



Foam Rolling: a Physio's Guide

Self-myofascial release, or better known as “foam rolling”, which was once just used and heard of by professional athletes, coaches and therapists, is now a popular exercise regime for a range of people from the sedentary person to the more athletic individual.

What is a foam roller?

A foam roller is a round cylinder of various lengths, densities and textures. At London City Physiotherapy, we commonly use a roller which is 15x90cm, and of a high density as this gives a wider range of exercises you can perform. If you require a recommendation, please [contact us](#).

What are the benefits of using a foam roller?

When used correctly, foam rollers can decrease soreness, reduce recovery time between exercises and increase your range of motion and flexibility. Muscle tension, which can be caused by repetitive movement or resistance training can be decreased. This can be used alongside other modalities, such as dynamic stretching which can help to dramatically decrease your risk of injury.

An expert opinion . . .

We asked one of our Physiotherapists Ben Lee and massage therapist Kal Karrara for their expert opinions.

Kal Karrara - Massage & Sports Therapist

“Most therapists recommend foam rolling for a good reason. A study in [The Journal of Strength & Conditioning Research](#) found that rolling out for just a minute can improve your range of motion, while a study

in [Medicine & Science in Sports & Exercise](#) discovered that rolling after an intense workout can relieve soreness over the next two days.

Let's say that is you sat contorted into a tiny airline seat for six hours, and you feel stiff, your body may have gone on the defensive, sending excessive tone to specific muscle groups and increasing tension. Foam rolling—or stretching, or massage—sends an OK signal, stimulating your nervous system in such a way that your brain frees up your muscle's tone, loosening “the guitar string”. That's why you can get more range of motion from just a few minutes of foam rolling.

As a sports therapist I have witnessed great results from people of all fitness levels when using a foam roller. Foam rolling isn't the easiest form of therapy, but the results are worth the effort. In my view, foam rolling techniques accompany physiotherapy/sports massage/ personal training really well, and more people should take advantage of what it has to offer.”

Ben Lee - Chartered Physiotherapist

“The foam roller is an excellent way to release muscle tightness and also for stability training. It supplements hands-on treatment of deep tissue massage, dry needling (acupuncture) and stretches. The most effective areas to roll are the quadriceps, iliotibial band, glutes and mid-back. These are the areas that you can exert the most body weight when using the roller.

For stability training, you can lie on the vertical roller and practice core stability exercises. As one would expect, the area of the muscle that needs to be concentrated on, would be the area in which you experience the most discomfort. In time, the discomfort will reduce and the muscle will be released. Generally, we advise people to perform stretching exercises after using the foam roller.”

Foam Roller Exercises

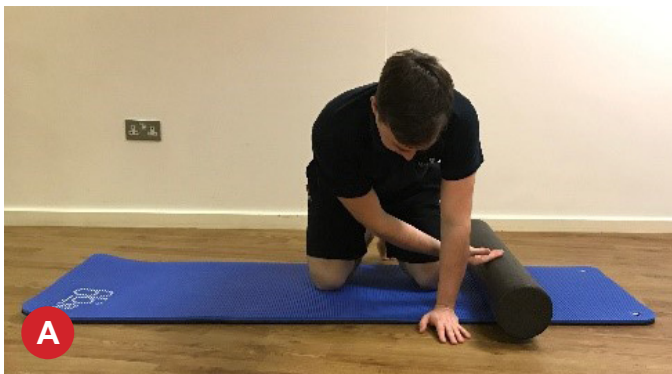
These exercises are designed to assist you to release muscle tension and to facilitate stretching. Should you feel any persistent discomfort or unsure of any of the exercises, please seek an expert opinion from a Chartered Physiotherapist.

Benefits of Foam Rolling

- Reduces muscle tension
- Facilitates stretching
- Reduces risk of injury
- Improves performance

Thread the Needle (Midback stretch)

Position as shown below on your hands and knees. Reach under your trunk with your arms, pushing the foam roller away until you feel a pull in your shoulder blade region on the same side. Hold for 5 seconds.



Dynamic Chest Stretches

Caution: if you have a history of shoulder instability or pathology, check with your Chartered Physiotherapist before doing these exercises.

Lie with the foam roller, positioned along the length of the spine. Make sure your spine is in a neutral position by having the back of your neck long and flattening your lower back into the roller.

These exercises are dynamic, so keep moving slowly inbetween positions.

a) Open your arms into a crucifix position. You should feel the stretch across your chest.

b) To vary the stretch turn your palms to face the floor. Move between the two positions **a)** and **b)**.

c) Scissor action with arms.



Rhomboid Release

The foam roller should be positioned over your mid-back between your shoulder blades. Maintain a neutral neck position by keeping the chin tucked and back of the neck long. Place your hands behind your head and use them to support your head. Maintain a neutral low back position by activating your glutes (clenching your buttocks), tightening your lower tummy muscles; do not allow your



lower back to arch.

Move the roller up and down the mid-back (shoulder blade region); **avoid the lower back.**



ITB/Quads/TFL Roll

Lie on your side and place the outside of your thigh on the foam roller. Roll down the thigh, looking for tender areas. If you find any, at this point hold the pressure until the tenderness/soreness subsides. You should work up and down, covering the whole muscle and length of the muscle from the hip to your knee.



Glute Release

Using your hands for support, lower your glute (buttock) onto the ball. Sway side to side (think of your hips as a hammock) with one hip lower than the other, applying pressure onto the ball.

Adjust the ball accordingly with a focus on releasing these tight spots which are usually tender areas. Massage until the tension dissipates (usually 15-30 seconds) before moving the ball to another tender area.

NB: To achieve glute release a firm ball is required (lacrosse or pumped up spiky ball). Please [contact us](#) if you require any further information.



Calf/Achilles Roll

Place your calf on the roller, crossing your other leg, placing on top. Lift your body with your hands and roll from your ankle up to the back of the knee, covering all of the calf muscle.



Article by Christian Dolan with expert advice provided by Chartered Physiotherapist Martine Cooper.