoulders hurt and bothered me into the evening and sometimes made it difficult to sleep. How long, I began to wonder, could I keep subjecting my own body to this kind of physical demand before it gave out of me? And what would I do with my career then?

In time, I began experimenting with my feet. Instead of kneading/pushing/poking with my hands, fingers and shoulders, the feet provided a flat and powerful surface that allowed me to anchor a PIC's tissue in place while he/she stretched under my direction. And clients, I've found, are much more willing to accept weight, delivered slowly and deliberately by the broad/flat foot, than they are to endure the pointed, painful probing and digging of sharp fingers and elbows.

Anyone trained in various forms of bodywork would look at a Rossiter System workout and see elements of Rolfing/SI, Shiatsu, massage therapy, Thai massage and other modalities. But what's really going on is a powerful combination of those things and something else: client-driven, practitioner-coached bodywork that deeply and powerfully changes a large volume of connective in a very short amount of time.

What The Rossiter System excels at, is creating and re-creating the original "space" that the body is designed to have. As soon as you put back into the body its originally designed space, pain goes away. Often, you can't take remove or change a client's pattern or habit or lifestyle. No matter how much bodywork clients seek out, they will still walk and run the same way, return to the same job, stand the same way, perform the same tasks, repeat the same bad habits and play the same sports. The practitioner's role, then, is to remove the stress lines that create the pain on a regular basis in the client's body. What you can do is give them as young a body as possible by maintaining its youthful "space." Your clients may not have a choice in the work they do, but you can give them powerful tools and techniques that can prevent and relieve pain as often as they need it wherever they need it.

The bottom line is that all our clients want to do is get out of pain and feel normal again. The Rossiter System uses common language, common techniques and commonly understood practices to help them do that – quickly, inexpensively and effectively. They FEEL the results immediately, and that's what counts most to them.

How quickly are results delivered?

Most of the actual tissue work in a Rossiter workout can be done in 30-40 minutes. What's guided me personally is this question: What is the most I can do in the least amount of time to get maximum results? I'll let other practitioners answer this question as well. Because each practitioner, I've found, uses the Rossiter techniques differently and adapts the system differently into their own practices, their own philosophies and their own needs.

Roberta Eichman, 25-year massage therapist and Aston Patterningâ specialist, Durango, CO: "Most people who do the Rossiter System 'get it,' and those who do are so grateful. They realize something different is going on that's going to make a difference, and they see it within the first two moves. You can see it on their faces. This is different than any massage they've

had. This is different than any bodywork they've had. This is a better way of getting at things...it really addresses tissue three-dimensionally...you can get the underneath side, the wrap-around, the places you can't penetrate with your hands. Whatever clients need to happen, they can find it with movement and weight if you're coaching them right."

Jean Loose, Grand Junction, CO, nurse for 36 years, massage therapist for 18 years, SI practitioner for 4 years: "I can now do in five minutes with Rossiter techniques what used to take me 30 minutes of SI work. Rossiter just works so much faster than any SI things I ever did. Clients seem to be able to move through the weight of a foot much easier than they can through my fingers or hands digging into the surface area. And it's a lot easier on my body. I was getting to where it SI was very difficult for me, it was just so much hard work and my sessions were an hour or 90 minutes. I could do only a couple of SI sessions a day. With Rossiter, it's so much easier to do."

Steve Lakoff, King of Prussia, PA, 6-year Rolfer; "I've switched almost entirely to using the Rossiter techniques. I rarely use my hands any more. In fact, I try to avoid using my hands. I use my feet. I do 15-20-minute sessions and I usually focus my pitch, my advertising, on getting rid of their pain. If they have a shoulder problem, I don't try to sell them the 10 series. I'll say 'let's fix your shoulders.' To really build my practice, I focus more on getting rid of their specific problem in the first session. When they walk out that door, I want them to be happy. I want that problem they called me about to at least be significantly better. And I guarantee that. I tell them, if you don't feel significantly better, I won't take your money. For the most part, my sessions are all geared around Richard's techniques."

Dr. Jane F. Bourgeois, chiropractor for 15 years, Iowa City, IA: "I sometimes use massage therapy as an adjunct in my practice, but when I put the Rossiter method to work on bodies that have seen much more of a torsion pattern, say from the impact of a car accident, I've seen what's like an unfolding of the body, a body that's willing to release so much more. It's

beautiful to watch. Knees and shoulders are two of the biggest joints that start to 'talk' to us early in life, even if there's just one incident that has set off a problematic, kinetic chain that affects the rest of the body. And there's nothing that has ever gotten to the knee problems with such an unbelievably quick turn-around response time as the Rossiter techniques. It's like a gift to the basement of the memory pattern...I've had years and years and years of bodywork, and the first time (my massage therapist) did the Rossiter method on me, I said, 'Who is this man? I've got to hook up with his work. It's brilliant.'"

Janet Stanfield, Aurora, CO, energy work practitioner for 7 years: "The type of work I was doing before...energy work, kinetic muscle testing...helped find out from the person what the underlying cognitive factor is for their disease/condition. What happened is that people would feel good after I did this body-balancing technique, but 2-3 days later, the lower back would hurt again, or the rotator cuff was flaring up again. Now, with the Rossiter techniques, I can address and resolve the connective tissue problems right from the start. What I love is that Richard figured out the fastest way to do it in the shortest amount of steps. And once I get their pain out of the way quickly, I can begin to deal with the emotional and stress factors that are going on underneath."

"Achieve the work in as few moves as possible"

One of the things I remember from my training is this piece of advice handed down from Ida Rolf: "Strive to achieve the work in as few moves as possible." That's what I've tried to do, and part of getting to that point meant thinking differently about how best to change, lengthen and loosen large volumes of fascia and connective tissue. I'd say that 99% of the general public still has no clue what Roling/SI is, what it's about or how it works. That may be true of energy work/healing touch as well. But they know about stretching. They know how much their bodies hurt, and they know they want healing approaches that work effectively and safely. They want their pain to go away, and they want it to go away as quickly as possible. That, to me, is key. And how you

get there is up to you. I consider The Rossiter System another “tool” for your toolbox...whether it's visceral work, healing touch, energy work, cranial-sacral work, myofascial release, whatever...it's another tool to affect change in the body's tissue in order to get rid of pain and restore the body to a place that feels normal,

loose and pain-free. Rossiter techniques, in my opinion, are the best, fastest tools to get there for your clients and for yourself.

Richard H. Rossiter,
Certified Advanced Rolfer/creator
of The Rossiter System®

About the author

Richard H. Rossiter is a certified advance Rolfer since 1983 and CEO/Founder of Rossiter & Associates. He is coauthor of two books, *Overcoming Repetitive Motion Injuries the Rossiter Way* (1999; New Harbinger Publications) and the self-published *Surgery Sucks!!! Fix Your Body Without Needles, Knives, Scalpels, 'Scopes, Lasers or Other Sharp Stuff!* (2004; Rossiter & Associates at <http://surgerysucks.com>). He lives in Cincinnati, Ohio.