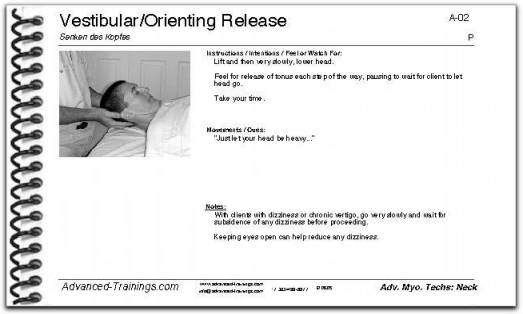
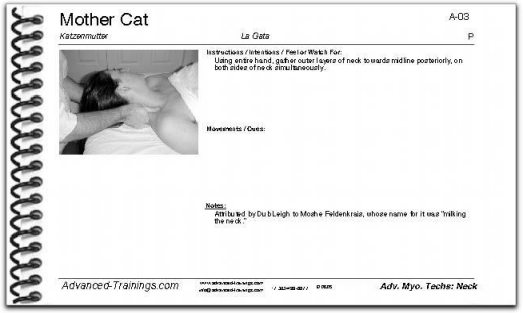


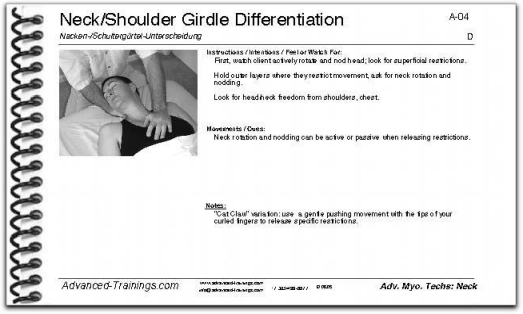
A-02 Vestibular/Orienting Release

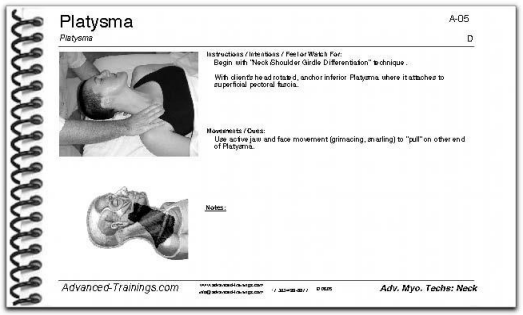
Til: So, we'll start with the Cervical Sleeve Sequence. The first technique, page A-02 in the book is the Vestibular/Orienting Release. Is that what you have too? Okay, great. So, I mentioned earlier that the balance and vestibular sense is a big influence on how we carry our heads and we move our neck. In this technique, we use at the beginning here just to help reboot that system as it were and the technique itself is super simple where I just take the chin to the chest. It's not so much of a stretch. I'm just using this as a starting position and then from this point, I'm going to slowly lower her head and neck, feeling as I do what happens along the way. And then right there, there's a little bit of holding on Marcella's part. Her head gets lighter in my hands as it were and right there, what I do is I just wait. I just wait for her to catch up. How are you doing there, Marcella?

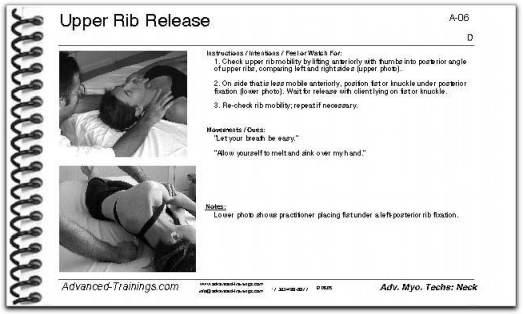
Marcella: Good.

Til: And you can just – you've heard me talking but you can just allow your head to be even heavier right here. Yeah, that's it. So, once she catches up with me then I can lower a little bit more. Now, you'll notice that I have to get really comfortable too. I'm sitting at a distance from the table that makes holding her head natural and easy. I got my elbows against my side. I'm using two hands here just to feel what's happening as I inch her head down bit by bit, waiting in each of these places where there's a lag on her part. It's subtle but it's very tangible. It's not something that we're having to try to imagine. It's – you'll feel when the head gets lighter. You'll feel when they're not able to let the head go and that's where I just wait or even back up a tiny bit. And you can take literally a full 5 minutes with this technique and it won't be too long. You'll find a lot of richness in each millimeter that you cover. What we're doing is we're moving the semicircular canals of the inner ear through a whole arc of movement in space and checking her ability to relax in each one of those places. Sometimes, an injury or traumatic event or even habits will cause us to hold or have a response when that particular position gets stimulated and so by allowing her to relax into each of those places, it's also reeducating her vestibular sense. And all kinds of spatial distortions can happen too if you go slow enough as this were. For the person on the table, sometimes it will feel like the head has dropped past the table even when you're up in the air. It's hard to tell where your head is at this point and then you keep going. I

	think that there's a note in there about dizziness, does it say? Students: Yeah. Til: Yeah. Keeping – contraindicator – I'd say caution or just go even slower if someone has chronic dizziness or vertigo and if that starts – if they start to get dizzy, you can have them open their eyes or just – it can be really useful to wait at the place where they get dizzy or even back up a little bit where it's not too much where they don't get sick but where it's just a little bit and let them catch up with you. That could increase the depth of range for someone who has that chronic vertigo. Any questions about that? Male: You know, using – it looks like you're using the one arm to hold it mostly? Til: However is comfortable. Yeah, I think I'm using one hand on the back of the head and one on the back of the neck. Whatever is comfortable and allow you to do this for a few minutes. Okay, let's go to the next technique.
	**A-03 Mother Cat** Til: Number A-03 is the Mother Cat and here, I'm gathering the tissue on the back of the neck and I'll do it on the other side too so you guys can see but it's right on the midline. The photograph and some of your books makes it look like we're gathering the trapezius. It's really the midline of the neck just like a mother cat would pick up her kittens right by the scruff of the neck there. And this one, I learned from Dub Leigh who said it was Moshe Feldenkrais. He learned it from Moshe Feldenkrais and he said Moshe would start his hands-on sessions with this technique, 5 minutes to 10 minutes of this technique, sometimes even more just to milk the person on the table to get them to a place where they were open enough and relaxed enough for him to do his work. So, it's gathering and releasing the back of the neck. He apparently called it milking the neck. Female: Do you always do one side and then the other, and then work at the thumb or the thenar process?

	Til: Yeah, I use both sides just to make it even for them and so as not to work at one side. Pressure okay, Marcella? Marcella: Uh-huh. Til: Any questions? And then the next one.
	**A-04 Neck/Shoulder Girdle Differentiation** Til: Okay. Technique number A-04 is the Neck/Shoulder Girdle Differentiation. Here, we're using movement of the head and neck to check for the outer layers and their freedom to allow that. So, Marcella, if you go ahead and turn left and right. We can watch what happens if she does that. We can see a little bit of that creep there on the left side when she turns right and go to the other side, and also a little bit on this side start to work here and you can see a little bit of that red already coming in. Let's go to the left again. It's a little more – I meant right, I'm sorry. Go to the right and let's watch what happens here to the surface tissues. Do that a couple of times. It's not much but there's a little hint to that there. Can you guys see that at the camera level? Okay, super. Female: Is the shoulder going too? Til: The shoulder goes too but for this – for our purposes right now, we're ignoring that. The shoulder going too might be because of the superficial restrictions or might be deeper, you know, cervical facet restrictions pulling it along or you know, deeper muscles, trapezius, sternocleidomastoid. For now, we're just thinking outer layers. So, we're watching that creep as opposed to the whole shoulder moving with the turn. So, one more time to the right, Marcella. So, we're looking at those outer layers and saying, do they allow movement or they inhibit it? Where we see it inhibiting the movement – where we see it inhibiting the movement, we get a hold of it by fingertips and you turn to the right until she's slowly allowing those things to melt and release out from under my touch at her pace. Pressure okay? Marcella: Uh-huh.

	Til: I got a hold of the wetsuit. She's loosening it up from the inside. Male: So, you're holding outer layer pretty firmly? Til: Yeah, but I'm allowing it to slide as she gets the hold of it. Some of you – if you can't see the restrictions, some of you will feel it. By putting your hands on and have people turn, you'll feel where the restriction is.
	**A-05 Platysma** Til: Now, the next technique number A-05. Go ahead and turn all the way to the right there. The Platysma Technique on A-05 is a continuation of the last technique because in this position, we're just going to ask you to snarl. There you go. Yeah. Try that again and see if you can tug on what I have a hold of. You can stick your jaw out a little bit. There you go. Yeah. So, you feel the connection there when you do that and release that and do that again and release again. Take a little break. Take a breath there. How are we doing? Marcella: Good. Til: Great. So, try that platysma thing again. That's great. Yep. So, she's just finding the other end of it with her lower lip and jaw. Okay. Doing okay? Marcella: Uh-huh. Til: Super. Any questions? A lot of times you have to show your clients what you mean. You have to snarl with them or for them, so they know how to get a hold of that. These platysma muscles by the way, horses have all over the body. So, that's how they get the flies off. That's how they shimmy their skin to move the flies. So, that's what we're doing, getting the flies off.



A-06 Upper Rib Release

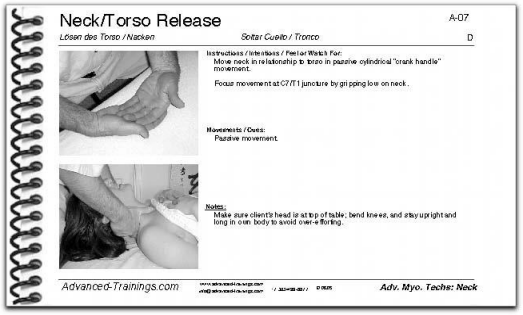
Til: Still 6. The A-06. Great. Upper Rib Release. Now, here, I'm using finger and thumb in the Upper Rib Release to check that first rib. Their shape matches it and I get a hold of that rib and then I'm going to turn it left and right, and feel does it turn. It's something like turning a steering wheel. Now, most of us are going to turn easier one way than the other when we get that first rib. Let's see what happens with Marcella. So, yeah, she turns easier left than right. I got my thumbs under the posterior angles of the ribs. I got my fingers on the anterior part of the rib and when I compare the rotation to the left and rotation to the right, it's easier left, harder right. Easier left. Harder right. Everybody with me so far? We're going to take the side of this harder to move forward, the side that's posterior and just put my fist under there, under the back side of that first rib. And so now, what the fist is doing is it's pushing forward on the one that wasn't going forward as easy. Yeah, and she gets to breathe and relax into that as I make sure her neck is long and easy, and we just wait for a couple of minutes, tell a neck joke or two and just wait for things to settle down. I'm waiting for that rib to drift essentially and the concept is a lot like pushing a boat away from a dock. If it's a big boat, you got to lean on it for a while before you even start to feel it move. When gradually it does, you notice there's a little momentum there and that's already – we already have some softening under that rib. So, now I'm going to come back out and use this tool to recheck again and that's more even now to me. How does that feel to you?

Marcella: Yeah, it does feel more mobile.

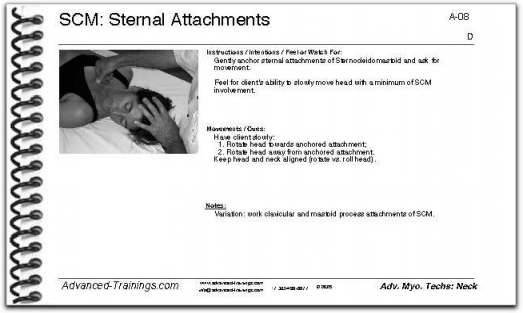
Til: One thing I didn't do when I was checking is checking with her and that's something that great to do because they'll – they can tell sometimes really clearly. They'll feel which rib is more mobile, which one isn't. They can tell you if you can't tell which area is easier. So, any questions about that?

Female: So, when there's like pulling, are you doing like traction or you just hold it?

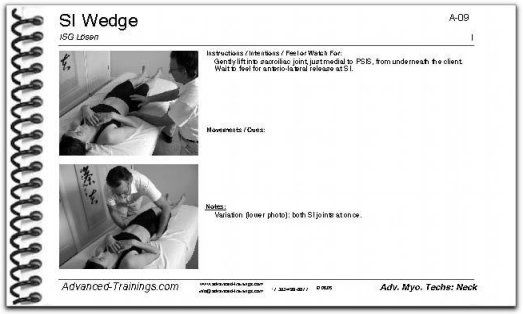
Til: When I have the fist underneath that phase, I'm just waiting and the knuckle of my fist is right behind her posterior rib and I wait for that to allow the rib to shift forward off of the

	attachments sort of keeping it stuck as it were. Female: Uh-huh. And the other hand is just supporting? Til: This other hand is just supporting. Yeah.
	**A-07 Neck/Torso Release** Til: So, technique A-07, the Neck/Torso Release. Here, we're thinking base of neck still. We just worked the first rib. Now, I use two hands to cradle under the segment of the neck and rotate it round and round. Now, we took your hands out. I think it's going to be easier if we actually put it back in because – there you go. Well, you'll fall off the table in that position too. Female: Til, are you right above C7? Til: I'm right above C7 and that's actually where I'm focusing this movement. So, I need to be comfortable in my body which means she needs to be up at the top of the table as opposed to down here somewhere that I need to have one foot forward, one foot back in my base of support and keep, *say here*, long in my torso as opposed to trying to curl over to get these two hands right under her neck. Because what I'm feeling for is that movement between the cervical segment and the thoracic segment, base of the neck. Movement right at the C7-T1. The movement is like a crank – crank handle but feeling all the way around for any restrictions that are there. All right, any questions? How are you doing there? Marcella: Good. Male: From the last method... Til: Yeah? Male: ...did you see a restriction? You just kind of slowly work through it, that's kind of what I was getting.

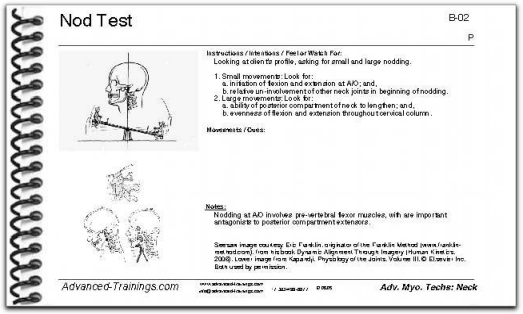
	Til: I use the technique for both the diagnostic and the... Male: Okay. Til: ...and the treatment. Male: Okay. Til: I'll just wait in those places and kind of wiggle into the places that are restricted, just to kind of noodle it through, you know. Male: Now, is there a different technique if they have a really heavy head having held some people's heads, there's – you know, they have no neck? Til: Yeah. Female: For different lengths? Til: Different lengths of neck, yeah. Male: It just occurred to me because I was working with this guy. Til: Right. Male: Yeah, there was nothing there and it was like 4 to 5 pounds. I was like... Til: Yeah. Male: It was a huge head. It's a rarity but... Til: I think what I do is I just pretend they have a neck.

	Male: Okay. Til: And do – yeah because this – yeah, and the work will start to encourage in that because, you know, it starts to, you know... Female: How about people with cervical fusion? Til: Cervical fusion that's a really good question. Obviously, with a recent surgery or recent fusion, you're not going to do this kind of thing. If it's older and not giving symptoms, then I don't think it's any problem to do this with the normal kind of sensitivities and awareness you would use. The issue in fusions is the movement gets concentrated at the ends of the fused segment because it's not able to adapt through the whole system anymore. It gets concentrated right there and those are the joints that are prone to arthritis and pain. So, anything you can do to get the movement throughout the rest of the neck that is still mobile will help relieve that hypermobility right there at the ends of the fused segment. So, this can be really helpful in that way.
	**A-08 SCM: Sternal Attachments** Til: From the top, SCM Technique. Page number. Could someone give us the page number – the new page number? 8... Male: A-08. Til: A-08. So, I'm using my thumb in this case to feel into the sternal attachment of the SCM. I'm coming to the superior aspect to that. I'm coming straight down onto it. As opposed to pushing it back toward the table, I'm coming straight down onto it and we begin by having you go toward the same side, Marcella. So, if you turn to the left, that releases the muscle and now as you slowly go to the right, you'll feel that the muscle wants to tighten. Go slow enough that you don't need to tighten it too much. If you tighten it a lot, it hurts more. So, you're going slow enough so that muscle can stay easy. Movements happening from elsewhere in the neck. In other words, we're driving the movement deep into the core as opposed to using the sleeve muscles to turn. Now, she's doing great. She's going so slow.

	Most of our clients, you'll have to slow them down. They'll be like that to get through it quicker but you really want to slow people down and have them find that deep motion where the SCM is not even needed and then they can release it. It's almost like a biofeedback technique as much as a structural technique. And then you'd repeat on the other side. Marcella: A lot of my people lead with their chin... Til: Leading with the chin. Marcella: ...instead of dropping. Til: Yeah. So, that's one thing. Your question *too Gemma* that I'm coaching that staying long in the neck as opposed to rolling the head or doing other, you know, extension of the neck, things like that. Any other questions? All right. Female: So, when you have rotate versus roll, can we go over that one more time? Til: Yeah. Sure. That's where she stays on her axis to turn, that's rotating. Show them rolling, Marcella. Rolling is where she rolls her head to the side on the table that takes her off that vertical axis. Female: Yeah. Typically, they would have to unweight the head though too. Til: Rotate? Female: Yeah. Til: If you're just thinking through the middle and my hand is guiding it, yeah, we don't want them lifting their head off the table to do it. You don't have to do that so much. It's a good question though. Marcella: It's like an owl, you turn.

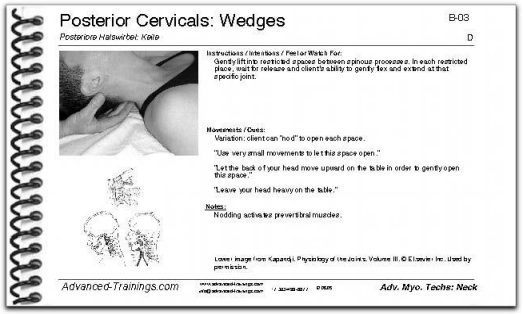
	Til: Like an owl. Marcella: Uh-huh. Til: Nice. This is the owl technique. I wouldn't want to do this to an owl though. What's next?
	**A-09 IS Wedge** Til: Technique number 9, SI Wedge. We're going to use this technique to wrap things up now after we've done a bunch of neck work. We want to make sure the other end of the spine is adaptable too and here's a quick technique to check that. You may – in an actual clinical situation, you may want to do more work at the lower end as well, do more integrative work but here in our sequencing class, we're doing one thing just to check to make sure the lower end is adaptable. So, I'm going to feel the posterior iliac spine and back, reach on just medial to it and lift with my – wedge two of my fingers into the SI joint. And once I'm there, I just wait, wait for that ilia to drift laterally and a little bit posterior. And it looks like this. There, I reach under, find the bony bump of the PSIS. Did you bring yours today? Like this. Does that feel right? No? Marcella: Lateral to the left. Til: Okay. Marcella: Yeah. Til: Yeah. It's the belt loop that's – the belt loop is throwing me off there. Okay. And then the front hand just monitors, the light touch that just feels what is happening with the ilia. So, I'm curling back towards myself from underneath and just waiting for that sacroiliac joint to let go. When it does, I'll feel the sacrum drift anterior a little bit. I feel a little bit more gapping there at the ilia and the ilia will drift backwards and a little bit laterally.

	Male: In the original picture, Til, you peeled the drape back. It might be helpful if that's... Til: Sure. That's okay? Show your jeans? Male: Just to get a better sense... Til: Yeah. Male: ...of where you're at. Til: All right. And that's – you know, that's the kind of breath we're waiting for because there are a lot of parasympathetic ganglia right around the area of the sacrum and this part was being stimulated by this release. You'll get those ANS responses as a big breath or twitch or people get a little trancey, those kind of things when you get the release too. There's a variation there of doing two sides at once. I'll show that too and this hand will come on top. And I'll show it first on her and then I'll show it on the skeleton. You have to watch your body use a little bit with this but – yeah? Marcella: Uh-huh. Feels good. Til: So, I'm just reaching around under both sides and it does feel good. It feels good that both sides contact a bit. I'm trying to get my shoulder a little parallel with that, so you got to watch your own body use so you don't hurt yourself. Any questions? Man: When you're doing it with the one-side technique and you had your hand on the top, are you bringing any kind of pressure or...? Til: No. With the one-handed technique, the top hand is just listening in this version. It's not like tractioning on the ilia or something. The idea there being that the sacrum is built to resist force. That's what transmits force and gets rigid to do that. So, the more force I put on it, the more it's going to kick into that reflex, so almost sneaking under the radar with a single input from the back and a very subtle touch in the front. I remember one of my teachers, he said, "I'm going to tell you guys the best secret I know for doing good body

	work." He said, "This is why I've been, you know, successful at it," he said, "it's because I can wait longer than my clients can." So, here, we're just waiting. Yeah. Until we feel that release, the breath shift or the bone drops back and now we let go. Any questions?
	**B-02 Nod Test** Til: Okay. We're on page B-02, the Nod Test and this test allows us to see a couple of things. We get to see what's happening up at the top of the neck right at the atlas-occiput juncture and we also get to see what's happening in the posterior compartment of the neck and then by inference, we get to see what's happening on the front of the neck. So, if you all wouldn't mind just a small nod like about this big, just kind of let your head bobble for a bit and we'll step back and look if we could. Yeah, just keep bobbling for a minute and the question in the book – could I borrow your book, Lynn, for a second? Lynn: Uh-huh. Til: The way it's phrased in the book is for small movements, we look for initiation of flexion and extension at the atlas-occiput and relative uninvolvement of the other neck joints in the beginning of nodding, the small movements of nodding. So, keep going. Actually, it looks like a little bigger. You're doing great. So, one way to think about that is where in her neck does she nod? What's the – where would we have to put a hinge if we want to build a *Lynn*, you know, and – is it okay if I shine a laser? Lynn: Sure. Til: All right. Do you – let's do the clap. Let's do the applause meter. So, you clap when we get to that place where you think she's hinging a little bigger, Lynn, and the rest, you can relax a little bit. Lynn: I have a feeling. Til: That's...

	Lynn: Is it C2 or 3? Til: So, it's – yeah, it's more mid-neck. Yeah. Female: Yeah. Til: C3 or somewhere in there. Okay, Laura. You can take a break there. Okay. So, here's a different pattern, huh? Female: Yeah. Til: So, clap when we get there. Keep nodding. You're doing great. Yeah. Great. Let's look at Julia. Go ahead and nod. Julia: Okay. Til: I'm just waiting, just making sure they're ready for us. Here comes the red dot. A little bigger in Julia. Yeah. Yeah. Julia is kind of a cross between the other two patterns. We had some low activity and some high activity. All right. I'm sorry. You got to remind me your name. Jeremiah: Jeremiah. Til: Jeremiah. That's right. Jeremiah: Not a problem. Til: All right. You can go ahead and nod. Okay. Keep nodding, Jeremiah. A little bigger. Okay. Do you see the general trend? And so, what are our extremes? Maybe they were lined up kind of like – can we get the two of you, Lynn and Jeremiah? Could we see you guys side by side? Well, go ahead and nod. No, I'm sorry. Is it – yeah. Female: No, it was – she has that...

	Lynn: Laura. Til: Laura. Yeah. Her neck is great too. Lynn: Yeah. I knew. Laura: Nod? Til: Yeah. Nod. Everybody nod. Okay. So, the question there is what is – what structurally is happening that makes the pattern different in each case? Or what's happening at the suboccipitals in particular? Whose suboccipitals are lengthening when they nod? Laura. Yeah. So, probably Jeremiah's aren't lengthening as much. So, he has to move lower in the neck. Does that make sense? Now, if we had you guys do bigger nodding, there you go, and then we can ask does that posterior compartment lengthen as it does in Laura or excuse me a second, Laura. Does he have to – keep going if you wouldn't mind. Does he have to hinge lower down in his neck... Students: Yeah. Til: ...to get that because this doesn't lengthen quite as much. Female: What is this? Til: The posterior compartment of the neck. Great example. Can we get just the two of you – both of you, I mean... Male: So glad I can... Til: Yeah. Thank you. That's right. Can we get the two of you just nodding again? Laura: Nod again?

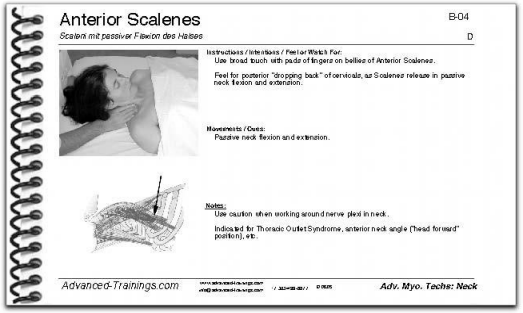
	Til: Nod again. That's so good. Laura: Big nod or a little nod? Til: Big nod. All together now. There you go. That's great. Female: It's kind of hard to nod. Til: You're good. And then just contrast that with a small nod. Great. Okay. Thank you. Let's pick a different partner if you want for the afternoon someone to work with? Do this much with them. Do the Nod Test. Do small, do large. Get a sense. Are the suboccipitals opening? That's the small nodding. And is the whole posterior compartment lengthening? And that's the large nodding. So, switch around if you'd like. Take 2 minutes each and do this much. Get some help from one of us if you want and then we're going to gather over there when we're done.
	**B-03 Posterior Cervicals: Wedges** Til: We are going to start with the posterior cervical wedge technique page B-02 – B-03, is it? Female: Uh-huh. B-03. Til: B-03 as a way to start to work with what we saw in the Nod Test. The Nod Test if you recall looked at the ability of the posterior compartment to lengthen and also with the ability of those suboccipitals to allow free movement between the atlas and occiput. So, Jeremiah had less movement in the posterior compartment. So, let's see what that's like now that you're on the table and I just got to ask why the towel behind his head? Take a look at the difference between with the towel and without a towel. Yeah. To not have a towel for Jeremiah puts him in some extension and we want him in a more neutral position to start. So, some people will have a towel and some people won't but you know, we don't want so much of this in flexion either. We want to start in more of a neutral position for him. I'm going to move the towel a little bit, so hopefully we can see. Okay. Go ahead and

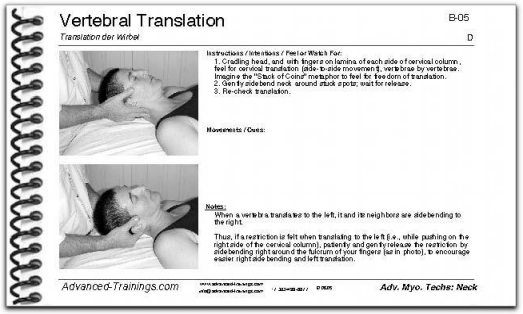
	nod a little bit there, Jeremiah. You just leave your head on the table and nod a little bit. Okay. So that shifts it already just taking that of gravity. However, you're still getting most of that motion down low. Do you see that? Nod a couple more times. Yeah? Female: He looked [indiscernible]. Til: Yeah. Oh, that's the place where the motion is happening. Lower the neck. Do it a bunch of times. I didn't tell you have to work so hard today. Jeremiah: Uh-uh. Til: Yeah. So, in this technique, in the Cervical Wedge Technique, we're going to get very specific about getting movement of all the different joints in the cervical spine. So, my fingers are lifting like this like a wedge tool either side of the spine, either side of the spinous processes. It's more – it's just beside the spinous process, kind of in the lamina area pointing out to where the joints are and if you nod a little bit there. Yeah. See if you can find – yeah this place. Just nod. All right. Open and close right around this place. I kind of pinch my fingers in when you're looking up. Going that way pinch my fingers. Yeah. And then open the space when you're looking down. There you go. One more time. Let's do that back and forth. Now, do 10 percent of that. You don't need so much but yeah, that's the idea. Exactly and leave your head heavy too so you don't have to work to hold the head up. Jeremiah: Okay. Til: Keep going, nod right here. That's good and then open. Great. Is that clear to you? Jeremiah: Uh-huh. Til: Does that make sense? Jeremiah: Yeah.

	Til: Okay. So, now I'm going to go – I started in the place that was really obvious to both of us where it's clear what we're up to, so we can establish that movement and now I'm going to the next joint up, to come superior a little bit. Go ahead and try this place now. Super and down. Now, we'll make it even smaller so that you can get really specific about this joint. Jeremiah: Okay. Til: And especially looking down, the flexion part, leave your head heavy, there you go. Try a really small little movement right here. Nodding just kind of a bobble thing. Yeah. And as you bobble down, let this place be heavy. There you go. There you go. A little bigger bobble so that this can – yeah. Exactly and there's a little more here on the right side than the left. Jeremiah: Uh-huh. Til: Do you feel that too? Jeremiah: Yeah. Til: A little more restriction, less movement. All right. So, now we're going to go up one. He's found that spot. So, now we're up C2-C3, somewhere in that region. He's looking – he's gotten around. He's got the gig now. He's finding where to go. Female: Are you starting at the restricted spot moving superiorly or did you start at the bottom and move up? Til: I started at the free spot and moved into the restricted areas because that allows him to get it. It allows him both to feel where the movement is. If you start in the spot where there's no movement, it's harder to find for both of us. Jeremiah: Yeah.

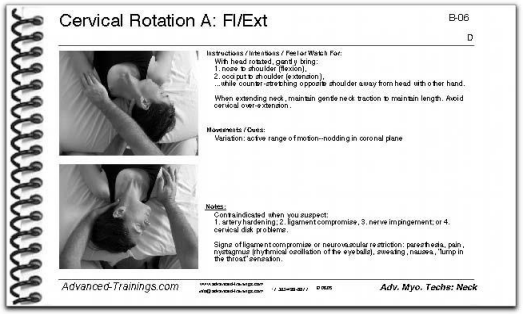
	Female: So, it's best to start in the free spot and then moving up. Til: Yeah. Yeah. Yeah. For most people – well, let me say this, if there's a restriction, that's going to make sense. Many people, you can just start at the bottom and work up if things are generally even, you've got a few spots that are less but if we're dealing with a more obvious restriction, then start where there's the most movement and working to the other places. So, try that spot there and he's gotten it on his own now. He's letting his head be heavy. He's getting small about the movement. He's getting very precise. He's investigating each joint between cervical vertebrae there. Jeremiah: Uh-huh. I guess I didn't get it the first two times. Til: Didn't get it the first two times. Now, he's got the routine. Let's check down here. So, let's actually – let's go back to that first place. Try that. Right there. And so, now it's going to be different again. Jeremiah: Yeah, it is. Til: Okay. So, here, imagine when you look down the back of your head scoots towards me a little bit. That's it. That'll allow you to find those lower spots. Yeah. There you go. Keep looking for that lower spot. Yeah. So, he's finding a way to let those lower cervicals open now with this movement. He's investigating, where are those lower ones? And now, we're going to go even one lower. Now, we're like C6-C7. That's it. That's it. You're getting it. A big piece of this isn't him getting stronger obviously. It's him getting more precise about what he lets go. So, it's coordination training essentially. He's plenty strong. We're just helping him be coordinated in the neck, to help the neck be long. Okay, questions? Is that clear? Do this if it's not clear. Do this if it is clear. Yeah. Okay. Jeremiah: Can you show me that one more time how you hold your hand? Okay. Just like that. Til: Yeah.

	Female: So, you're not moving your fingers at all? You're just being completely still. Til: No. My fingers – my fingers are dumb. Exactly. My fingers are just a dumb wedge that he's using as a fulcrum to move around and then the work is happening here in our conversation. This isn't a technique you can do without talking. You could do some nice wedge work and would feel good and get some release but really is that movement reeducation that you have to get agreement about. Do you feel that? Yes, I do. Can you go a little lower? Leave your head heavier. That's where the work happened. Female: So, how the deep are you layer-wise would you say? Til: What do you think? How deep was I? Jeremiah: I'd say you were in there. Til: I was in there. I was in there. I had my hands relaxed under the table, questions how deep where we, and then I used just the fingers to lift with some pressure because using the weight of his head and neck into the spaces as he finds a way to move around them. It's a wedge. It's not a chisel. I'm not like as hard as hard I can but it's firm. It's clear. We're thinking bone. Male: And – right. The wedge is between bone, between the spinous processes. You kind of let your fingers swim up as the tissue is progressively released, kind of let your fingers swim up in and wedge between the two segments that, you know, need to be differentiated *from the normal*. So, yeah, thinking bone. That's the key intention. It's to contact bone. Til: Yeah. Male: So, that I would say deep. Til: That's deep. Female: But you're not actually putting your finger in between the spinous processes. I

	thought you said you were in the [indiscernible]. Til: Yeah, it's either side. Thank you. I'm like this. I'll show you too here in a second. So, I'm doing like that, feeling every side of the spinous processes at each joint. Male: Yeah, you're going to be hugging that spinous process. Jeremiah: But as I move, he goes deeper and deeper into the spaces. Til: There's no way out. Female: So, you're just guiding him with how much to nod based on what you feel his restrictions are? Til: I'm guiding him about how much to nod but where, especially where to nod because we're getting in very precise into each joint.
	**B-04 Anterior Scalenes** Til: So, we're going to do number 4, B-04, the Anterior Scalenes. And here, if you remember we're also working pleura-costal ligaments, the lung ligaments. So, with a big, broad flat touch, I come in front of the scalenes and you can feel them on yourself. If you feel your own clavicle, then feel just superior to the clavicle, the scalenes are the hardest sensitive lump there above the clavicle. So, that kind of sensitive feeling lets you know the kind of touch you have to have which is big and broad as opposed to poky. So, this big, broad finger pad touch, I get a hold of the scalenes and cervicals and bend him around them. Okay. So, two steps. One, find the scalenes, get in front of them and pull them back toward the table, the direction of the arrow in your manual there. And then second step, flex his neck around that fulcrum to allow even more falling back of the cervical vertebrae. How are you doing there, Jeremiah? Jeremiah: Good. Good.

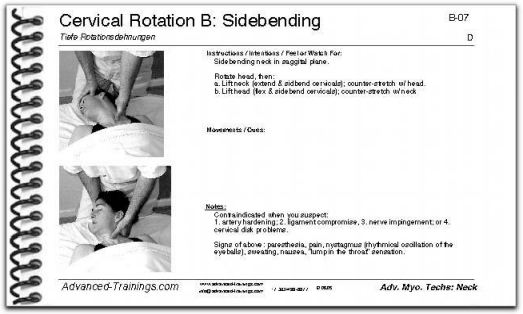
	Til: If your client feels some shooting down the arm or it hurts, readjust. You can usually just move over an eighth of an inch and be off the plexus but usually, this way of working the scalene avoids that. So, I've taken a place but now a little bit higher on the scalenes and doing it again. So, I'm thinking scalenes. I'm also thinking just mobility of the cervicals, so their ability to fall posteriorly when the neck flexes. Questions? Male: But you say you were around the – is that part of the transverse processes there? Til: Yeah. Although, I'm thinking scalene, the question is was I on the front part of the transverse processes? Yeah, but I'm thinking scalene. Getting a hold of these and he's flexing around there. Male: You're thinking scalene but you're encouraging a little bit of... Til: Bony movement. Yeah. I'm encouraging bony movement. That's true.
	**B-05 Vertebral Translation** Til: Technique B-05 is the Cervical Translation – Vertebral Translation and the image there is of the neck vertebrae like a stack of coins – neck vertebrae like a stack of coins where we're going to take the entire cervical column and move it sideways like we would a stack of poker chips or stack of coins to see are they able to move equally left and right. So, I'm starting low in the neck and just moving the whole stack of coins left and right, left and right. So, here, he moves easy this way, less easy that way. You feel that too? Jeremiah: Yeah. Til: So, easy that way, less easy that way. I'm going to check the whole stack and then we'll go back and address those places. So, here, similar but actually more pronounced below and now up at the top. Also easy that way, less easy that way. So, let's go back to that spot, quarter of the way out where it was easy to the left, harder to the right. Now, I wish it was the other way around because then it would be better for the camera. Well, let's pretend for a minute.

	Jeremiah: Okay. Til: Yeah. We'll go and get both heads. Let's say it was the other way. Let's say it was hard to go this way, hard to go to his left. What I'm going to do then is help him slide left more by sidebending him around the fulcrum. The fulcrum, my fingers are encouraging that place that wasn't going left to go further left. Okay. I'll do that again. So, let's say it didn't go this way very easy. I'm going to help it go this way by sidebending around the fulcrum and waiting. We take it to the comfortable limit, let the pressure stay there with the wedge and just wait for the ligament to response. It takes a little while. It takes a few breaths. Female: Are you in between transverse processes or on them kind of encouraging to [indiscernible]? Til: I am picturing the vertebrae like a stack of coins. I'm just pushing on the edge of a coin. Female: So, on the vertebrae. Til: Yeah. I feel those little ridges. I need some poker chips as a teaching aid or something. Can someone mind holding – you're a pal. Jeremiah: I can hold it. Til: This – I'm doing this and when I find something, I just – the boniest thing I can feel, I lean against and sidebend around it to help that sidebend far to the direction it's not going. I'm sorry. To help it translate farther in the direction it's not going. Female: So, you're saying if he has a hard time moving his head towards the left, then you're going to sidebend to the right? Til: If I have a hard time moving him to the left, I'm going to help that segment move left by pushing left and sidebending right around it.

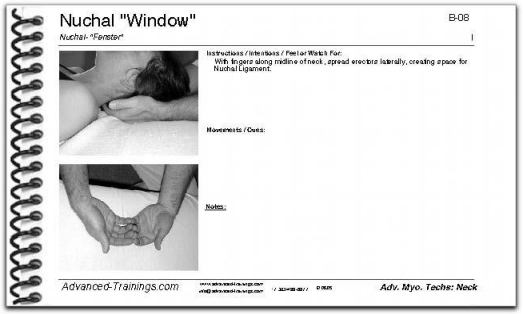
	Male: If one of the coins goes one way easy and goes the other way hard, you want to tip it to the way it doesn't want to go? Til: This is direct technique. We are taking at the direction it doesn't want to go and waiting for it to respond. We're nice about it but we're pretty clear what we want. We want it to shift. So, I would do that a couple of places, the places I felt the restriction and then recheck. A couple of pointers, don't try to just move one coin. Yeah. Take the whole stack including the head, then move it as a unit with my fingers as the focus of the movement. All right. The other pointer, sidebend and just wait. Wait for that response. You don't have to wiggle. Don't have to massage it. Don't have to effleurage it. You just wait. Just lean on it and wait and it will melt. It will shift. Any questions? This one is really, really useful. If I have to pick like one technique out of the whole workshop to teach, this would be the one. If I was going to the desert island and could only take one technique with me, this would be the one out of the neck workshop because it does so much. It does a lot. Female: And you're going right above the restriction? Til: I start at the bottom. I go up check them all. I go back to the restriction and help the restriction go into the direction it's not going. Female: Oh, so you're taking it. Yeah.
	**B-06 Cervical Rotation A: Flexion/Extension** Til: So, we're doing the Cervical Rotation *B*, Flexion/Extension. The page is what? B-06? Female: B-06. Til: Thank you. So, we start with our client rotated to one side. My hands is under the back half of his head. I'm going to show you the grip now on the other side. We'll get around his ear and rest it into my hand and then from this position, we take him into flexion and extension gently. So, I'll break it down. With the hand resting in – head resting in my hand,

	I take him into some rotated flexion. Chin to the right shoulder. Then I add a counter-stretch on the opposite shoulder and feel for that release there. Let him – let him soften into that. Once he softened into that, I take him – his head in the same position, hand in the same place. Take him back into a bit of extension and push the opposite shoulder away and wait for that release. Now, what's this doing? It's rotating the vertebrae against each other to their full comfortable position and then just asking for some more movement in another direction, another dimension. So, the rotation in this case, flexion and extension. So, that's taking the facets through their places in a way that they don't ordinarily get worked. Just asking them to release into every combination of those movements. It's also stretching some of the sleeve muscles. The sternocleidomastoid, for example, gets stretched here and you know about that. Yeah. Jeremiah: Uh-huh. Til: It's important when you're doing the extension one to keep the neck really long and not to let the back of the neck kink up, so you don't pinch or crowd anything. So, actually, I have a slight bit of traction when I take him into the extension to keep the back of the neck long. Where do you feel this, Jeremiah? Yeah, go ahead. Jeremiah: I have to think about it. Back Til: Back, in there. So, he's feeling it up in the trapezius, the levator scapulae even. Is that where you would say you feel it or is it deeper? Jeremiah: No. It's – yeah. Til: So, we're stretching those sleeve muscles but also asking the facets to go through full range of motion. I'll show them the other side too. This may be more comfortable. If the person is bigger than you, it may be more comfortable if you're standing too. That's an option. Extension and flexion. Weight of his head is on the table. I'm not having to lift his head at all. Questions? There are some cautions or contraindications there. If you – would you mind if I read your book, Lynn? I just want to make sure I say it the same way. Contraindicated, it says when you suspect artery hardening, ligament compromise, nerve

	impingement or cervical disc problems. Okay. You're asking like who does that leave or what... Female: Right. Til: This is a move for people that are basically healthy. This is optimizing the movements that's there. It's not a way to fix someone who's really got a serious problem because they're vulnerable in a way and this is a challenging move. So, you know, never before seen on video kind of thing. Don't try this at home unless you really know what you're doing kind of thing. So, sign – those first three, artery hardening, ligament compromise, nerve impingement. We have a little appendix in the back that has specific tests for that but basically the signs are listed there, paresthesia. What's paresthesia? Female: Tingling. Til: Tingling, a nerve sensation. Pain, nystagmus which is the wiggling of the eyeballs. If you do this and you see their eyeballs wiggled, back off a little bit. Sweating, nausea, lump in the throat. So, those are – could be – we don't know for sure, that those are cord signs. Those are signs that probably some pressure is being put on the spinal cord itself because the integrity of those joints isn't really good and you're squeezing things. In my 20-something years of doing that, I've never seen it. I've never seen it but you need – responsibly, you need to know about those things and obviously if someone – you know, if someone throws up, stop. Or if someone gets nauseous or you – even if you intuit that there might be some instability or fragility there, do a different technique. Don't do this one. Female: It's not the desert island technique? Til: It's not the desert island technique. Thank you. Any questions about that? Female: Til, I had a couple of clients very high on the scalenes up here experience like a tickle, like makes them want to cough? Til: When you work there, they want to cough?

	Female: Yeah. Does that mean that I shouldn't do it? It's only a couple but... Til: Yeah. Female: ...a couple – more than one makes me think maybe I'm not doing something right. Til: There's something there? Yeah, I don't know. Female: It might be that SCM has a trigger point that makes it. Til: It could be a neurological referral. Yeah. It could be just pressure on something there that tickles. Yeah. I don't know. Sometimes, people cough with – we do some deep ear work in the headaches and TMJ workshops, and sometimes that makes people cough through the Eustachian tube connection but – anything else? Okay.
	**B-07 Cervical Rotation B: Sidebending** Til: Cervical Rotation B, Sidebending, page number B-07. Cautions apply from that last technique around artery hardening and ligament-compromised tests or signs rather but for this technique, we take him into full rotation. I'm going to stand up and then sidebending. So, here, I'm lifting on the back half of his neck like this as the weight of his head takes him into a sidebend, combining rotation and sidebending and I wait for that ligament to response which is the softening and release. Then for the second part, I lift the head around the fulcrum of my thenar eminence to take him into sidebending in the other direction and wait. Nice. How are we doing, Jeremiah? Jeremiah: Feeling good. Til: So, it's all within the comfortable range. We take him to full comfortable range and then sidebend one way and then sidebend the other way. So, here's the first way. Here's the second way and I'll show it on the other side. First way and wait. Second way, around the thenar eminence and wait here, combining rotation and sidebending, taking the facets

	into places they've never been before. Male: And the thenar eminence is contacting – thinking bone? Til: This backhand of thenar eminence is thinking bone, bending the cervical spine around that fulcrum as opposed to poking into the viscera at all. Questions? Great. Male: Sir. Til: Yes. Male: In the first way, are you looking up on the cervical and kind of pushing down on the side? Til: You don't need to because this is – the weight of the head does that but in the second one, I do lift up on the head and push down on the cervicals. Female: Aren't you getting the same result when you take his head back to the second technique but go to the other side? What's the difference? I mean, why lift his head anteriorly when he turns and looks the other way it's going that... Til: It's rotated to the other side, so you're getting a different part of the facet joint. Female: Okay. Jeremiah: It feels different. So... Til: Yeah, you'll feel it too when you go on the table.



B-08 Nuchal Window

Til: Are you ready for the next technique? Nuchal Window, is it?

Male: Yeah.

Til: B-08, Nuchal Window. The nuchal ligament if you remember runs right along the sagittal midline and limits the ability of the neck to extend, keeps your head from falling off forward. Useful. It can be part of what we saw in that Nod Test. If someone is unable to lengthen in the posterior compartment, part of that could be the nuchal ligament. We're going to get – clear things out form either side of the nuchal ligament with this technique, give it some breathing room by sinking in just under the occipital ridge either side of the midline and encouraging things to release laterally, opening up that window in the back of the neck like opening up an old sideways casement window. Yeah. A lot of techniques do with length this way. This one's doing with across the back of the neck. So, my hands are up under the occipital ridge and I just use the middle fingers, the index fingers to release laterally around that nuchal ligament letting the weight of his head drop down under those fingers and it feels like opening the backdoor of your head and neck. How are we doing there?

Jeremiah: Good.

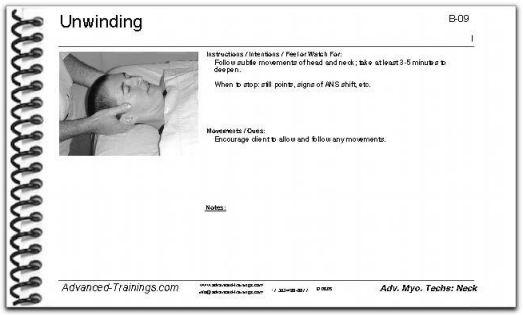
Til: Okay. Not too much pressure?

Jeremiah: No.

Til: So, I'm up between the erector bundles just encouraging them to release laterally out – away from the nuchal ligament. Any questions? This is our finishing move for the sequence, isn't it?

Male: Unwinding.

Til: Unwinding. Thank you.

	Female: So, are you doing like – repeat it or you're just doing a hold? Til: I might do it in a couple of spots. Female: Like are you doing like a... Til: Yeah. Female: ...neck thing or like a [indiscernible]. Til: No. I release the highest place I can reach and then I might go down a segment or two but I just get it to release once and that's – I go slow enough as opposed to a kneading or *manipulate it*. Yeah. All right.
	**B-09 Unwinding** Til: B-09, would it be? Male: Yes. Til: B-09 is Unwinding. Now, with the unwinding technique, we're using it here at the end of the sequence to make sure that things are integrated and free after all this deep work we've done on the core of the neck. By taking the weight of his head, it allows his body to express any latent movements or unresolved torsions or rotations that we may have decompensated with the deep work. So, by weightless, I'm going to get under his head and I just take the weight of his head in a sensitive-enough way that any movement that might be there gets to happen on its own. If we were floating in outer space, this is what it would feel like or in a swimming pool. There's a lot of different ways – kinds of work people call unwinding. This is ours where it's just creating a state of weightlessness for the head or you can also do it with limbs or different parts of the body and following any small or large movements that happen on their own. Now, sometimes, those movements are really obvious and happen right away. Sometimes, they're – you have to wait a while and with

	Jeremiah, we got kind of a middle-level movement happening here that I'm following left and right, a little bit like a windshield wiper of the head, side to side. And my intention here is to follow sensitively enough that I don't rush it at all, that I'm not amplifying it particularly. I'm certainly not in the way but just allowing it to – this movement is cycled to complete itself with the intention of resolving, unwinding, de-kinking, integrating the very direct input we've been making into that. So, you may or may not be able to see the movements from making it at all but say here now, this back of his neck is lengthening and now, it starts to drift a little to the left and it stopped for a second and now he's going into a little bit of extension where the back of his neck is shortening, *a touch* and I'm just following along as far as it goes. When it's happening, we each think the other one is doing it. He thinks I'm doing it. I think he's doing it. It's just like the Ouija board. No – yeah, I know. It's like, you know – that was you that said that and like – no, it wasn't me. So, we've come into a right sidebend now and then a little bit of extension. And the question comes up, how do you know when you're done? Because you can unwind for a long time. Any ideas? How would you know you're done? Female: When it stops. Til: When it stops. Yeah. Still point. That could be one sign. Yeah. Male: Big sigh. Til: Big sigh. Yeah. An ANS sign – autonomic nervous system sign like a sigh or a jerk or a flutter of the eyelids or something like that. Release could be in your body. You could, you know, have a sympathetic or empathetic response to something where you feel a release in your own body. It could be just as simple as your next client is here. You know, there's all those kinds of reasons but anyone of those are reasons to stop. It's often not the first impulse you have to stop. If you're like me, it's often hanging out for a little bit longer. Sometimes, it's the idea of it coming to neutral or you know, a still point or coming back to a neutral position, that could be another point to jump off the bus instead of going around the block again. That's just where we got to here. All right. Any questions about that? Okay. Great. Let's give you some time to go play with these ideas and go practice.

	Female: So, Til, would you check his nod right away or would you let him have some time to kind of... Til: No, that would be a nice thing to do. Female: Yeah. Til: Just check back in. Yeah but – here's a great question Lynn just asked. She asked if I would check his nod at this point. I would do it but here's a warning. Do it from a place of trying to find out what he feels as opposed to prove to both of you that it either worked or didn't work. Check back in but more like what are you aware of now? What's happening now in your nod? Because maybe it changed dramatically and then great. Maybe it didn't and then if we use that as our sole indicator, we could both be disappointed in something that might have happened anyway.