



### Getting the Most out of your Course

- Avoid multitasking
- Engage your body
- Engage your mind

Note your questions:

- Chat
- Q&A breaks
- Small Group Meetings
- Forum: [facebook.com/groups/pelvis.principles/](https://facebook.com/groups/pelvis.principles/)

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**USEFUL INFO:****Principles: Pelvis, Hip, & Sacrum Online Course****Meeting Link (via Zoom):**<https://bit.ly/pelvis-principles-zoom>

Or by phone: +1 669 900 6833

Meeting ID: 773 980 535

Password: pelvis



Zoom Meeting Link

**Meeting Schedule:**

Four Live 90min Lectures

11am PT, 12pm MT, 1pm CT, 2pm ET, 7pm UK

Wednesdays Apr 29, May 6, 13 &amp; 20, 2020

Small groups weekly on Mon &amp; Tue starting May 4

**Advanced-Trainings.com Office:**

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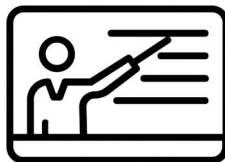
Skype: advanced-trainings

**A-T Faculty contact info:**<https://a-t.tv/pelvis-principles-live-online/#faculty>**Private Forum** (all links, schedules, announcements)<https://www.facebook.com/groups/pelvis.principles/>

Forum

**COURSE SYLLABUS****Live Lecture**

4 required for credit

**Each Wednesday**

- Exercises
- Q&A

**Home Study**

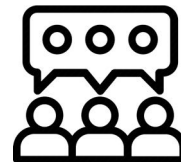
recommended



- Watch Technique Demo
- Read Book Chapter
- Move / Practice


**Small Groups**

min 1 required for credit

**Each Mon or Tue**

- Questions
- Support







## Stork Test: Back View (SI Freedom)

*Storchtest von hinten (Freiheit der ISG)*      *Prueba De La Cigüeña Vista Post. (Libertad Si)*

A-02

P

**Instructions / Intentions / Feel or Watch For**

With hip flexion,

- Does PSIS drop? If not, work:
  1. Upper SI joint, and/or 2. iliofemoral ligaments
- Does lifting-side Ischial Tuberosity widen? If not, work:
  1. Lower si joint, obterator internus, and/or 2. sacrotuberous ligament

**Movements / Cues:**

Client lifts leg (flexes hip) with hands on wall for balance and to stabilize upper girdle.

**Notes:**

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## Goals: Advanced Myofascial Techniques

- Increase 1. \_\_\_\_\_ movement, both gross and subtle.
- 2. \_\_\_\_\_ proprioceptive, kinesthetic and interoceptive senses.
- These can lead to 3. \_\_\_\_\_ relief, improved 4. \_\_\_\_\_, enhanced 5. \_\_\_\_\_, etc.



# Media

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- B \_\_\_\_\_ & J \_\_\_\_\_
- M \_\_\_\_\_
- N \_\_\_\_\_ S \_\_\_\_\_
- S \_\_\_\_\_



A-01

## a. HIP & S.I. SEQUENCE

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### Intentions / Goals:

- 1. \_\_\_\_\_ mobility
- 2. \_\_\_\_\_ freedom and normalization
- 3. \_\_\_\_\_ release

### Indications:

- 4. \_\_\_\_\_ for deeper pelvic work
- 5. \_\_\_\_\_ issues, 6. \_\_\_\_\_, 7. \_\_\_\_\_ pain, etc.




## Hip Mobility & Back Pain

**Types of hip mobility correlated with less back pain:**

- Hip flexion and extension in men and women;
- Internal rotation and hamstring flexibility in men.


-- G. Mellin, "Correlations of hip Mobility with degree of Back Pain and lumbar spinal Mobility in Chronic low-Back Pain Patients," Spine 13, no. 6 (1988): 668–70.





### Push Broom "A"

*Besen "A"* *Escoba "A"*




Instructions / Intentions / Feel or Watch For:

Movements / Cues:

Notes:  
Variation: gluteal origins (lower photo)



A-04


D

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## Push Broom "B" (Ext. Rotation)

*Besen "B" (Aussenrotation)*      *Escoba "B" (Rotación Ext.)*

A-05

**D**



**Instructions / Intentions / Feel or Watch For:**  
 Rotate femur externally, using the inside of your leg to gently push on client's lower leg.


**Movements / Cues:**

**Notes:**  
 Care for client's knee: rotation is at hip joint, NOT at knee joint.

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## Push Broom "C" (Int. Rotation)

*Besen "C" (Innenrotation)*      *Escoba "C" (Rotación Int.)*

A-06

**D**



**Instructions / Intentions / Feel or Watch For:**  
 Internal rotation of femur.


**Movements / Cues:**

**Notes:**  
 Keep client's hip flexed (leg at 90° or more).  
 Care for client's knee: rotation is at hip joint, NOT at knee joint.

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## Push Broom "D"

Besen "D"

Escoba "D"

D

A-07



Instructions / Intentions / Feel or Watch For:

Movements / Cues:

Notes:

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## Hip Replacement

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**For six months to one year after surgery, hip replacement patients are told to avoid:**


- Adduction, internal rotation, and hip flexion past 90 degrees for posterior hip replacements;
- **Abduction, external rotation, and hip extension for anterior replacements.**



## Iliofemoral & SI Joint Release

Iliofemoral- u. Iliosacral-Verbindung Lösen
Comunicado Conjunto Iliofemoral Y Si
A-08

D



**Instructions / Intentions / Feel or Watch For:**  
Lean back to lift leg & innominate bone off sacrum.

**Movements / Cues:**


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## Ilium / Sacrum Counterstretch

Ilium / Sacrum: Gegendehnung
Ilium / Sacro Counterstretch
A-09

D



**Instructions / Intentions / Feel or Watch For:**  
With upper hand on center of sacrum, passively counternutate the sacrum (tuck tail), while anteriorly rotating (torsion) innominate with leg for a counter-stretch at SI joint.

**Movements / Cues:**

**Notes:**  
Variations: use firm bolster under large client's knee to lift.

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## Rotators

*Rotatoren*



**Instructions / Intentions / Feel or Watch For:**  
Feel and release rotators around their attachments on greater trochanter, and on the femur.

**Movements / Cues:**  
Passive or active hip rotation.

**Notes:**  
Indicated for sciatica, etc.  
Use caution with pressure around sciatic nerve.


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## Sacrotuberous Ligaments

*Ligamentum Sacrotuberale*



**Instructions / Intentions / Feel or Watch For:**  
Ligament lies anterior to gluteus maximus.  
Working from opposite side, press into inferiomedial margin of ST ligament and wait for response.

**Movements / Cues:**

**Notes:**  
Explain and ask for permission first.

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## Sacrum: Cupping

*Sacrum: Umfassen*      *Sacro: Catación*

A-12



**Instructions / Intentions / Feel or Watch For:**  
Light pressure, indirect technique.

**Movements / Cues:**

**Notes:**  
Variation: cupped hands.

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### Post-Lecture Home-Study

Highly recommended (but optional):

1. Watch "A. HIP & S.I. SEQUENCE" chapter in **PELVIS, HIP, & SACRUM: AMT Online Video** or **Workshop DVD**
2. Read **Chapter 10: 'Hip Mobility'** in **AMT Volume 1**
3. **Invent**, practice, and teach someone else a self-stretch, yoga asana, mobilization, or dance move based on one of the A Sequence techniques.
4. **Complete** any other home-study recommendations mentioned in the lecture
5. **Note** questions to bring to your live small-group meeting.

(Attending at least 1 meeting is required for credit)

