

Transcript: 'HEADACHES & MIGRAINES' Part 1 & 2 with Til Luchau (Advanced Myofascial Techniques)

Til Luchau

A for the cranial core/sleeve, sorry, cervical core/sleeve differentiation technique, we used it in whiplash workshop, but we use it in our TMJ workshop, but I want to show it here at the beginning of the headaches workshop, because it's a great way to work into the fascial continuity of the whole head and neck, using a soft fist, it's not a closed hard fist, but a soft fist, I'm going to get a hold of the outer layers here. And with the friction of that back of my hand, help release those posteriorly. Now, Suzanne, you can gently turn your head to the left. So the glide that happens is because she's moving. And I'm staying very superficial, it's, it's skin and just a little bit more. So I'm not even as deep as sternocleidomastoid, say, how's the pressure there?

Student

Great.

Til Luchau

And then come back to the center. I'll show this side two. And then the other way. Right. So nice and slow and steady on her part. If someone's muscling through this, or you know, jerking their head around too quick or slowing down. Now we're doing a combination of active and passive here where she's initiating, and I'm coaching a little bit with this other hand, keeping her on her vertical lines. So she's not just rolling your head on the table. But it could also be done as a passive technique where this anchoring happens this way. And then I roll the head too. And this again, for the headaches purposes is to begin to prepare the fascial connections of the head into the body to release the collar of the cervical sleeve around the deeper core structures of the head and neck. Getting ready for the more direct cranial fascia work we're going to do next. Any questions? Great. The beginning of the headache sequence proper is the transversospinalis technique. And that's on page C, one, C-02. Thank you C-02. So this, transversospinalis is the name of the group of muscles along the backside of the neck. And here we're thinking of the post here next contribution to neck tension, neck strain. And I'll show over here if you guys do but it's the one that we actually also worked in into yesterday's whiplash work as a alternative technique where with my hand on the table, I then lift the head tick the head of deflection. So there is some glide, but it's not my right hand that's doing most of it. Most of it's coming from the left of the head and the left hand. So various layers. How's the depth there, Suzanne? So on this side, Knuckles hand resting on the table, and then just lifting. Yeah. Some of you did this yesterday. To nuchal one. Yep. I'm thinking of various layers in the back of the neck. It's a very effective way to be specific about the tissues and the post to your cervical compartment. Any questions? No to review for some of you. Okay.

See three

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See three, the suboccipital triangle.

There are

Til Luchau

several structures that attached to the transverse process of the Atlas. But that's the key structure on this one. So just on yourself for a second, feel your mastoid processes. And I'll do yours for you mastoid process and then just in fear and a little bit anterior will be the transverse process. And again, I think we mentioned this in the whiplash workshop a little bit too. But let's see it really clear on today. It's a bony mound, it's surrounded by muscles. So it's going to be a little more muscular than the mastoid process, a little more tissue feeling, but it moves. When you turn the head, it moves with the head. But when you nod the head, it doesn't move as much as the head does. The nodding happens between the C one and the occiput. while turning, the two tend to turn together. That's what lets you know you're on it. Now attaching to that transverse process, or several oblique us different things that come in and help stabilize the head on the neck. And to get us to this on both sides. But here, I'm just going to use, say my thumb to work all the attachments off of that transverse process, like the spokes of a wheel, and how's our pressure, all right. And the glide is happening by her tissues releasing but also by me turning your head a little bit. So finding that mastoid process, getting the transverse process to see one below that and then dialing the neck to release the tissues that attach to that transverse process. They're all responsible for turning the head. Because of their angled arrangements. They're the ones that pull on those wide TPs of SI one and turn the head. So I'm using the turning to release those suboccipitals. We mentioned the greater and lesser occipital nerves, they pass right through all these structures. So for headaches in the back of the head, this can be really potent, really powerful. See for from Tallis occipitalis. It is beginning our work now on the cranial fascia. And frontality, Tallis and occipitalis are the names given to these little groupings of muscle cells within those cranial fascist, but the passive version is just me moving the rind on the melon, just moving these structures around. And I'm feeling for adhesions places that the outer layers Don't move. Because we're thinking muscular to I'm going to bring in some active movement. And would you go ahead and like open your eyes really wide? Yeah. Right. And then close them really tight. Yeah, in fact, like, yeah, scrunch them all up real tight. Yep. And make sure you're breathing we did of course. And then just do go back and forth between that a few times. So we may open your eyes really wide and then close and really tightly. So this does corrugator muscles and all kinds of muscles that are within these layers of the scalp. Now I mentioned in the slideshow, the layers of the scalp are pretty sensitive, highly integrated, so a lot of headache pain will be experienced in these outer layers. Even if the origin somewhere else in the body. The pressure still okay. Yep, you can also try left and right like look really far to the left or the farther right. And see if that can. Your eyes could actually pull on what I have a hold of here. Yeah, like that idea. Great. Okay, so that is all it would be fatalis and then to

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work except attalus. I do something similar. In the backside here underneath the occiput. Now that you see if there is if you do that eyebrow thing again if there's a connection back here. Yeah. And scrunching up closing your eyes real tight. Yeah. As you breathe, yeah, you can feel that little contraction happening back here. Yeah. So going in and out of that a couple times as a way to release that

contracture

Til Luchau

Yep, So I'm just working on, you know, make you watch me do it all, but I'm working all through the back of the head, all those layers. If you want to be thorough the head has a lot of area to it, surprisingly. And it'll take you some time to go through every little bit of that. Questions. Cake,

making some of those faces actually gives you

Til Luchau

what if making the faces gives you a headache?

Yeah.

Til Luchau

Okay, I would, I would actually explore that with you a little bit, not to the extent that you are giving yourself a headache. But if you feel you can feel it, which says something's going on, there's some kind of connection. So probably what I would do is I would explore what was happening around your head, as you were starting to make that movement and you tell me when you feel the connection, so I bet we'd find a place to felt connected to that. And then we'd have you work within the range of comfort to kind of untangle that connection. Yeah, but rather than just say, pushing really hard into the pain, we work right at the edge of it or even, you know, a couple millimeters back from the place that causes pain. Yeah, see, C five, C five, the Galea aponeurotica, another name for another layer, and cranial fascia. And here, we're going even deeper, we're getting down into the bathing cap, the swimming cap of the head, making sure that it's free. Now it's not my fingers moving on the scalp. I'm not like shampooing as much as I'm, again, moving that cap, all different directions, twisting, shearing, all those different kinds of motions, again, feeling for the movement between layers. And this, the notes in the book, say avoiding direct pressure on the wings, the sphenoid, or the temples, that's kind of obvious. It doesn't feel good. And it's not great to compress the scenery there. And that way, but everywhere else just about is fair game

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again, as long as it feels okay to your, your client or patient. How are we doing? All right, good. I'm showing you the short version, you want to take some time with that, because there's a lot of area there to cover.

See six

Til Luchau

temporalis. The second variation to practice, the first variation we do in the neck and head perhaps a TMJ workshop also temporalis is a really key structure for a lot of tension headaches, because it covers so much in the head and the jogs, exert so much force on the head. So we've got a couple ways we're going to work it here. One is the lower I'll start with the lower picture first, which is the supine version. And here I'm just going to very gently use you can use a different tool if you want, I can show it both ways. This is hard to see your hands just stabilizing the head. Now how's that pressure doing? Okay. The knuckle it seems kind of counterintuitive. It's not something you typically use on the side of the head. It allows me to move layers in a way that my fingertips couldn't quite get to different aspects of that pressure. And then your part then is to open and close your job, if you will, yeah. And don't let it cause any discomfort. You know that opening or closing the find the way to move things underneath my pressure here. So, you can the other the other hand is just steadying or stabilizing. And these knuckles are very gently lifting temporalis fascia. Go ahead and let your jaw open. Specialist Okay. Okay. And then if you would roll onto your side facing this way, is there a face cradle cushion that could borrow? Okay. And then the upper picture, the sideline version? I'm using fingertips to do something similar. How are we done? Is it too much? Okay. Go ahead and let your jaw open and close. So I'm resisting the force of her opening a little bit. She's Opening against my resistance as a way to release all that fascia temporalis is big covers the whole side of the head. So you can also play Suzanne with sliding your job forward a little bit good, like close, and then just slide it forward and back. And that will engage, say, the posterior fibers of the temporalis. Yeah, feel those connections here. jaw related headaches, this can be a lifesaver, someone's headache happened because they open their jaw too wide a bit something too hard, or they get TMJ symptoms. These are, this is a way to address those compression issues really directly. Now, if someone has, you know, active TMJ pain, their movements might be a lot less than we did here. Because your big motions can aggravate that too. In that case.

The superior

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superior crew of the year page c seven. So with your permission, I'll pull on your ears that okay. So I take a hold of the ear, thumb and forefinger and just use it as a handle for the outer layers of the scalp and skull. The fascists that make up the ear are continuous with the wrappings of the skull. And so that makes a really convenient way to get a hold of those and put some stretch into them. How is that amount of stretches that okay? All right. I actually started straight up toward me superior, and I'm going straight back or posterior. And if you would like to, you can play with looking left and right with your eyes. Because it's like your question about the eyes, a lot of times it can be pulled into the ear in a way. And when you go left, I feel that on your right ear. That makes sense to you. So then yeah. Now if someone is having an active headache, a lot of times you'll find a particular direction that seems to relate to that pain. Where you'll have them describe what happens when they look all different directions, or move their eyes in different ways. And you'll feel the places that relate to the headache that person's having to

deal with.

Til Luchau

To the questions do I feel it's releasing? Yeah, you'll feel a change you'll feel give a little bit of soften is mostly her active movements to the help release that the movements of her eye, we can do gentle movements to the head or even the jaw. Once you play with that just a side to side motion your jaw. So that'll sometimes connect into a headache connection into the ear. Also. The next technique on page c eight is also an ear technique, I'll kind of contrast the two. In this case, we have a slightly different grip, the concha traction unconscious, the inner ball of the air. And here I'm doing a little bit of traction study with an inferior direction. That all right. And so with my thumb's now inside the Contra that just allows a different degree of pull a different direction to in the same thing we can use I'm movements here. So here, right up and down through eyes. Yeah. Great. And the notes, they're just a test in each direction. We did some of that last time. But we can test in each direction and turn and feel for connections into some headache pain, using her reports to find that. Now the other thing we can do here with this contra grip is to pull the ears straight apart a little bit. And to align them with the ear canal we're going to pull a little bit posteriorly to so that's lateral and posterior as the direction of the canal inside the skull. And we saw those pictures of how the ear canal is continuous down into the temporal bone with the inner ear canal which as fasho connections into the tentorium and is really close to the trigeminal nerve exit from the spinal cord all those places. So we're talking to the brain here through our direct traction. And the image you can use this as if the ears were connected between the between them, you know in the center of your head somewhere and feel for that connection. Because they are is not just a metaphor. It's a literal fashion connection right through the center of the head. flossing the brain. We call this alternating back For a little bit and again, here eye movements or jaw movements could all be possible to, to feel those connections down into the ear indicated something to try, at

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least for tinnitus ringing in the ears or vertigo, sometimes sinus headaches, or things involving the eustachian tubes. I think someone mentioned opening their ears not being able to hear open, they're open yawning. Oh, oh, here's the ringing afterwards. Yeah, sometimes that could be just a bucket to the station to or a job moving in a way that puts an impulse in causes some signal that this could help reset. This might be something to try. See, nine is the finishing technique for the sequence. It's the other end of the neck, we're doing something just to remind her body that it's hold, there's not just a neck and headache. And we're going to use my hand under the center of her sacrum. So if you go ahead and just lift the secret within come on down, I've got my hand centered under her sacrum, with the fingers up at the base, the upper end of the second. And I just at this couple of versions of this, and this one, I missed the just just listening with your hand, just letting the sacrum float. I think we did one in the whiplash class where we did some active traction. But in this version, we're just going to be more receptive, it'll be more of a indirect technique, where I'll feel any movements happening there. And there are movements that happen with their breath, say or with their cranial rhythm. And I'll just follow those. So I'll exaggerate what I'm feeling with this other hand. And I'm not trying to move or sacrum as much as Stay right there with it as it does its movements. This will help bring her body awareness here, it'll help resolve any unfinished D compensations that we started in the upper end, they helped calm the nervous system again, because this is sympathetic, parasympathetic center, and the body will just do this for 1012 breaths or so. And then, when we're done, you stay heavy. And I just come out with my hand, leaving the spine long.

Yeah. Okay, thank you. The

Til Luchau

cranial core sequence, we're ready to start addressing the structures inside the head, the cranial vault and again, our, our overall goal is decompression to the structures, thinking about the neurovascular headaches. So the first one in the book, D two is the parietal lift, and I'm just taking a hold of those two parietal bones. And we'll show that on the skeleton to that take a hold of the pedal bones here and actually and just give it a gentle traction superiorly how we done with that? Now, this makes the most sense after doing the kind of things we did in the sequence that this morning, like releasing the temporal muscles, in particular temporalis because otherwise, we're just tugging against those, but now that those have been prepared, we can actually start to feel for a little bit of boning movement. Bonds move slower. The metaphor I used before was pushing About away from the dock, this would be like pulling the boat. Or I just lean on those bridles and let them drift towards me a little bit. fissures okay? How far up my from the ear, I am just about it wherever you can get a hold of that bone. Yeah, because and the bone does have a shape to it, it's more or less have a corner on it. And probably put that Frankenstein picture in the slideshow because it's got these funny little corners on the primal bone that you can use this kind of handles

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to grip that bone and lifted off the rest of the head, lifting it off the temporal bones, which you're doing largely in sphenoid. And you'll wait. I won't wait as long as I might, you know, actual session here showing you the idea. But you, you wait for that bit of soften you're yielding a release. If someone has an active headache going on, do you have a headache?

No. Okay.

Til Luchau

I'll stick with you, that's gonna ask for a new model that I want to that someone has an active headache going on. You'll want to track how that affects it. It doesn't necessarily have to make it better, but you want to make sure you're not making it worse. So I'll check in about the pain while I'm doing this, to see if there's a shift or change. Any other questions?

How long

Til Luchau

until you feel a release? And it's probably going to be four to six breaths? I'll bet. Yeah, somewhere in that timeframe, maybe more. And especially if it starts to feel relevant or relieve what's going on there. I'm going to stay within explore at some we might try different directions or vectors are trying to start the rotated position. Things like that looking for that connection right into the sensation.

D What

Til Luchau

are we not three now D-03, the orbit zygoma release. I'm going to take a hold of the frontal bone here at the upper rim of the orbit. And in my other hand is gently going to take a hold of the zygomatic arches below and get a feel for a little bit of separation up down between those bones. And this is part of our sequence of decompressing the maxilla from the rest of the skull. Here I'm lifting a frontal bone off of the orbits of the eye. So that's what it looks like on the skeleton on Ashley. So I'm right on the rim. Yeah, right on the orbital rim. And then also right on zygomatic arch. Looking for the right place, is that okay Ashley? All right. And again, I'm feeling for bony drift. So it's a waiting kind of technique, there is a little bit of pressure. It's not it's not a cranial five gram touches is actual mechanical separation I'm looking for. But I will be tracking her responses and any change and pain that happens as a result of this. The intention here is compressing the cranial structures by lifting frontal bone up off of the zygomatic structures. Any questions?

not sliding,

Til Luchau

not sliding, it's just leaning on those bones and letting him drift. And that same idea of the boat drifting and waiting for the breath. So here, orbit points, page D four, D four. I am reaching around and putting a bit of direct pressure right underneath the rim of the orbit and my pressure is into the cranium, not into the eye. Obviously, it's not sliding to the skin is very delicate here. I'm also using caution around a little notch there little orbital knots and there's a little branch to the trigeminal runs through there. So I don't want to pin that nerve too much to Bill zingy, but all around the rim of that orbit, putting some direct pressure lifting into those points. And this is great for sinus headaches to or cluster headaches or things that are hurting the eye. So that's the upper rim, the lower rim of the orbit. Thank you tend to like the picture shows. Yeah. So the lower the end of the orbit. I'm using my thumbs to press on the downward so you can feel it on yourself to feel more that rim is and what it's like Yep,

So gently, this kind of thing,

Til Luchau

the pressure, okay? It wasn't even nice, that's great. If someone's got a sinus headache or cluster headache or something here in the front of head, it can feel really nice to get that some of that relief going material part of that orbital ram be like this, and then out hold for longer, obviously. And then the lower aspect. So I would do both sides. But Here I'm showing the grip on one side, where I'm just using my thumb depress on the rim of the orbit, within the level of comfort, how's that? pressure, okay. All around that room, and you'll find places that are particularly relevant to someone having a headache, they'll tell you all that's the place. And that's where you hang out. Any questions? Yes. So here's the strategy on this one, that the points are actually relieving? Or is it a decompression technique? Kind of, I guess I'm kind of doing a hybrid. Yeah, I am thinking about bony mobility. But sometimes the points themselves seem to be significant. That might be like a trigger point effect. Or it might be that a vector through the bones causing that relief? Yeah.

I have a headache I push up here.

Til Luchau

Yeah, that's kind of natural. Yep. Yep. It's interesting to watch what people do when they have a headache with himself or when they describe the headache to you. Because a lot of times, when

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someone describes their headache to you ask them what it's like the gestures they make, or the point they point to or the gestures, the neck and the head will give you a big clue sometimes as to what that's like, since we're dealing with in our experience, it'll come out to their gestures, say, a really accurate description, and sometimes clues about how to help them out with it, though, and how they move their hands or how they move their head, when they're talking about their headache pain.

pushing down like you had the robot you're pushing

down or if you're pushing towards.

Til Luchau

The question is I'm pressing down on the rim or toward the feet, it's toward the feet, toward the feet, for sure, you don't want push down into the eye at all. Do you find that the zygomatic and maxillary fascia, I'm going to work inside the mouth a little bit with the connections of the face to the skull. So I'll go inside the lips and cheek and feel for their connection into the rest of the skull up in this upper fissure here. And let those attachments released one by one on back into the masseter region. So this is the region I'm in. Now it's a great practice, a great way to really understand where I am is to actually do this on yourself. So if you want to grab a glove, go redhead, or wash your hands, whatever you want to do, but I do suggest actually feeling RAM, that'll make a lot more sense to you than just trying to imagine where I am from the outside the five, the maxillary and zygomatic fascia, I'm gonna use a little bit of work inside the mouth with your permission, of course, go ahead and open gently. And then my finger goes between the cheek and upper teeth. Use let your jaw relax down and let your neck be easy. So at this point, I feel up into the upper fissure of that cheek to gum relationship. And I'm feeling right along the place where the facial fascia meets the skull. And you'll if you're doing this on yourself right now, you'll feel there's very sensitive areas. And some of those could be tension spots, places the tissues thicken according to the tension on it. Some of it could be nerve kind of trigger point areas too. But there are little micro branches of the trigeminal nerve right up on under the zygomatic arch in this region too. And they will sometimes really relate to a headache. Yeah.

sinus,

Til Luchau

someone who's stuffy with a sinus issue. Regular sinus wonder Yeah, why not give it a try? I haven't. I can't remember trying that before. One thing that does seem to really help is cluster

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headaches though. Someone has a really strong headache right around there. I say migraine type headache around their eye. This can really help relieve that. And it may be because it's around the eye but maybe whether we're talking to that trigeminal nerve here pretty directly to so I'm working my way back. Yeah, I'm working inside and out. I'm sorry. The other thing I'm doing is something not all of you are doing this on yourself. That's okay. I'm working across her body. So I'm standing on our left and working on a right. And that just tends to make the shape of the finger a little less intrusive. If you work on the same side, you get a little bit of that kind of fishhook effect. How're we doing? They're asleep. So right now I'm up underneath the masseter a little bit. And you can actually bite down a little bit there clenched teeth, medical. So yeah, I'm working inside and outside to between the two fingers. You really feel that pressure, okay. I've said this before, but I'll say it again, the mouth is probably the only place where your client is going to feel you more than you feel them. The mouth is even more sensitive than your hands. So keep that in mind your work is going to be slow motion, super sensitive. In there, they got more nerves dedicated to processing the sensation here than you do. Any questions. Second hand I was working through the cheek suppressing against the pressing the fascia the face up against my finger from the outside, inside and outside simultaneously. D six, the maxilla rocking in our neck John Head Workshop, we do a maxilla lifting technique, which is also really great for headaches. This one we're working a little differently a little different plane. So I'm going to put my left my forefinger my middle finger right between her molars, and I may use those as a handle to feel the movement of the maxilla in different planes. Alright, so with your kind permission, fingers go right between the molars, like a finger sandwich. Except that you don't bite too hard, please thank you use let your fingers rest, and you can let them rest, it's no problem. To do that you want to relax your jaw. My outer hand is resting lightly on the either the the temples, like the picture shows, I can come right up here on the maxilla, too, you can let your dog go even more. Nice. That's great. That's important because if someone's holding their jaw open, that'll immobilize the bone too. So at this point, I have a really clear grip on that maxilla. So I can tug on one side and feel doesn't yield. And I talk on the other side, that's great as keep breathing and letting your neck release. JACK can just be relaxed, it's great to rest your teeth on my fingers. Super. So I'm pulling on each side gently to feel does that bone yield. And by yield I'm talking about a quality of resistance more than an actual gross movement. You're doing okay? Okay, just raise your hand if something if you need me to come out. So I'm alternating left and right sides lifting on each side to feel that resistance of the maxilla. A lot like the drawer idea that we use in the neck workshop to on the magazine covers a door sliding in and out and seeing are both runners free. Now I can also check clockwise and counterclockwise rotation. So lifting on the lifting on the bone here, I'm lifting on the right. And I'm lifting on the left to feel does that yield. And this is this is responsive on this side. But this side has a harder quality to it. Does that match anything you feel? Actually yeah, you feel that Oh. So what I'm going to do there with that place that's not yielding as much on the left is I'm just going to wait there. And again as it is keep letting your neck go and keep letting your jaw go keep breathing. And if you need to come out for me to just let me know. I'm just waiting for that left side, the firmer harder

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side to yield a little bit. And then finally, you can do a swiveling kind of motion to in the horizontal plane, checking for left and right rotation. So I'm pulling with the left pushing with the right or vice versa to feel does that maxilla move in the horizontal plane too. And this will typically be a more subtle motion than the other ones. Any questions?

So when you're doing that last one to you, you're still at the bottom of the motors.

Til Luchau

Let me show on the skeleton how I was doing that. Yeah.

A little bit, too.

Til Luchau

Could be. Yeah. back as far as feels comfortable. Yeah. Finger pads around the walls between the top and bottom rollers.

Yeah, no, implants or dental

Til Luchau

implants is not my first time I realized that that tissue is not interesting. He mapped out a different sensation than you realized you had before. Yeah, so that's if they're, if you're like a bridge that's hardwired in, it's doesn't, you know, work it, because it's still going to transmit a mechanical force into other teeth or the bony structures around there. If it's a removable appliance, it's okay with the person take the whole thing out, somebody will be embarrassed about that. But it's a it's really, actually really easy to feel emotion about without the teeth in there. And pretty comfortable to hold on to, to and move around, move that around. I think I'm going to work with whatever somebody has. And this technique, I'm gonna feel differences in movement. You know, if it's a symmetrical implant or right in the middle implant, it's gonna affect them somehow. And I'm gonna feel that and work with. Yeah.

shattered. Yeah,

once it's

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Til Luchau

actually really helpful. Once it's healed. The questions if you've broken the magdala, fractured it, is it still okay? Yeah, once it's healed this, it'll be an usually an impacted or contracted state, and helping relieve its motion get a free again, can be really relieving to do. And that's the side that was firmer, wasn't it? Interesting. Okay, would you mind recapping the vectors? It's the three ordinal planes of movement. where I started, I think with clockwise, I'll put it here something with the both cameras can see. You know, clockwise, counterclockwise, push, pull, and rotate? What was your question Teresa,

pushing

condyle up towards the top of the head while

we're trying to

work it back and forth, pushing this way.

Til Luchau

I checked it like that, at one point that clockwise calculus, but the push pull, you don't really need to there's enough of a grip of the teeth on your finger that you don't really need to lift that side, I don't think cranial vectors, second variation, page D seven. We do this in the neck john head workshop as a direct technique, we're actually putting pressure through the series of points on the head. In this version, we're going to do indirect, meaning we get our hands in position and wait for a response, either yielding or sometimes it feels like the skull is pushing back at you, in these pressures in these places to there, all of these points, I'm going to hold her on the horizontal plane to thread about where the cut in the skull is or where a halo would sit. But the first pair is say, right rear to right front. So I'm using here my fingers, but I could also use a thumb pad say this right rear right front. The same thing on the other side, left, rear to left front. And then I cross I'm going right front to left rear. diagonal. And then across the back. Did you have a question, Julie? Yes.

Is there a reason why we start with same side

Til Luchau

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we start with the same side, left to left, left right to right. And is there a reason there must be I wish I knew what it was. This is this is the way I was it was taught to me, I can see I'm gonna make one up real quick. I don't know if it's the original reason, but I can see the argument for releasing one side at a time and then making sure you got a connection across the midline to balance that out. So the force in this way will affect sutures on that same side throughout the head and certain way that you want to make sure you balance that with some bilateral work. That sounds like an okay reason. All right. All right. And then we finished with this whole across the back of the head. If you look at your little diagram there in the book, you can see that the missing line is across the temples. And we is not generally thought to be beneficial to put pressure across the temples with light bulbs swings. Alright, so that's those are the holds on a real a real athlete is is what it looks like. So there's right to right, right front to right rear. And again, my hands are listening. They're listening for movement of breath, or cranial sacral rhythm if you do that, or just a softening or yielding or drifting. But it's a receptive touch, as opposed to an active touch.

This

Til Luchau

is what I'm sorry, oh, bone, yeah, I'm thinking bone. We've moved into this receptive touches a part of our integration phase. Now, we're bringing things together after doing a lot of pretty specific differentiation work. So we're not trying to manipulate as much as integrate and let it respond. So we'll hold until I feel a response. And I do want my body to be as comfortable as possible. So that I can listen. And like I said, sometimes it's just a drifting two hands feeling, they start to drift together a little bit. And then the other homolateral pair. And that was about real time, that's about how long I've typically spend unless it takes longer to get a response. The rest of these, I'll show you the short version. So there's the left, same side, there's the diagonal, left rear to right, but the other diagonal, right, rear to left front. And then I finish

holding across the back,

Til Luchau

you're probably like, you know, I will keep reminding myself, you'll probably need to keep reminding yourself to to keep listening. Because the temptation is to squeeze now or to you know, try to get it to yield. And really just by holding and listening, you'll feel things shift. And that gives her room to to her body to do its own response to do its thing.

Any questions

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on the topic, just making a good contact with her.

But you definitely have some

Til Luchau

contact? Well, we I wouldn't say it's firm, it's it's relatively light. Enough, there's not going to inhibit any movements or her body's doing, but enough that I can hear or feel what it's doing.

Yeah, last factor. Yeah.

Til Luchau

This is more say lambdoidal suture, if you want to get specific. It's the place where the occiput and the temporalis come together. It's kinda like the back corner of the head their mastoid process cradle mastoid process cradle, I'm going to

use my thumb's

Til Luchau

to gently compress across the mastoid processes. And if you remember that image we had up on the wall, the temper the petrous portion of the temporalis bone goes right up between the occiput and sphenoid at an angle, something like that. So my my compressing, keep that in mind, the gentle compressing where I'm feeling up into that fino basil or junction. And it's feeling for resilience more than it is trying to clamp down on those anything feeling for the texture of each side, and often you'll feel one side firmer than the other. This I can't tell much difference in this guy. He's pretty symmetrical. But most humans will have a difference left and right. And then I will tend to be gently direct with it I'll tend to lean on the side that's firmer, harder to get it to yield to get those in what I'm imagining happening is bones sphenoid and occiput come apart slightly or let go of each other a little bit to allow that petrous portion to be a little more mobile between them. So sums on the left and right mastoid processes an actual compression although to one, this is a little more active than the last technique which was more receptive up into the base of the skull, how are we doing there?

In this case,

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and sand, adjust my grip a little bit.

Okay?

Til Luchau

I'm gonna say it's the same as your right one, that's us differ, does that match what you feel? It's great to check it out. It's nice when the same switch. But if it's not keep talking, you know, adjust your position to get them to describe the difference and see if you can get in alignment, sometimes you won't, you'll be doing different things. But if you can get if you can talk to your partner and get an agreement that's validating for what you're doing that also helps keep them engaged helps keep her participating in this process, it was the right side that was a little firmer. And so I'm just going to lean on that side of the boat a little bit, just leaning on that mastoid process, helping that right temporal bone drift, slightly anterior to relieve the any compression between the right side of the occiput and the right wing of this feeling. listening for those responses in her body's autonomic shift. There were just a couple of little drifts that happen there. Sometimes the eyes will go into a little wiggle, sometimes will be a twitch or a big breath. All of those things are signs that the drift is happening.

pressures too comfortable.

Til Luchau

How would you describe the pressure How much?

Well, it doesn't feel heavy, like you're pushing into it. As much as just like letting the weight of my head push against your thumb here.

Grip comes out better. So

Til Luchau

it takes a while for that boat to drift sometimes, but we just might. Well, I'm starting to feel more of a pulse happening here. I think it's a heartbeat that I'm feeling that fast. And things are starting to get a warmer a little softer on the right. To then I can retest. And they're to me they feel a little more equal. This is still probably a little bit stiffer side a little bit. I felt they go. You felt the drift a

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little bit too. Okay. Any questions? anterior, medium, and anterior. Yeah, anteromedial. Now, here's a variation fingers, I'm just using my fingers to compress there might actually be a little easier on my wrist in this case. And if someone has a headache, again, we'll be tracking that the relevance to a thing, what happens with your headache here, and they'll say nothing, or they'll say makes it worse within it gets a better, it's usually going to be one of those three. And then we'll follow the ones that seem to relieve it make it better, if it makes it worse, that's information to I mean, not, you know, keep doing it to make it worse and I try the opposite side or something and come back and recheck because that makes it worse as we're on to something, we're just not taking the right direction. All right. And then we will finish with our sitting network

technique.

Til Luchau

Technique de nine sitting network used here for integration after all the work we've done with head and neck, want to do something with Ashley upright or on our way towards upright to help connect this to the ground to gravity. So if you come forward on the chair a little bit Great. So you're going to be sitting on your own base of support as opposed to leaning on the back of the chair. A bench is great. If we had a bench we'd use it, but a chair will work fine too. And let me start with this side and then I'll switch around to show the other one. So I'm using my forearm here to catch a hold of trapezius lats. I'm using my hand on the back to stabilize and I'm just encouraging those traps and less to come toward the last I'm sorry, chat and the levator scapula that comes over here. The back of your body. Okay, Ashley, is that okay? The pressure wanted to follow the horizon with your eyes and turn to your left. And that's the way you turn your head to the left allows me to take up some slack in those tissues. And now, stay horizontal, you know, follow the horizon again and go round to your right. As we breed both those rooms and come back to the center again. And we'll do that one more time. So rotate towards me staying vertical, and then rotate away from me. Meanwhile, there's a little bit of slide and I'll show that on the other side, too, that she does by just turning out from under my forearm.

All right, pressure, okay.

Okay. All right.

Til Luchau

So, from this direction, you're going to turn towards me a little bit, I take up the slack in the trapezius and the Vader fascia around them. I keep a hold of it. Now as you follow the horizon

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around to the left. She's initiating any glide or slide that's happening with her movement. Now that horizon part's important so that she's not just tilting her head off to the side, you'll get some good local releases with that. But this helps the integration idea of uprightness or vertical finish to our and back to the center.

Any questions?

Let's see the backhand.

Yeah.

Til Luchau

So see the backhand. If you come Feel free to come around, maybe? Because I think I think the camera got it well, so it to kind of move things around. Yeah. So I'm just using it as a gentle counterforce to this one. Yep. Any other questions? Were you concerned with posture at all? Thank you. Yeah. The question is about the client's posture positioning, you want to take time to set somebody up. I mentioned coming off the back of the chair, but we want her feet on the ground as opposed to cross legs are, you know, up on our toes or something. So that's part of the basis support She has also on a vertical spine. If someone has lumbar issues like disc issues, I'm being cautious not to put a lot of compression down the spine. But as long as she's comfortable, it's mostly turning exposed to the rotation that we're using for the release. So it's probably fine.

Anything else? Okay. XD 11, one

Til Luchau

of the supplemental techniques, x means this extra D means they could go in with a D sequence pretty congruently or logically maxilla shear. Here, I'm still checking mobility, the maxilla but I'm using this wraparound grip on the forehead. And then similarly, a wraparound grip on the upper teeth or the maxilla there, and then I'm going to check for the side to side motion of the maxilla in that boat drifting kind of way. So I'd lean on one direction and feel doesn't yield and lean on the other direction and feel for responsiveness or yield there to

King so SCO

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Til Luchau

maxilla Towards upper teeth that have a hold up with my thumb and forefinger, and then I gently but tangibly, take it to the left, in this case maxilla. And then take it to the right.

And it feels to me.

Til Luchau

contrary, we found before that this is the more difficult direction. What do you think actually, you also agree. So it's pulling the maxilla. towards me, sharing with the left is the one that's more resistant. So I'm going to go direct with that. And just very gently encourage it to drift and soften a little bit towards me. And wait, patience is a virtue here to the waiting for those deep ligamentous relationships to shift to the sutures to decide to let go or the muscles around it or whatever it is that holds it immobilized. But waiting for all those things to decide to yield. Bounce it's movement. Any questions? Yeah, it's like a stabilizing with the other hand, too. I'm testing moving the maxilla. But the other hand is the stabilizing head. Yeah. ringing the skull. I like that.

All right.

Til Luchau

So here for the second variation in the palette, work page, d 12. I am looping around with this outer finger inside the palette, and then the inner fingers inside, doing the pallet and the outer fingers here, outside the magazines and feeling through the skull, inner and outer. Here I get a motion test. I'm starting with a little bit of whitening, initiated by the inside finger and feel free yielding there, then I might actually do a little bit of gentle pushing from the outside with a thumb to feel for its ability to drift the other way too. Then I can pull both fingers, he's got a strong draw stick there, pull both fingers. So forward on the skull, some lengthening the palate mags on that side. And then feeling for a little bit of poster drifting. So here on technique d 12. palette, I have the finger inside the mouth resting on the bony part of the palate, there you go. So naturally, just relax your neck in an important way. Keep working with that as long as keep seeing what you can relax, a lot of us go into a bit of extension and someone has their hand at our mouth is that the old dental training, you know a dental chair and trying to lift the job until here you just let your jaw go and my thumb my finger pad is on the inside of the palate. And I'm feeling for emotion testing some feeling for a little bit of lateral drift. And different places on that palette, I'm just doing a little bit of lateral traction on the outer hand, the thumb which is probably hard to see what the camera is monitoring the exact opposite point outside. So I'm feeling the magnet between my two hands. So this is all lateral testing, keep letting that lower jaw relax, there you go. Now, if someone was having a migraine, or having a headache, there might be spots in here that would be significant.

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She might feel that they relieve the pressure or relieve the pain or make it worse or that they're particularly sensitive themselves some of the spots. And if that was the case, I would actually hang out there sometimes for a long time. Because you can relieve someone's migraine quite a bit if you can catch them in the episode and find those spots on the palate seem to be related. Now I can also as I mentioned, motion test straight back with that half of the palate and straightforward. So that's pulling and pushing very gently on the maxilla itself from inside and outside. Any questions?

Okay, thanks.

Til Luchau

z 13 one of the supplemental techniques integrative technique. We're working with someone's standing connection up to the top of their head while letting the masseter jaw and neck be easy. And I'm going to have Ashley do a gentle leap and once you show him his benja knees and straighten them. You come down and up the wall coming back up in the cushions here to keep her head from pressing against the wall too much. I also have her positioned not so far from the wall that she has to lean back against it but she's using wall for a vertical guide And then I gently take both messages, go ahead and bend your knees a little bit, and come on back up from there, but let your jaw go, there was Yeah. So a little slower, bend your knees. And as you come up slower, ya know, even slower, much slower. So let your jog go. One more time going down, and then lets your mouth close. So it's not opening a job, it's just letting the jaw slack in and go about at one 10th the speed There you go. right up to the top of your head with the jaw releasing. Okay, Hey, dude, with that, better, better. second minute, the slowing down might help him. Alright, so the idea is we're looking or helping our client find a place where we actually can come up through ahead without ripping the job to the jaw actually is responsive to the downward touch that I'm getting. Any questions?

Okay, thank you. I wanted to show you a little thing using the eyes. It's my work. And we could do a whole workshop on eyes. Really, there's a lot there, especially related to head and neck and headaches, all that kind of stuff. But there's a series of movements that can be really helpful. Anybody have eye issues or a headache at all now or anything like that? Anybody would want to volunteer anyway,

I have issues. Do you

want to be the model? Okay. Okay, where are we rolling? Okay. The eyes and the

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suboccipitals work in tandem, the eye, the eye is a ball. The eyeball itself is a ball and surrounded by a harness of muscles that determined in the socket. The head is a ball surrounded by harness the muscles to turn in. Those two balls work in coordination almost always. So when you turn your eyeball, your head ball turns to look left everybody left and right for a second. And just feel how that happens. When you look one way your head wants to fall a little bit, you have to really think about it to not move your head. Typically, same with up and down. If you want to look at the ceiling, your head moves as well as your act in most cases, the same with the floor. So these two balls are moving in coordination, we're going to use that idea to decouple those patterns to go ahead and feel the back of your partner's neck

to their side. And I just had my hand squeezing gently into suboccipitals right below the occipital ridge.

And then go ahead clients and look left and right with your eyes. bodyworkers feel what happens back here in the suboccipitals. You can kind of hunt around, clients keep looking left and right slowly and steadily. Yeah. And you just feel practitioners,

where they're contracting to do that, which why they're looking Yeah, you can

feel which way they're looking with your hand. down, okay, there's people on the chairs you want your feet on the floor, probably in the breathing and all that we're re organizing things that you want to have a place for it to go to.

So now, play with going all the way to the left with your eyes and all we're left with your head. Both and we'll just follow along, feel what's happening with

our hands.

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Come back to the center your other left. go the other way. We're gonna go the other side. Now go all the way to the right and at all with the right or the other side. And just feeling what happens for both. Yeah, and come back to the center.

Til Luchau

One more time is to the left, head to the left.

And back to the center. Yeah, just your eyes to the left. Oh, play with just your eyes to the left and back to the center.

Come back to the middle. If you feel yourself. Not able to let the neck go. Just come back to the center and take a breath.

Yeah, you go. Okay, so you've practiced a few times looking to the left with your eyes but leaving your head to the center. Now, look to the left with your eyes and simultaneously to the right with your head. start in the middle.

Til Luchau

Start Yeah, that's it start in the middle. So eyes go left head goes right.

It's not easy. Most cases, come back to the center and take a breath. You're not gonna ask him to say the alphabet.

Til Luchau

So eyes to the left, head to the right. Same thing one more time.

There you go. little easier this time feels like oh, take a breath. One more time is to the left head to the right. Yeah, so it's getting easier every time here. And now the breath. And now, I was to the right and left the opposite. Back to the setup.

Til Luchau

And just for fun, try

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eyes left head left, both the left. Yeah. And back to the center. Now, eyes right head left,

to the right head left. And take a breath take a little risk with that kind of settle up. Are you doing increased peripheral vision is opening up the vision

flattened retina.

I can see much more

Til Luchau

interesting because you'll you'll notice sometimes especially if you've had some history, there's a difference left and right. The one side can learn on the other side, it's harder to learn that

range of motion and

increased range emotional increase. Yeah. Let's go back to that one again.

Til Luchau

So eyes right head left.

There you go. There you go.

Back to the center. And about these breaths are important. They let the nervous system kind of catch up with a new pattern, they let it settle. It's like dropping a pebble in the well and letting it letting the wave stop before you throw another one in. And what's the body kind of register the new learning

and keep playing with them just in your own speed. Eyes right head left

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and I'm by Meanwhile, my hand I'm hunting around in the back to see what she's grabbing with which was muscles contracting the domain in my hand saying you actually could be easier back here and back because it'll tend to really clamp down when it's trying a new pattern.

And then just to bring that to a close on the chair. I just tried both directions looking left with both eyes and head looking right with both eyes and head

and then try the opposite if you weren't looking at eyes when my head and I just do whatever you need to do feel compelled to switch here we go.

Til Luchau

This is a head quick anatomy review. This is a mouth

to eyes right there

Til Luchau

and see the back of the head.

Alright, so

Til Luchau

hope you enjoyed the DVD.