



**THE
DYSFUNCTION
MANIFESTO**

By Michael Moschel

MUST
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INTRODUCTION

The Moschel MethodSM and the Moschel Usable Strength TechnologySM (M/U/S/T/SM) system represent a new approach to the resolution of pain, postural problems and body strengthening through the treatment of the **skeletal-muscular system. This therapy was developed over a period of years and thousands of hours of clinical treatment, through in-depth study of human anatomy and physics as well as my personal experience treating many sophisticated and complicated cases of dysfunction in the skeletal-muscular system.**

*In the process of treating clients, I came to recognize the limitations of both traditional and non-traditional therapeutic approaches, and I became **determined to find a more comprehensive and effective treatment solution**. My search led me to develop the Moschel Method, which approaches the body from a skeletal-muscular perspective as opposed to a muscular-skeletal perspective. This approach examines **how the body reacts to a dysfunction to protect itself from further damage, and in the process can actually cause itself more harm**.*

*I have worked on skeletal-muscular dysfunction for well over a decade. Even after treating thousands of clients, I am driven by a deeper desire to help as many people as much as possible beyond my reach as an individual practitioner. In 2013, as an outcome of this desire and through the understanding of the concepts and practice of the Moschel Method, I invented a revolutionary patent pending **series of machines that allow anyone to develop core stabilization, and achieve usable strength without dysfunction**. The machines that make up the M/U/S/T/ system promote the body's ability to move unencumbered while building strength. I hope this small book will provide a general understanding of the concepts and benefits experienced by recipients of the Moschel Method, and serve as an introduction to the concept of the M/U/S/T/ system.*

MM, July 2013, NYC

NOTE: All of the treatment strategies given as examples in this small book are based on individual assessments and diagnosis for that individual - and should not be considered procedures.

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Dysfunction is any unhealthy tissue in the body - anything that does not work properly is dysfunctional. Systemic dysfunction reactions in the body involve multiple tissues and body parts.

dys·func·tion *noun*

: the state of being unable to function in a normal way

: impaired or abnormal functioning
<gastrointestinal dysfunction>

Roughly 3.4 million emergency department visits—an average of 9,400 a day—were for back problems at U.S. hospitals¹

Americans spend at least \$50 billion each year on lower back pain relief²

Last year in the U.S.:
1500 emergency room visits resulted from gym-related mishaps³

50,000 emergency room visits resulted from home exercise equipment mishaps

In the Skeletal-Muscular System the sum of the parts make the whole. You can see cause and effect with this perspective.

THE CONCEPTS AND PRINCIPLES OF THE MOSCHEL METHOD

First, a brief overview of the skeletal-muscle system.

The body is a complicated system of bones, tendons, ligaments, joints, connective tissues and muscles that are interconnected and constantly self-adjusting. When any part of the body experiences misalignment, trauma, or damage, the other parts react and compensate for that damage. This phenomenon is called a dysfunctional reaction in the body.

Just as we move in three dimensions externally, so do the elements of our bodies internally, guided by the natural internal gyroscope that keeps our bodies in balance and moving.

Sometimes the adjustments our bodies make to keep balanced are actually detrimental to our bodies. When the body is out of alignment or injured, it will automatically self-protect against more serious damage, causing dysfunction and distress to the entire interconnected system of the body. The experience of pain notifies us of dysfunction.

Dysfunction may be felt in the actual area that is damaged or misaligned, but frequently the pain may be experienced elsewhere in the interconnected part of that damaged system.

Standard approaches are incomplete

Some practices look at the body as a whole (expecting a standard alignment for all people); others look at a symptomatic model which treats the area of pain in isolation. The Moschel Method looks at the body as an interconnected, moving and changing sum of its parts, understanding that the health of each system will reflect the health of the surrounding systems, either positively or negatively.

The Moschel Method is a three-dimensional approach to the treatment of dysfunction that centers on the interconnectedness of the body's elements and the dynamic nature of the body to adjust for self-protection.

The Method is based on a model of the body called the Tetrahedron Pyramid System, in which the parts of the body are conceptualized as an interconnected series of three-dimensional pyramids (called tetrahedrons). When any of these tetrahedrons act—or are acted upon—the shapes above and below it are affected as well. Following are two models of conceptualization that will help illustrate the types of adjustments the body makes.



tet·ra·he·dron *noun*

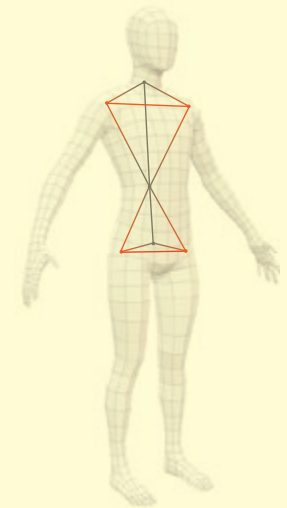
: a polyhedron that has four faces

: a four-sided pyramid

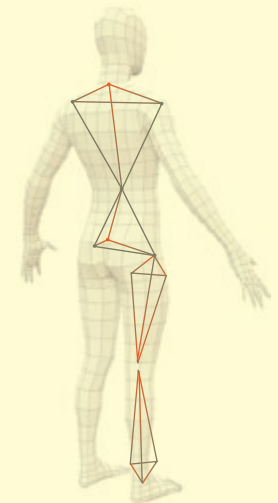
The X Model

One major example (as shown to the right) of an **X** model could be understood by imagining an **X** crossing the body between the shoulders and hips. This will describe how to look at the biomechanics of the body and how to individualize postural analysis. The space between can be seen as two tetrahedrons with tips at top facing each other. When dealing with this **X** model, the effect of one point on the others can be understood as follows:

- The right shoulder impacts: the left shoulder, the right hip, the left hip
- The left shoulder impacts: the right shoulder, the left hip, the right hip
- The right hip impacts: the left hip, the right shoulder, the left shoulder
- The left hip impacts: the right hip, the left shoulder, the right shoulder



A simple example: if someone were to bend and pick up a piece of paper with his or her knees locked out, there would be a distortion of that person's tetrahedron between the shoulders and hips and also a distortion of the tetrahedron between the hips and the knees.



Let's look at the **X** model. Imagine a tetrahedron connection between the shoulders and the hips, a tetrahedron connection between the hips and the knees, a tetrahedron connection between the knees and the ankles, a tetrahedron connection between the ankle and the foot, a tetrahedron connection between the foot and the toes, and so on. If we follow this example throughout the body, it becomes clear how complex the human body is both regionally and systemically. Any dysfunction in any one of these tetrahedron connections affects the entire intra-connected system.

TREATMENT STRATEGIES *From a regional perspective, working within one X tetrahedron model without having to take a more global approach.*

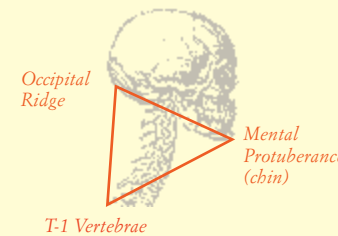
With an acute trauma I look at the regional alignment to identify where the disruption of the tetrahedron is so I can do manipulations three dimensionally to correct the problem. By correcting the regional environment I am able to correct the dysfunction in that area.

EXAMPLE: A client experienced a trauma to the right shoulder that caused the shoulder to rotate, misaligning the tetrahedron from shoulders to hips. I focused on realignment of the shoulder-hip tetrahedron. I first worked on the hips to create space between the hips to the twelfth rib, while simultaneously correcting the alignment of the hips. Then I elongated the psoas muscle to help set the shoulder up for correct alignment. I proceeded to correct the rotation of the shoulder, working three dimensionally on the ligament around the shoulder before focusing on the pectoralis major and pectoralis minor muscles. On those I applied greater pressure than the level of dysfunction to the area to reverse the trauma and bring the tetrahedron back into alignment. It took six weeks of treatment to resolve the dysfunction.

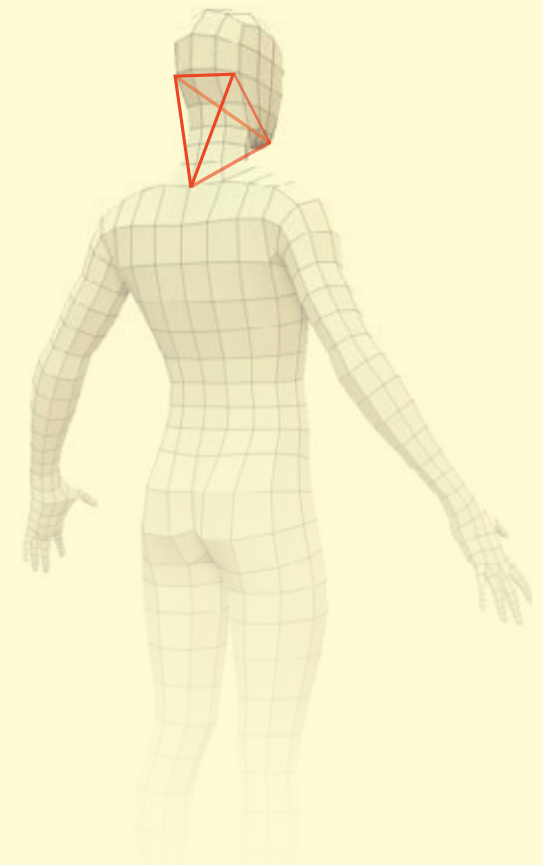
Systemically, as with a case of chronic left hip tendinitis, I correct the alignment of the tetrahedrons between the knees and ankles to alleviate the adaptation patterns that developed before the work began. By correcting the tetrahedron problem in the hips and returning the body to proper alignment, circulation increased in the affected area,

The V Model

An example of the **V** model is the connection between the head and the neck. This **V** tetrahedron in the body goes from the first thoracic vertebrae to the occipital ridge and then to the mental protuberance (chin). The thoracic to occipital regions are affected when the head, shoulders and neck move.



A simple example: A car accident which causes a person to suffer whiplash can cause the distortion of the tetrahedron between T-1, mental protuberance, and the occipital ridge.



eliminating the adhesions causing the problem. This was a case of the body trying to self-protect by causing stress to the surrounding area.

EXAMPLE: For a client with left hip tendinitis I started by doing manipulations on the shoulders to realign them because they were rotated, and putting pressure on the hips. I then worked on the lower legs: calf muscles, gastrocnemius and soleus; both these areas were making the hips overwork and adapt to dysfunction by not allowing the hips to recover from the tendinitis. I then worked on the hips, correcting the alignment and putting the tendons back in their proper position. After about six months the tetrahedron from hips to knees and hips to shoulder came back into alignment and the tendinitis was resolved.

V Model

With the V model, the tetrahedron formed by the thoracic to occipital regions is affected whenever the head, shoulders and neck move.

With both of these models, pain in a particular area can be caused by misalignment or misuse of any portion of the tetrahedrons in other areas. For example, the misalignment of a person's vertebrae would distort the tetrahedron above them, and could cause that person to experience pain through the symptom of a headache. Or, if there is a rotation of a person's right shoulder, the left shoulder will have a tendency to elevate, which could cause a distortion of the tetrahedron and a resulting manifestation of pain on the left shoulder.

The tetrahedron pyramid system models provide the theoretical foundation of Moschel Method. Let us direct our attention now to the various aspects of the Method to provide a more comprehensive idea about the vision that guides all aspects of Moschel Method. One of my goals is to make it possible for clients whom I treat to be free of whatever is causing their pain and discomfort and to function at a higher capacity. By improving the ability of the body to move and be free, treatment allows for improved physical functioning in every way. The objective of the Moschel Method is to rectify skeletal muscular dysfunction in the body in order to enable a person to handle new traumas to the body in a way that does not place the body in

dysfunction. Traumas that might have disrupted the tetrahedrons in the body are now handled without the need for self-protection. As a result of applying the Moschel Method, it has been my experience that the body is healthier and more able to deal with ensuing traumas.

In the following pages we will first explore the basic concepts of the Moschel Method, with some examples of how the Method has been applied to great benefit to my clients. Then we will discuss how these ideas support a different way of looking at the body, which will bring us to a discussion of the Moschel Usable Strength Technology (M/U/S/T/), its machines, and its benefits.

**Adaptation is not a choice
but a survival mechanism.**

Compensation and Adaptation

This is a fundamental concept of the Moschel Method. When a person is injured or suffers from any dysfunction due to misuse of the bodily parts (as with poor posture), the body compensates and adapts to the dysfunction, thereby placing stress on other parts of the body.

An example of that is when you have rotated shoulders. If your right shoulder is more rotated than your left shoulder, the left shoulder will adapt and have the tendency to elevate. Then in the posterior of the shoulders, the retractors of the shoulders will be put in a position to overwork. However, the shoulders cannot retract the way they are meant to, because the rotation of the shoulders has changed the function of the shoulder muscles anterior to posterior. The shoulders are being forced to be used incorrectly. They will not be in the position to do the job they are intended to do because of the adaptation patterns they have adopted. With too much of a burden placed on them, the shoulders become tired and dysfunctional.

A person who has dysfunction will utilize other parts of the body (connected tetrahedrons) in an unhealthy way to compensate for the dysfunctional part, which can create more problems in the body because the body essentially says, "Get me out of pain," and the body acts to try to remove the particular pain by engaging other parts of the body. Thus, the limb, ligament, muscle etc., which is symptomatic may be compensating for a dysfunctional area. In this case you need to treat the cause to be able to remove the symptom, or you may have to work on the compensation area to be able to get to the injured area. Every situation has its own unique twists and turns, and this is where the skill of the practitioner is so important.

When adaptation (dysfunction) has been going on for a long time, it can manifest into its own problem. The body adapts by forcing the person to utilize another part of the body that is not injured. A problem experienced for twenty years may have started as an adaptation that became its own problem. An example of this is a sprained wrist. When you sprain your wrist, your hand and forearm muscles have to adapt, and the muscles and ligaments are overworked. When the ligaments rest enough, they lose their symptomatic nature, but if the ligaments are over-stretched and not manipulated back in place,

they do not heal, and as such, everything around the wrist will have to overwork, thereby adapting to the dysfunction.

EXAMPLE: A client had sprained her wrist playing soccer. She fell on her wrist. When I saw the wrist, the ligaments were very dysfunctional; it was a pretty severe trauma. I started on her sprained wrist by working on her shoulders, which were compensating for her wrist dysfunction. I worked on her shoulders to bring them back to alignment. They were rolled forward and overworked because of the sprained wrist. I then focused on her forearm muscles, which were extremely overworked, and resolved trigger points referring to her wrist and hand. I then moved to the hand to relax the tissues because the hand was being overused due to having to adapt to the wrist injury. I then worked on her wrist to manipulate the ligaments back in place. It took about seven and a half months of treatment to resolve the dysfunction. In order to enable a person to function with the injury, the body attempts to take away the pain, which can be successful unless the problem is serious enough and the symptoms are too strong for the body to numb them. Adaptation does not come without consequences. You take away pain in one area and it can create systemic problems in the body.

When a trauma such as an accident occurs, the body is very adaptable. The trauma will exacerbate what is already happening in the body and, depending on the health of the system, different bodies will react in different ways. So, for example, several people could fall from a first-floor window; one person might break a leg in one area, another will fracture his or her leg in a different area, and a third might have no injury at all or only suffer minor bruises. A fourth could have a totally shattered leg bone. It is the area that is the most dysfunctional in each of these individuals that will break or be otherwise injured because of what is happening in the body *before* the trauma affects *how* the trauma will affect their body.

It is not only what happens during the accident that determines the degree of injury, but the level of dysfunction and pre-existing condition of the body that will determine the severity of damage to the body. When a person's body is healthier, the damage will be less

because healthy tissues can take a great deal of pain without being injured, whereas unhealthy tissues are more easily damaged and cannot tolerate pressure or pain.

When such injuries occur, the body attempts to relieve itself of pain. It adapts to the pain by creating a compensation pattern. A person with muscular or skeletal dysfunction either compensates for, or adapts to, the pain; and as a result, the pain disappears until the body loses the ability to compensate or adapt anymore. An example of adaptation is if you injure your right hip, your left hip will become overused to protect the right hip. In a lot of cases, the left hip will be more symptomatic.

EXAMPLE: A client, an Olympic gold medalist, complained about hip pain. But it was the side that did not hurt her that emerged as the root of the problem; it was actually being protected by her body. She had thought the tight, over-used side was injured, but the reality was that the injured side was actually the non-symptomatic side. That is one of the reasons why people can have the same injuries over and over again. Repeat occurrences of sprained ankles may be caused by an original sprain that was never corrected properly, the ligaments stretched to such a certain degree that they never healed from the original trauma. In these instances, people who have a trauma to their bodies adapt to it. You can have a trauma your whole life and not realize it; but that trauma will create problems in your body because every part of your body has to adapt to the dysfunction.

The Moschel Method treats everyone individually because everyone has his or her own distinctive patterns, and the rotation of muscles, tendons, ligaments or other parts has a unique pattern to each individual. I treat everyone in a uniquely different way. Sometimes there is a very minuscule difference from one person to another, but injuries have to be viewed individually.

The Moschel method does not assume that the injured body is something broken. It looks at the mechanics of the body and tissue damage together simultaneously. It considers the systemic relationship of the body to the injury, and the injury to the body, in order to

determine what is the cause of the injury and how to get the injured person healthy—how truly to rid the body of the injury so that the body no longer compensates or adapts. The goal is to rectify as much muscular/skeletal function as possible instead of creating a new compensation pattern.

The treatment process begins with an evaluation.

When someone comes into my office and complains of foot pain, for example, I do an assessment to determine what is or is not happening. Sometimes the foot is simply pronated, which is the cause of the problem, and I work on the foot. For example, I remember working on a client who had a trauma to his foot. I determined that it was a sprained foot. I worked on the foot, and after three sessions, the dysfunction was resolved and the client's foot was better.

But other times I need to deal with the compensation patterns to get to the actual injury, such as a pain in the lower back that is really a neck injury affecting the lower back. People feeling lower back pain often complain about the compensation areas where there is pain, and not about the actual injured area, which is above or below the place where pain is being felt. If this is happening, the lower back is compensating or adapting by going forward, taking the neck out of pain but creating pain in the low back.

EXAMPLE: A client complained about lower back pain. An evaluation revealed that his head was about four inches forward, and his shoulders were rolled forward, creating lots of pressure on his lower back. I did work on his shoulders, on the pectoralis major and pectoralis minor muscles. Then I did lateral posterior elongation of his shoulders to bring them back into alignment before proceeding to work on his neck. Work on his spinal ligaments and scalene muscles brought the head back into alignment. This took the pressure off the lower back. I then did a little bit of elongation work on his lower back, creating space between his twelfth rib and iliac crest. After one session, the lower back pain was resolved; however, the neck dysfunction that caused the pain required four months to resolve.

Many of my clients require manipulations above and below the areas where there is pain. However, there are unique differences in compensation patterns. Which areas I manipulate depend upon what is happening to the individual - hands-on assessment and the experience and skill level of the practitioner is key.

Knee pain - same pain - different causes

First it should be acknowledged that knee pain can be a result of a tear to the knee where surgery is necessary to resolve the tear.

That said, knee pain is not always what it seems to be. Sometimes knee pain can come from the knee (like a tear), knee pain can come from the hip, knee pain can come from the foot, or knee pain can come from the hip and the foot. In my history of treating clients with knee pain I have witnessed exactly the same knee pain with different causes.

EXAMPLE 1: A 50-year-old client came to me complaining of knee pain. During the evaluation process he revealed that when he was 24 years old he had a very bad sprained foot, which, after six months, stopped hurting without treatment of any kind. He assumed that the problem was resolved. In his initial visit, his knee was hurting directly on the top of the patella. I noticed how dysfunctional his foot was during a postural analysis, and as soon as I started to work on his foot the symptoms of the sprained foot came back, all these years later. Sessions started with work on his foot to put the ligaments and tendons back in place. Next to address was the tightness of the ankle caused by the ankle's adaptation to the dysfunctional foot. I worked on his calves and then on the front of the lower leg, to treat the compensation in these areas. After two sessions the knee pain was resolved. It took about eight and a half months to resolve the chronically sprained foot.

EXAMPLE 2: Another client with exactly the same pain at the top of the patella. When doing my analysis at the beginning of the session, I noticed very tight hips and a short iliopsoas muscle. This client had a leg length discrepancy – when one leg is longer than the other leg— but it was a functional discrepancy, which means that it was not genetic but rather a result of dysfunction in the body (the bones are actually

the same length on both sides of the body). One leg was longer than the other leg in this case because of shortness in the soft tissues. My evaluation also revealed that the left glute was much tighter than the right side, which meant that the left side was protecting the right, more dysfunctional side, causing the leg length discrepancy. Sessions began with work on the tight left glute to set the right glute up for resolution. Then I worked to resolve the dysfunction in the right glute, putting into place the ligaments of the hips that were being pulled in several directions. I then went back to the left glute to resolve the tightness. I finished sessions elongating the iliopsoas muscle, which was contributing to the knee pain. The knee pain was resolved in six sessions, but it took about a year and a half of treatment to totally resolve the hip dysfunction.

EXAMPLE 3: Another case with exactly the same symptoms of pain at the top of the knee presented very tight calves and feet, and very dysfunctional hips in my evaluation. In this case, work needed to begin with the feet and calves, and then work on the hips. The client also had experienced a very bad foot sprain years before which led to tight hips, and the dysfunction in both areas led to knee pain. It took twelve sessions to resolve the knee pain and about seven months to resolve the hip issues. The foot problem took about eleven and a half months.

You can see how pain in one area can be caused from many different sources. If you understand compensation/adaptation patterns then you can understand not only how destructive these patterns are but how to strengthen the body and do rehabilitation in a more efficient manner.

Dysfunction may be felt in the actual area that is damaged or misaligned, but frequently the pain may be experienced elsewhere in the interconnected part of that damaged system.

“Not everything that can be counted counts, and not everything that counts can be counted.”
—Albert Einstein

Manipulations

A major component of manipulations in the Moschel Method is the understanding that a force that is inside the body causing dysfunction needs to be reversed by a greater force. One way to accomplish this is through three-dimensional manipulations in the exact direction of correction.

When I do manipulations to resolve dysfunction in the body, I can focus on muscular, skeletal, tendon, ligament, joint, connective tissues or a combination of several of these types of tissues at the same time. Effective manipulations require a strong foundational knowledge of functional anatomy and physics in conjunction with a deep understanding of both how unhealthy tissue creates adaptation and how to mimic the patterns of the body to resolve dysfunction.

It is important to recognize that all Moschel Method manipulations are three-dimensional. I always move in multiple directions. Since the human body is three-dimensional, the manipulations must be done three-dimensionally.

Focusing on the deeper tissues of the body takes an intimate understanding of the tissue quality and the exact alignment which needs to be felt because the eyes will not be able to see the subtle differences. As a practitioner, I can do manipulations on tendons, ligaments and muscles at the same time because I can feel what is needed to resolve dysfunction—working in three dimensions with all of the interconnected systems that have been engaged by the body’s natural self-protection mode.

EXAMPLE: Years ago my client, a football player, was tackled and had torn his rhomboid muscle in a very unusual manner. The rhomboid muscle is in between the shoulder blades and, when healthy, helps to retract the shoulders. In order to resolve dysfunction I had to work on the compensation areas - the pectoralis muscles and hip flexors. When doing hip flexor manipulations I literally had to manipulate toward the hip down the midline of body and at same time toward the outside of the same hip - putting pressure with one part of my forearm down midline and the other part to the outside (or lateral) part of same hip at a very specific depth to reverse trauma and precise to the precision of 1.5 centimeters. When working on the pectoralis I took my forearm and moved it very slowly

laterally and at the same time inferior with a very precise depth and direction of correction. It took three months of weekly sessions, after which the client's rhomboid recovered from the injury and is feeling and functioning in a healthy manner.

EXAMPLE: A client had whiplash caused by a car accident. I found that with this client I had to work on the back of his shoulders to set up the neck and front of his shoulders, which were dysfunctional due to the whiplash. I worked on the front of the shoulder—going through pectoralis muscles, ligaments, and tendons with one manipulation in a particular direction while at same time working and moving in different depths and directions. Different areas needed to be worked in different ways, which could only be determined by feel. I then worked on his sternocleidomastoid muscle and scalene muscles moving over to ligaments around the neck, sometimes working (with one manipulation) with all of the tissue being manipulated simultaneously, and at other times with separate manipulations for the sternocleidomastoid muscle, scalene muscles and ligaments around the neck. The depth and direction changed constantly as I worked on areas with a force slightly greater than the force existing in the area to resolve the dysfunction. It took five months to get the client healthy again in the dysfunctional areas; the client stated that he felt better than he had felt in years.

**“We cannot solve our problems with the same thinking we used when we created them.”
—Albert Einstein**

The body is an organism
of self-protection.

Acute Trauma and Chronic Dysfunction

The treatment of acute trauma, in most cases, requires a more regional approach. There is less compensation for injury or acute trauma so there is less need to deal with it systemically. Treatment tends to be based on the area of dysfunction—the area that has been injured. The body has not had a chance to adapt to the problem. Therefore, taking a more regional approach works most of the time, although sometimes a systemic treatment of acute injury is what is needed.

EXAMPLE: A client came to me because he had broken his hand. It was recommended that he have surgery, but he is a martial artist, and if he had surgery, and had pins put in his hand, he would not have been able to continue his training. I worked on the hand to push, as precisely as possible, three dimensionally, all the tendons, ligaments and bones back in place. I worked on his forearms in addition to his hand to deal with the compensation and dysfunction associated with not being able to properly use the hand. After about three months he reported that his hand was stronger than before he broke it.

When there is a chronically dysfunctional area that becomes acutely inflamed or irritated, a systemic approach is needed. In such a case a person thinks his or her injury is acute, but the reality is that it is a chronically dysfunctional area that has become symptomatic. To the layman it can appear to be an acute problem. In fact, it may be a body part that was injured a long time ago and that the person thought was healed. Then when the body part becomes acutely inflamed, long after it was originally injured, the person thinks it is something new, but it is actually an injury that had never healed properly and that had enlisted the surrounding areas to protect it from further damage.

EXAMPLE: A client fell and hit his hip. Subsequent to the fall he experienced a return of a previously serious problem with plantar fasciitis (that had not been symptomatic for a long time). In this case I worked on the shoulders first because they put pressure on the hips. Most clients with plantar fasciitis have shortness in the connective tissue of the hips causing a functional leg length issue (making one leg longer than the other leg), which creates adhesions in the foot when they walk - which

causes the plantar fasciitis. The second thing I did was work on his hip precisely and deeply to resolve the leg length dysfunction. Then I worked on the foot three dimensionally to resolve the adhesions causing the problem of plantar fasciitis. After about eight months of treatment the problem was completely resolved.

Many clients who come to me with complaints of pain turn out to have a chronically dysfunctional body part in a different area from the site of the pain that is the cause of the problem. In many of these cases the treatment of the acute pain area is resolved very quickly, sometimes in one therapy session. When that happens the chronic issue that led to the acute pain is revealed.

EXAMPLE: I have a client who originally came to me with a jaw problem. She rolls her shoulders and her head was originally about 2 ½ inches forward. When I observed her gait I noticed she was adapting to her tight hamstrings and hips in her shoulders and jaw. I started working on her shoulders and neck to manage the symptoms. Then I decided to work on her hamstrings and hips, which drastically helped her jaw and shoulders. Currently I do a combination of hips, hamstrings, shoulders, and neck in her sessions. The progress of her shoulders and neck was not possible until I helped her hips and hamstrings.

**Pain is there to help us -
not hurt us. Inflammation
is there to protect us.**

Whatever force is going into the body requires a greater force to reverse it.

Skeletal to Muscle Approach

To highlight the importance of a Skeletal Muscular approach, let's look at Scoliosis, which is defined as a lateral spinal curvature with a Cobb angle of 10° or more.* The muscular development around the spine is a response to the curvature of the spine.

EXAMPLE: I have a client who was diagnosed with a scoliosis curve of 40 degrees. He came to me initially to help manage pain associated with his condition. My approach was to look at adaptation patterns first, work the compensation areas, then work spinal ligaments, and put them in correct position to correct the curvature of the spine. I usually start our sessions putting the hip flexors back in proper alignment. I work on the adductor muscles, working on them in three dimensions, then proceeding with the quad muscles. These manipulations are to help set the spine up for a correct curvature. Then I work on the pectoralis major and pectoralis minor to put the shoulders back in place to take pressure off the spine. I then move to the levator scapula muscle to help depress the shoulders or bring them inferior. Then, once all the preparations are completed, I work on the ligaments of the spine in several directions at the same time to correct the scoliosis. It took several months, but the client's physical pain has been much lessened and the spinal position has improved by 20 percent. The scoliotic curve has decreased eight degrees to 32 degrees.

The body is very sophisticated so the practitioner has to understand why the problem is present in order to achieve resolution.

The correct exercise routine can help to teach the body how to be healthy by tricking the body to health.

Post-Surgical Moschel Method

The Moschel Method can be very effective after surgery. I normally work on a post-operative client as soon as the affected area can be touched, usually within a week of the surgery or after time has passed and traditional physical therapy has not accomplished the desired goal.

I alleviate scar tissue with manipulations three-dimensionally in the exact direction of correction. I assist the client in regaining natural strength into his or her body by putting the bones in their correct position and then repositioning muscles, connective tissues, joints, ligaments, and tendons. This initial work requires exceptional sensitivity.

EXAMPLE: One of my clients, a celebrity hair stylist, had severed a tendon in his hand. He came to me several months after he had surgery and after his prescribed physical therapy. He had a build-up of scar tissue that caused his hand to become inflamed whenever he went on an airplane. Because of his job, he flew all over the world. His hand was also not able to close all the way. I worked on his hand doing very specific, feel-oriented 3-dimensional manipulations in the exact direction of correction. After a few months of treatment, he was able to close his hand and experienced no more inflammation.

There is both active and passive strength work done with the Moschel Method. Techniques focus on resolution of scar tissue first then on improving the strength and range of motion.

EXAMPLE: A current client, a professional chef, was recovering from surgery for a torn meniscus when she came to me complaining of pain associated with being on her feet all day. I worked on the top of the knee, the bottom of the knee, and the back and front of the knee, and then on the soft tissues around the knee to ensure that the alignment of the knee was as close to perfect as possible. Next to focus on were the hamstrings, quadriceps, and the front and back of the lower legs. Our current sessions begin with focus on the rectus femoris then on the vastus lateralis, both to correct the position of the muscles and to take pressure off the knee. I then work on the gracilis and adductor magnus muscles; this tends to have a big impact on knee alignment. I follow up with work on the bicept femoris and sesmembranous muscles to ensure alignment, and then work on all the ligaments and tendons around the

knee. The result is that the scar tissue has been softened a great deal and the alignment has improved, allowing natural strength to return to the area. When she leaves my office she feels a lot better.

EXAMPLE: I saw a client with a torn labrum in the right shoulder, which had recently been operated on for the second time. In this case, I worked on him two and a half weeks after surgery. I started the sessions working on the pectoralis major and pectoralis minor muscles to help protraction of the shoulders, then worked on the levator scapulae and upper trapezius muscles to bring the shoulders down into proper alignment. Once the preparatory work was done, I worked on the scar tissue in several directions at the same time to help alleviate the scar tissue and to help the client recover from surgery. The reason this client wanted therapy was that this same surgery had been performed previously but the scar tissue caused by the surgery caused the dysfunction to reappear. This time, after 30 weeks of treatment, the scar tissue was treated correctly, the surgery was effective, and the client feels better.

**“The eternal mystery of the world is its comprehensibility.”
—Albert Einstein**

Moschel Method Concepts

The goal of the Moschel Method is to impose a new pattern into the body of the clients who come to me with bodily dysfunction. The objective is to resolve the compensation/adaptation patterns and to create a new healthy pattern so the body can be as healthy as possible and function at the highest capacity possible.

The purpose of understanding the Moschel Method is to:

- Be more knowledgeable about injuries.

- Be more knowledgeable about pain.

- Understand why body problems do not disappear, why these problems in the body exist, and how to resolve them.

- Learn a new way to look at the body and the way that the body adapts.
- Understand how the functionality of the body works.

- Understand how you can look at other people's bodies and your own body in a non-linear, three-dimensional manner.

The Moschel Method enables us to understand:

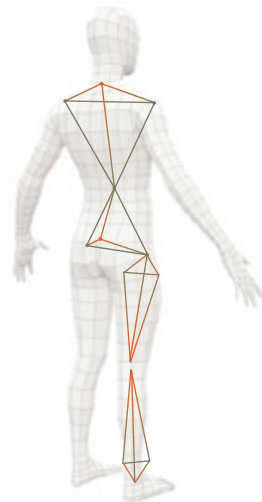
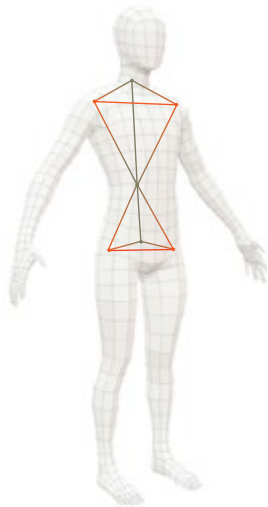
- The relationships in the body from top down, bottom up, left right, right left, and how to evaluate each individual's personal dysfunctional patterns.

- How these relationships in the body affect each other and how one relationship leads into another relationship, which leads into another relationship.

- A kind of practice based on targeted, three-dimensional manipulations of the body to match the three-dimensional nature of the human body.

- How alignment is created within the body on an individual basis.

The fundamental concept is an understanding of WHY people have skeletal-muscular problems, and a recognition that the WHY answers questions of WHAT and HOW. The Moschel Method is based on the proposition that unless I, as a therapist, know why these problems exist I cannot know what to do about them or how to resolve them.



The body does not do the hardest thing or the correct thing; it takes the easy way out. So you have to make health be the easy way out.

ten·sion *noun*

: the state of being stretched tight

in physics

: tension is the pulling force exerted by a solid object on another object

to·nic·i·ty *noun*

: normal firmness or functional readiness in body tissues or organs.

: the sustained partial contraction of resting or relaxed muscles.

Moschel Usable Strength Technology (M/U/S/T/)

Emerging from an understanding of dysfunction — *the* new way to train.

Through the Moschel Method - exploring the interconnectedness of the tetrahedron model and understanding the natural compensation patterns of the human body, **I have developed a whole new way to train, and a system of machines to make it possible.**

Each machine in the M/U/S/T/ system is designed to exercise the muscles efficiently while stabilizing the core and creating usable strength with the least amount of tension necessary. While the body requires some tension to function, most training approaches create too much tension, which can introduce dysfunction.

In traditional weight training, we are taught to tighten the body while executing an exercise (inducing tension). What this does, in actuality, is that it engages the entire skeletal-muscular system to assist the targeted muscle by leveraging tension. Because that muscle is being helped by the surrounding systems, this way of training only allows a superficial engagement of that muscle - and it increases the possibility of injury to the weakest link in that surrounding system. As we have established earlier in this book, old injuries can be the cause of new trauma through the weakening of the overall system.

Usable strength in action

Usable strength is defined as strength that **utilizes the whole muscle, as well as the attached tendons and ligaments in an efficient manner to help protect the body from damage while increasing systemic and regional strength and muscular balance.**

M/U/S/T/ machines are specifically designed to **build usable strength by confusing the body in a way that prevents the body from forming an unhealthy pattern of adaptation.** The machines do not allow for improper positioning; the body has no option to compensate, and therefore must perform correctly. The body does not have the abil-

ity to get used to or adapt to the exercises, either, because even the slightest change in tonicity can introduce another variable to create confusion in the body.

The M/U/S/T/ system was designed as a means to achieve useable strength, postural correction, resolution of muscular imbalance, and rehabilitation. We are currently developing a protocol for testing the M/U/S/T/ machines with a leading doctor of rehabilitation medicine.

EXAMPLES:

A current client, a former Olympian, has overcome a lifetime of muscular imbalance from specific sports training.

I have also had a 71-year-old client who was able to feel his abdominal muscles for the first time when doing crunches without feeling his shoulders or neck after just one session on the prototype M/U/S/T/ machine.

An efficient body creates
a world of possibility.

Conclusion

When I was 14 years old, I began lifting weights and trying to create a stronger body. Like many other young men, I wanted to build a stronger, more muscular physique. I was always physically active, participating in several different sports for many years: basketball, baseball and wrestling. In my late teens, I added boxing and Muay Thai kick boxing, which led to my involvement in several martial arts. I did Brazilian jiu-jitsu, some Japanese style jiu-jitsu, and Krav Maga. After training in those disciplines I found the Russian martial art Systema, which is the martial art that I am currently practicing.

Even from an early age, I was curious about how the body works to develop strength. I wanted to know how and why my body functioned the way it did, and the effects of different types of physical conditioning on people in general.

With the experience of over a decade working on the treatment of skeletal-muscular dysfunction, I developed the Moschel Method.

Looking back on my various training regimens, I recognize that I made many mistakes out of a sheer lack of understanding about how the body works. Through the insights gained through the Moschel Method, I created the Moschel Usable Strength Technology system to offer young people a different perspective on the human body and a better way of developing stronger, healthier bodies. An efficient body helps navigate life with greater ease.

This small book is neither a full description of what the Moschel Method is or what the M/U/S/T machines are - but is an introduction to the fundamental principles of and basis for the intellectual property behind the MUST machines that distinguish them as such a groundbreaking new path to health.

Michael Moschel lives with his wife, Paola, in the New York City metropolitan area. His practice is located in Manhattan's Flatiron District.

“As a physician who specializes in rehabilitation, I see patients with all types of pain and disability. I am familiar with numerous therapeutic approaches that address weakness, tight muscles, and poor posture, which contribute to most causes of pain in the body. As a physician who prescribes exercise for cardiac patients I understand the important role that efficient exercise plays in human health at all ages.

Michael Moschel is the most accomplished therapist I have ever known. Through his profound understanding of human movement he has developed the first truly unique approach to physical dysfunction I have ever discovered and the only one I would personally endorse. He has developed treatments that directly address the physical ails of our sedentary and desk-based lifestyles. His synthesis of physiology, kinesiology, psychology, and physics is legitimately unparalleled. In developing the Moschel Method he has become a true healer for those who suffer from physical pain and dysfunction.

David Z. Prince, MD, FAAPMR
Director, Cardiac Rehabilitation and Recovery Program
Assistant Professor of Rehabilitation Medicine
New York, NY

long-time client, actor Claire Danes, who has recommended several of her colleagues to Michael Moschel, *The work we have done together helps me to have a healthier lifestyle.*

“I have always been fascinated by excellence. This fascination has permeated every sphere of my life, causing me to pursue it and surrounding me by those who embody it. Today, as an investor, my fate rests entirely on correctly identifying it. As a result, I have gotten pretty good at knowing it when I see it.

After 15 years of athletics, my body was racked by overuse injuries, asymmetries and dysfunction. In a quest to rehabilitate my body I found Michael. Immediately, I realized that his understanding and approach was unlike anything I had ever seen. This is usually the first sign of expertise. As I continued to work with Michael, I came to recognize that there are perhaps few people in the world who understand the human body as well as Michael does. Like a piano tuner knows a piano, Michael has an uncanny feel for the tune, pitch and mechanics of the human body.

After a few months of therapy and working out with Michael’s usable strength system, not only can I verify that my body is much healthier, it is also in some cases 15% stronger. It is an honor for me to share my experience working with Michael and endorse him, because I believe he is one of those rare individuals who represent excellence.”

Tyler Winklevoss
Olympic Rower, 6th place, Beijing Olympics, 2008
Winklevoss Capital
Co-Founded CONNECTU, precursor to Facebook

THE DYSFUNCTION MANIFESTO

By Michael Moschel

MUST
PUBLISHING

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David Z. Prince, MD, FAAPMR — Director, Cardiac Rehabilitation and Recovery Program; Assistant Professor of Rehabilitation Medicine

The work we have done together helps me to have a healthier lifestyle.

Claire Danes — actor and long-time client

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