



Importance of Scar Tissue Mobilization

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When the skin or organs are damaged due to an injury, cut, disease or surgery the body naturally wants to heal itself. Since the body cannot exactly replicate healthy skin or tissue, it puts together new collagen fibers that are not as functional as the original tissue. The new tissue serves as a protective fibrous barrier, creating a scar. A scar is thick, pale and dense as it has a limited blood supply. The scar takes the place of the original damaged tissue, but due to its arrangement, it can limit function; including movement, circulation and sensation.

Following an injury or surgery the collagen fibers heal three dimensionally reaching for the fascia and neighboring muscle fibers binding the tissues together. Normal tissue lays collagen fibers to create a basket weave formation. The three dimensional binding creates adhesions that are inferior in functional quality to the basket weave formation. This is what makes scar mobilization so important.

Adhesions due to scarring or habitual postures prevent the normal gliding and sliding within the nervous, skeletal, muscular, integumentary and visceral systems. When the tissues within these systems are restricted, pain and loss of normal motion occur. Adhesions following surgery or trauma can be prevented by simply rubbing gently around the incision or area of decreased mobility. Following surgery, scar mobilization can be initiated once the incision has properly closed, and stitches have been removed. This period coincides with the remodeling phase of tissue healing which lasts from 3 months to 2 years and is characterized by cross-linking, orientation and arrangement of the collagen fibers to create a scar.

Physical therapy is also beneficial to prevent scar adhesions with therapeutic exercises and manual therapy, which may consist of myofascial release, soft/deep tissue massage or joint mobilization. All of these techniques focus on correcting the mobility of the tissue to allow normal ROM and functional mobility.