

C-02 "Fly Landing"

Til: This is sequence C, The Jaw, Throat, and Face Sequence. We mentioned how personal this area is and how having someone in your face takes a certain kind of reverence, respect, and relationship. So, that's important to remember as we're working. Of course, checking in with both verbally with people and with the body signs we're getting back as we work, giving a lot of space, easy to breathe in someone's face when you're working right in there. You can tell me if I'm not. I'll try not to but just that that attitude of reverence and respect, and caution, care. All those things are important when doing this kind of work. The first technique on page C-02 is the Fly Landing and we call it that because it's just the weight of a fly. If I'm denting the skin, it's too much. It's literally 1 gram. The smallest amount of weight I could possibly put with my thumb on her chin. The purpose for this technique is to suggest to the jaw in the subtlest of ways that perhaps it could be a little easier. If I push on the jaw, it will tend to resist. Reach over and try it on your neighbor. I'm kidding but you can just imagine it happening. Someone reaches over and pushes on your jaw, that's going to be like, wow, what are you doing on my face? Or think about it this way too. Let's say you're 2 years old for a second. Just imagine that and someone's trying to get you to do something you don't want to do. What happens in your body? Tighten up like where? Teeth? Someone said. Scream some of us. Yeah. What's this? *No, it's setting your jaw essentially.* What's sticking out that lower lip? You know, what's all that? All this, you know, kind of body phenomena around not doing things just tight up on the jaw. The primal no is closing the mouth. I'm going to decide when I eat. That's the first no, they say. And this one. No. It comes from turning the head away, they think from the breast. Just like the original no. Huh. Not now. So, that's all jaw and no is the jaw. So, we want to go slowly with the jaw. If we come in too directly, that triggers that no response if we get too pushy about it. So, instead we go the *barest* suggestion. In fact, I'm doing it right if she wonders, what the heck is he doing? Because that question there is what causes the release. This draws attention to this area and it's the smallest suggestion. If I was to push, it would be gently encouraging the jaw to open but I'm not pushing. Just the weight of a fly and waiting for that response. Did I mention that I steady my hand on the sternum first? That's – first place I touched was the sternum and then once that's really steady, then I just float down onto the chin. And the other hand on the back of the neck is just monitoring it's length because when the jaw lets go, that's going to drop into my hand too and she's already

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sinking away.

Female: Do you have to give cues?

Til: No cues necessary. You could say let your jaw just float but it's pretty much a non-verbal technique. The hand is – the touch is the cue. Anything you want to say about that, Laura? The level of touch or...

Laura: Yeah. It's pretty...

Til: It's pretty light?

Laura: It's quite light.

Til: Very light.

Laura: Yeah.

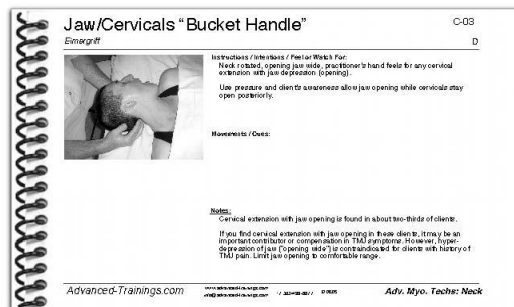
Til: Okay. Sometimes people will salivate a lot when you do that or you have to swallow or oftentimes the jaw will suddenly let go or sometimes it will literally fall asleep in that for a second. The jaw kicks in to a different level of consciousness.

Male: So, you kind of use the right hand according to picture that's underneath?

Til: Yeah. Right hand is monitoring the back of the neck.

Male: So, like underneath the jaw line?

Til: Yeah. Kind of straight back. It's not cervicals but yeah.



C-03 Jaw/Cervicals "Bucket Handle"

Til: The next technique is the Jaw/Cervicals "Bucket Handle," is it? Page C-03. There's a tendency – not amongst everybody, I've heard the number 60 percent. I don't know if it's a good number or not. They say that 60 percent of people will – when they open their jaw will also tend to extend the neck a little bit slightly. So, opening the jaw, the neck extends in a certain percent of the people, little tiny bit. This technique will exaggerate that or show that up. So, with her head in a rotated position – and is it comfortable for you to open and close your jaw?

Laura: Uh-huh.

Til: Yeah. Go ahead and do that. Now, okay. Great. She's one of those 60 percent because this hand back here is feeling – can we see that in the camera, guys? Okay. This hand back here is feeling for that extension and I'll do it on the other side too, so you guys can see. Go ahead and open and close again, Laura. So, you can see that on her case too where when she opens her jaw, this extends a little bit in the back. There seems to be a higher incidence of that amongst people who have jaw issue, problems with TMJ, things like that. More of those people would tend to do that. So, there are reasons to suspect there's a connection too. So, what this technique does is a reeducation technique showing alternatives to do that. With the fingers of my right hand now, I'm feeling into those joints like we did yesterday in the cervical wedge technique feeling into those joints that are closing or extending when she opens and I'm just going to point them out. So, I'm going to say, let these or let these stay open a little bit as you open the jaw. *Hold it.* Nice. Do you feel that? You did great. There was one little place right there that was closed. Try it a couple of times and feel that. See, that was very different. Now

Laura: Uh-huh.

Til: What's different on your side? What's different for you?

Laura: I don't know it feels different here, I think, somehow.

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Til: Different there somehow. A whole different organization. You have to use around the neck to do that. Try that a couple of times, shall we?

Female: Do you want her to maintain those during the opening and closing?

Til: We want the jaw to be able to fall away from the head instead of lifting the head off the jaw. Some people – a certain percentage will do this and there'll be no movement there anyway. Just turn the page on your book and go in the next technique. But people where this is an issue, it can be a whole different way of opening and closing the jaw. Go ahead and try that here, so we can show it from the other side. Yeah. I'm just feeling those places that won't extend a little bit and it's different over here, huh?

Laura: Should I try not to...

Til: Yeah. Try a little – just put your jaw to fall instead of lifting the head. There you go. You're doing great. Is that clear for you?

Laura: Yeah.

Til: Feels like you're doing it. Nice. Now, if somebody has – I asked her if it's okay to open or close her jaw but if someone has some jaw history or definitely pain in the moment, you don't want them forcing the jaw open a whole bunch of times because that can irritate things. So, be, you know, cautious around that. Work with whatever is comfortable. Within the comfortable range. Any questions about that technique? The bucket handle is the mandible. We're monitoring the cervicals as that mandible opens and closes through head in a rotated position. The rotated position amplifies that tendency. So, you feel it in more people when it's rotated than neutral.

Female: I have a question.

Til: Please.

Female: If you have somebody who's [indiscernible]?

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Til: Yeah.

Female: That's forward?

Til: Yeah.

Female: When you're getting them to fully...

Til: Open?

Female: ...depress – yeah.

Til: Yeah.

Female: Do you take them to just before that point or you take them through it?

Til: Probably, I wouldn't tend to take people through that. If you can feel – I would take them to the point where the neck does extend if it does. Work with that edge. Have them find a way to what let that go. If they had a subluxation thing, it's probably not a good thing to keep doing repeatedly.

Female: Right.

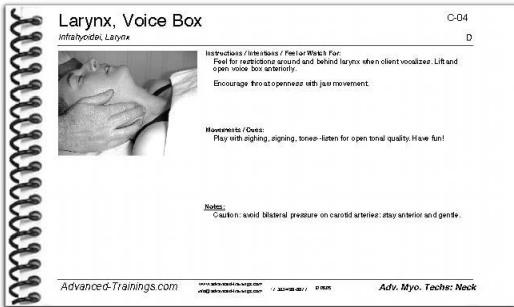
Til: It's true.

Laura: So, with that technique, you're not – you're not changing a thing? You're just trying to get them to do it differently? Is that it?

Til: Great question. It's a reeducation technique. Now, we could have a discussion whether that's changing anything or not...

Laura: Right. Right.

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	<p>Til: ...but it's less structural and more functional, you could say it that way, more awareness based than myofascial based, say. Well, there's a myofascial component. I'm getting right in there between those <i>bones</i>. You could feel it.</p> <p>Laura: Uh-huh.</p> <p>Til: I was using pressure to help those places stay open. Yeah.</p>
 <p>The screenshot shows a spiral-bound notebook page titled "Larynx, Voice Box" with the code "C-04" in the top right corner. The page contains handwritten notes and a diagram of a person's head and neck. The notes include: "Instructions / Interests / Focus / Watch For: Feel for restrictions around and behind larynx when client vocalizes. Lift and open voice box actively. Encourage throat openness with jaw movement." and "Movements / Cues: Play with sighing, singing, toneless - listen for open tonal quality. Have fun!". There is also a "Notes" section with the text: "Caution: avoid bilateral pressure on carotid arteries: stay anterior and gentle." The page is from "Advanced-Trainings.com" and is dated "11/11/2016". The author is "Adv. Myo. Techn: Neck".</p>	<p>C-04 Larynx, Voice Box</p> <p>Til: Next technique then. Larynx and Voice Box. Page 4, is it? C-04?</p> <p>Male: Uh-huh.</p> <p>Til: Here we talked about – earlier about how the muscles of vocal production control the tightness of the vocal cords and they also control the shape of the air passage that the cords are in. The tendency again is for them to pull things back into the throat or pull things up into the floor of the mouth. Those are the directions – general directions of restriction. So, our work is going to be to have to use the sound of the voice, the sighing sound or the sound of the voice. I didn't warn you about that. And then use our fingers to feel what's constricting and help it be open and you can actually hear a change in the sound of the voice when that's open as opposed to when it's closed. Yeah? Does that sound different to you? It sounds really different to me. Close. Open. Okay. So, let's all do – let's all start this together. Put your things down for a second, so you got both hands and we're going to that high to low sigh where we're doing earlier and just hunt around, explore and feel to feel where you contract to make sound with your voice. Is it at the base of the tongue? Is it behind the voice box? We'll just do that for 10, 20 seconds or so. High to low sighs. Go ahead. And we'll do that here too. So, when you're ready just a high to low sigh. Ah. Yeah. Is that pressure okay?</p> <p>Laura: Uh-huh.</p>

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Til: Keep going high to low sigh. Ah. Great. Nice and lets your jaw be easy too as you do that. Ah. Okay, great. Find anything in yourself? Any places contracting. It's different in each of us. With Laura, I'm finding some things right up here around the hyoid bone. Is that okay?

Laura: Uh-huh.

Til: It's not too sensitive?

Laura: No.

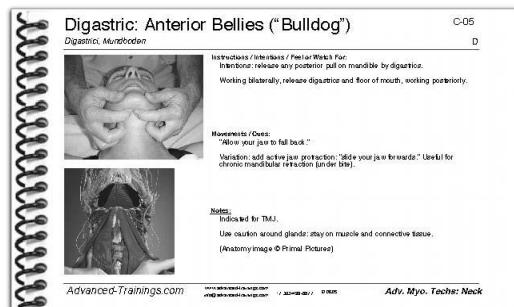
Til: And are you okay doing that a couple of more times?

Laura: Uh-huh.

Til: Just that sigh again. You can breathe in. So, like – here you go. That's nice. So, I hunt around with my fingers until I find the things that are pulling back or up and I coax them forward or down. And I listen to hear the tonal quality change and you could hear it opening up more there. Do it a couple more times. Ah. Great. Again. Another time. When you do it this time, let the back of your throat be easy. You're almost like yawning. Ah. There you go. Yeah. Checking with your jaw. There you go. Lovely. Couple more times. Ah. So, there's the opening. Yeah. You okay doing it again?

Laura: Uh-huh.

Til: Just keep doing it. Back of the neck easy too. There you go. Yeah. And just once *more or less*. Ah. Okay. Great. Just take a second. Concept is simple. I think it's often useful to work with the jaw as a part of this. You can also do this when sitting as opposed to lying. Sometimes that opens things up differently in gravity. That's kind of nice. And use your ears as the point of this. Use your ears to hear what's happening as you do the work.



C-05 Digastric: Anterior Bellies ("Bulldog")

Til: Digastric, Anterior Digastric, floor of the mouth. Number B – sorry, C-05, was it?

Female: Uh-huh, C-05.

Til: Okay. C-05. The digastrics if you remember attach inside the chin, up underneath the chin and run back, do a little loop on the hyoid bone and then continue – posterior digastrics continue back to the mastoid processes. The front part on the anterior bellies, we're going to work just by hooking our fingers up underneath the chin and jaw bone and I'll be asking you to slide your jaw forward a little bit. Is that all right?

Laura: Uh-huh.

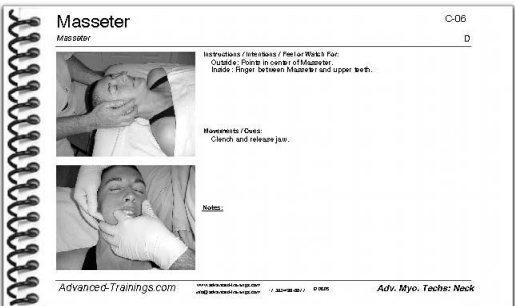
Til: And let that go. Tender under here, the glands of course and the skin is soft. It's tender often, so be sensitive but I'm feeling for those tight bellies of the digastric and helping them drop back as she does a little bulldog move. Yeah. Doing all right?

Laura: Uh-huh.

Til: It's kind of roots of the tongue too. Nice. So, let your tongue participate on that. There you go. That'll help engage it a different way. That's great. Keep going. We're going to do that for a minute. The rest of you, you can play with this idea. Let your tongue – oh, here's how you do it. Feel just to yourself the underside of your tongue. Tune in to the sensations that you're getting from the underside of your tongue. Often just doing that lets the tongue kind of soften and relax in your mouth. It holds a lot of tension. It's a really high-tonus muscle in a lot of people and that is a structural issue, obviously swallowing and voice and things like that. So, just feeling its underside can let it lie. Like Larry Koliha, one of our instructors, he says, this lies like a fat boy in a hammock. The tongue that is. How are you doing there, Laura?

Laura: I'm doing well.

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	<p>Til: Great. All right. That's right.</p> <p>Female: Do you also have a cue to allow the jaw to pull back when <i>in front</i>?</p> <p>Til: Yeah. So, in most cases, the jaw is already pulled back. Who's that? Mr. Bean, you know, his chin way in. Some people are already out here protruding jaw and then we'll reverse the technique where we'll work anterior and let your jaw fall back. So, retract your jaw a little bit. We'll pretend for a second. It doesn't make sense with Laura, right? It's not her pattern but that can be reversed for the opposite pattern.</p>
 <p>The screenshot shows a document titled 'Masseter' with a spiral binding on the left. It contains two photographs of a person's face, one showing the masseter muscle being palpated. The text includes 'Instructions / Interventions / Facial Work for Outside: Point in center of Masseter. Inside: Finger between Masseter and upper teeth.', 'Movements / Cues: Clench and release jaw.', and 'Notes:'. The footer mentions 'Advanced-Trainings.com' and 'Adv. Myo. Techn: Neck'.</p>	<h3>C-06 Masseter</h3> <p>Til: The Masseter, C-06. Are we up to 6 now? C-06. We're going to work two ways. One, outside. One, inside. On the outside version, we just feel with our fingertips all around the bellies of the masseter. And Laura, you just clench and unclench your jaw a little bit. So, I'm feeling which parts of the masseter are particularly concentric, which ones are really, you know, bunched and I'm helping them be a little less, the focus of that clenching with my direct pressure. Is that pressure okay?</p> <p>Laura: Uh-huh.</p> <p>Til: You just clench and unclench kind of like chewing gum without smacking. There you go. So, what do you know about the masseter in terms of trivia?</p> <p>Female: Strong.</p> <p>Til: Strongest muscle in the body is what they say. What's that mean? Come on. Really?</p> <p>Male: The amount of pressure <i>that come out</i>.</p> <p>Til: So, the amount of pressure? Oh, you mean the effective pressure that it causes is the strongest maybe? I've heard that a lot. You heard that a lot. I don't know about that strongest muscle in the body. I think about like the gluteus maximus or something. I really</p>

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think – maybe the jaw is stronger. Maybe it provides more pressure. Yeah. Any other jaw trivia? Did somebody have one? Did you have one?

Female: Sustain contraction.

Til: Sustain contraction a long time. Highest resting tone generally. Highest resting tone. That's why tetanus locks the jaw first. Tetanus raises your tone of your whole body and since the masseter is already pretty toned, it's the first one to lock up. Highest resting tone. At least on those of us who think we want to look smart, we keep our mouth shut. I think my personal theory, there's an inverse correlation between masseter tonus and self-assessed IQ. The smarter I think I am, the tighter I keep my jaw in general. I don't know if it's true or not. Try it. Turn down your IQ a little bit and see what happens to your jaw. All right.

So, meanwhile, we were clenching and releasing of some holding into the masseter. That's the external part of the technique. Any questions? Okay. So, to work with the masseter, we're going to follow the – I'm going to get the skull. Follow the upper teeth along to where between the teeth and the cheek and the masseter essentially and then ask her to clench. All right. So, go ahead and open your mouth if you don't mind and let your mouth close. So, upper teeth; just following those back very gently until I'm back between the masseter and the posterior molars. Now, I suggest you do this by the way. That's the best way to watch this kind of demo. Otherwise, you just got to take it on faith about what I'm doing in there. So, grab a glove or wash your hand if you prefer. But I really do suggest that you feel – you follow along with this part while I describe where I am because you'll feel exactly what you need to feel. That's the best way to do it.

Female: Do you want gloves [indiscernible]?

Til: People can come to you, if they want them. It's all right. But meanwhile, I am working the masseter from both the medial side and the lateral side from inside with the inside finger and outside with the outside finger working between the two. Doing okay?

Laura: It's good. Good. Good. Yeah. I like it.

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Til: You like it? That's good. Slow me down if it's too much.

Laura: Uh-huh.

Female: So, you're not on the attachment...

Til: No.

Female: ...of the masseter?

Til: No.

Female: Do you kind of go past that little flap and flop over it and...?

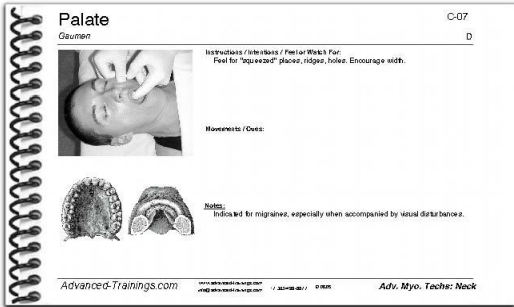
Til: Well, not – maybe. Open your mouth to start. Open your mouth to start and follow the teeth back.

Female: Okay.

Til: Can everybody hear me okay?

Female: Yeah.

Til: Open the mouth to start. Follow the teeth back – the upper teeth. So, you go as far as it's comfortable. And then as you close your mouth now, your finger will end up between your masseter and your teeth. Now, if you clench, if you bite down really hard, keep your finger out of the way of course. Go ahead and do that, Laura. Bite down hard. The masseter will squeeze your finger against your teeth allowing you to work the inside of the masseter with that inner finger. Yeah. So, you can clench and release a couple of times. I'm using my outer hand now to get on the other side of the masseter. So, I have the masseter between my inner and outer finger and she's clenching releasing. Yeah. As I hunt around for the places that are particularly tight or fibers within that masseter. Okay? You can

	<p>work on yourself with this one. You can teach this to your clients too if they have a chronic grinding issue or chronic jaw clench issue. And there's a lot to the masseter. The masseter has actually got a lot of territories you can work around for quite a few places in this relationship. Could somebody hand me a clean extra paper towel or something? Thanks, Shirley.</p> <p>Female: So, if you have inside, in Laura's case, the pattern of the finger is towards the gum?</p> <p>Til: Pattern of the finger is toward the gum. Toward the teeth rather.</p> <p>Female: Yeah. A reason for that?</p> <p>Til: Yeah. I'm also reaching working the opposite side because the shape of the hand then will follow the teeth easier and doesn't pull the mouth open so much as it is when you work on the same side. It kind of feels like a fishhook, you know, otherwise. But this way it's matching the shape of the jaw and so less invasive. And then I just feel – I can rotate my finger a little bit to get a little different aspect from the inside and feel around with that outer hand to feel the masseter between those two fingers. Okay?</p>
 <p>The screenshot shows a training slide titled 'Palate' with the code 'C-07'. It includes a diagram of a person's head with a finger pointing to the palate. Text on the slide includes: 'Gastrum', 'Instructions / Instruction / Practice / Watch For: Feel for "squeezed" places, ridges, holes. Encourage width.', 'Homeworks / Cues:', 'Notes: Indicated for migraines, especially when accompanied by visual darkness.', 'Advanced-Trainings.com', and 'Adv. Myo. Techn: Neck'.</p>	<p>C-07 Palate</p> <p>Til: C-07. Could you unhook that jaw? That eyelet comes off the screw inside the chin there. Yeah. Super. Thank you.</p> <p>Male: Uh-huh.</p> <p>Til: All right. So, generally, we can pass this around actually, so you can look at it. Generally, I'm working for width. I'm working inside the skull encouraging this whole palate to get wider on most people. There are small glands there. There are small nerves. So, I'm not being super aggressive obviously. I'm being sensitive. The mouth is one of the only places in the body that has more nerves per square centimeter than the hand. Usually, our hands are much more sensitive than what you're touching. The mouth, it's the opposite. The mouth is more sensitive than your hand. So, you have to be really slow,</p>

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really delicate in the mouth. The impact is much greater from the touch. Thank you. Okay. You're ready. Opening your mouth. Okay. And then you can let your jaw relax there, Laura. People will hold their jaw open for you and you don't need that. You don't need that. It's really okay to have someone's teeth rest on your finger. Three-year-olds on the other hand will have a good time biting you a little bit just to see what you do. So, I'm feeling the width of the palate starting at the front and slowly working my way back laterally just leaning on those bones allowing them to drift and widen. My thumb on the outside has the other side of the maxilla feeling through the inner and outer relationship of the teeth.

Female: Are you doing [indiscernible]?

Til: Could we hook that jaw back on there? Well, actually no. That's just fine. I'll show you with this. Am I doing...

Female: I was wondering, if *you're doing* like that or in the center?

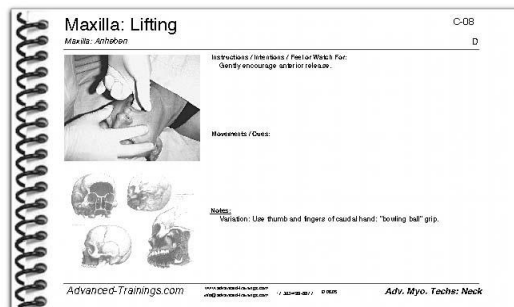
Til: I got my thumb on the outside of the palate and I'm using this finger inside to actually feel between those two.

Male: Starting at the midline of the palate?

Til: Starting from about the midline of the palate and just checking are there any places that could widen all the way back until it gets soft and too gaggy, too sensitive. Okay? Thanks again.

Male: Uh-huh.

Til: You want more? You're like a little bird. Yeah. And both sides. Now, you notice how I did her right masseter and her left palate while I'm still sitting here? So, you can combine these to and then switch sides and do the other ones. So, you don't have to be going back and forth and back and forth.



C-08 Maxilla: Lifting

Til: Next technique is the Maxilla Lift. The Maxilla Lift on page C – give me a number – 08. Thank you. We mentioned how the maxilla bone gets – tends to be impacted, tends to get pushed back into the skull. That's its direction to be there from blunt trauma or from tension that's the direction it tends to get fixed. So, we're going to – if it's okay with you – come on in and get right at the midline now of the palate. My outer hands are either side of the top teeth so that I have her maxilla between my three fingers. One inside. Two outside. Now, Laura, you can go ahead and let your lower jaw relax, let your neck go. There you go. And I now have the maxilla between my hands. The technique is called lifting but another metaphor that's used sometimes is working the maxilla like a drawer that's been jammed or stuck. So, I'm actually going to start with a little bit of pushing. Now, when I say pushing to, it's kind of a sensitive waiting touch that we've been talking about where it's not just shoving it back but it's leaning on it a little bit and see if it drifts that way.

Female: Which direction?

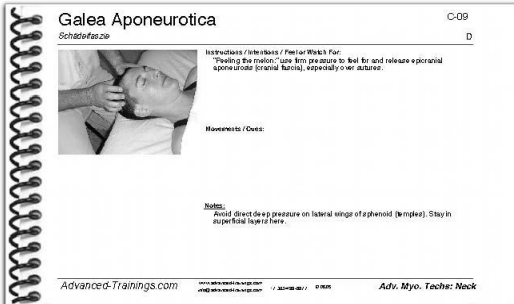
Til: Posterior now. Start with pushing the drawer in a little bit and then I'm going to pull the drawer out a little bit. So I'm lifting gently on the fingers and feeling does the maxilla drift with me or does it resist? If it drifts with me, does it resist on one side? And on the right side, it's not quite drifting as much. So, I come on over the right side and focus there and I'm going to actually going to push on the right side a little bit and pull again on the right side just allowing that maxilla to be free, front and back. The amount of movement is really small, of course. You know, it's a suture. It's a bony joint that you'll feel a quality of resilience in response to your waiting and pressure that will feel like it starts to float.

Female: How many grams of pressure are you using?

Til: How much pressure am I using was the question. A lot, a little, medium?

Laura: Not a lot but not a little. Maybe medium.

Til: Medium. Okay. That's what I would have said too. It's not – but it's not subtle. No

	<p>pressure work either. I'm letting it know what it needs but I'm – at the same time I'm applying pressure, I'm waiting for it to respond. If I just push too hard, I don't get to feel if it does respond. So, it's that listening and suggesting at the same time. Any questions about that? Okay. Next technique.</p>
	<p>C-09 Galea Aponeurotica</p> <p>Til: Page C-09.</p> <p>Female: Yes.</p> <p>Male: Uh-huh.</p> <p>Til: Galea Aponeurotica, the cranial fascia, the coverings of the skull and scalp.</p> <p>Laura: That's exciting.</p> <p>Til: That's exciting, huh? I love this one too. I'm using my fingertips just to move the coverings of the scalp on the layers underneath, on the bone and fascias underneath feeling, do they move freely in each direction? Are there any places that they don't move? Are there places that are thicker than others? And just feeling for restriction and tough spots. The metaphor is moving the rind down the melon, feeling that surface. The surface layer is separate enough that they can move in every direction.</p> <p>Female: You're working bilaterally?</p> <p>Til: Yeah. I got both hands. I'm working bilaterally. That's the question. Working around this way, this way. Feeling for movement in those layers. I'm not scrubbing on the hair, you know. I'm moving the layers against each other and against the bone. And you can be systematic here. You can make sure you get the whole scalp and I'm also using pressure using the tips of my fingers and I'm using quite a bit of pressure to really get those tough fibrous adhesions to release.</p>

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	<p>Female: Is there anything that this would be especially indicated for <i>at times or</i> anything?</p> <p>Til: Anything this is especially indicated for?</p> <p>Female: Yeah.</p> <p>Til: Life in the civilized world probably.</p> <p>Female: Tension headaches?</p> <p>Til: Tension headaches.</p> <p>Female: Yeah, that's more specific.</p> <p>Til: Insomnia, vision issues, eye strain, too much computer time, jaw problems. Anybody think of any other indications?</p> <p>Female: Stress.</p> <p>Til: Stress. Headaches.</p> <p>Female: Contraindicated with hair extensions.</p> <p>Til: Contraindicated with hair extensions. Okay. What are hair extensions? Is that like roots, little plugs?</p> <p>Female: Chunks of glued human hair and that they glue a hot little one to the hair.</p> <p>Female: But they're expensive.</p> <p>Female: And they're a mess.</p> <p>Til: That's not the same as little plugs that guys get? No?</p>
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Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Female: No.

Til: Okay. This is actually gluing hair on. All right. Okay. Any questions? Any more questions serious or not about this? Yes.

Female: You mentioned tough spots. So, I thought...

Til: Yeah.

Female: ...is there any part on cysts *on the other hand*?

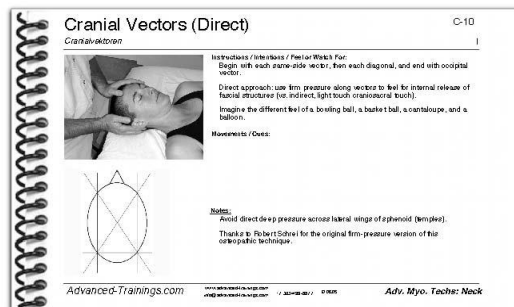
Til: I haven't found – have you found cysts on the head on your own? They can be anywhere. Actually, foreheads sometimes is a common place prone to. Fatty cysts. They're usually benign. Just little fatty inclusions on the layers of the skin.

Female: *It would just* come apart with the rest of the tissue?

Til: You're unlikely to change it much with this level of work.

Female: Okay.

Til: Yeah. I'm likely to either hurt it or help it. That's my probable opinion. Although, you know, there's probably a mechanical factor in cysts. There's probably some – they're probably reflecting some sort of strain or tension. Not always. They're kind of random sometimes, you know, but the places they appear like in the wrist or in the scalp, they're a different kind of cyst or in the upper back, tend to be places that have a lot of tension in them. So, maybe this is preventative or maybe it's helpful. Okay.



C-10 Cranial Vectors (Direct)

Til: Technique C-10 is the Cranial Vectors Technique. We use this at the end of the sequence to wrap things up, to bring things together. It's a simple way to feel all the different sutures predominantly of the head as well as feeling the internal membranes, the tentorium and the falx, the effect they're having on the resilience of the head too. There's a direct version that we're going to show and there's also an indirect version that we show in the other classes. I originally learned the indirect technique from Jeff Maitland first and then Robert Schrei showed me what he said was the original osteopathic technique used quite a bit of pressure. Now, some disciplines say it's not good to put a lot of pressure on the head. The craniosacral people tend not to be fond of that idea. So, if you don't think that's good, don't do it or don't have it done to you. Other people say, well, people stand on their head and the jaw itself puts a lot of pressure on the head and other things put pressure on the head. In any case, if you're willing, try and see what it's like for you because it can relieve a lot of headaches or things going on the head. We have it here at the end of our sequence just to make sure that there are no intracranial tensions that we haven't decompensated or not addressed. So, there are four – five rather vectors that we use. We're going to pretend that the skull has four corners, all on the horizontal plane right about where this guy got a slice and we're going to do pressure between those four corners in different combinations. So, we're going to start with the homolateral vectors. Let's say right back to right front. Then we're going to go to pressure across the left back to left front. Then we're going to do pressure diagonally both directions and then finish with pressure across the back. Two corners to finish with the occiput. Make sure the occiput is free. There's one vector in there if you're going to be geometrically symmetrical but we don't do this one and that's because not generally good to squeeze the sphenoid across its wings which is what that would do. Understand the general principle there? Sequencing? Okay. Here's what the – here's what it'd look like on a person. So, this is the hold. Just cupping the back of her head with my thenar eminence where that back corner of the head would be and then my – the palm of my hand on the front side too. Is that comfortable, Laura?

Laura: Yes.

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Til: And then I just feel. I am applying pressure but I'm also feeling. I'm feeling is there responsiveness?

Female: So, you're doing the direct approach?

Til: I'm doing the direct approach right through front and back. Right front, right back pressure. I'm thinking the tentorium. Thinking about the tentorium which is that horizontal membrane along the cranial – base of the cranial vault, inside the cranial vault. It's giving a resilience on this plane and I'm feeling for it. My sensation or my imagination to feel how resilient is this vector? How much can it yield slightly? How would you describe the pressure, Laura?

Laura: It's pretty firm.

Til: Pretty firm.

Laura: You know, like a seven.

Til: Seven. Okay. Uncomfortable though?

Laura: No.

Til: Not uncomfortable. Good. So, I would hold at least that long probably longer until I felt a yielding or a shift and I will go through and do them all but you get the general idea. Here's the next grip doing the left rear to left front and then I go left rear to right front. Hold across this direction. You're going to watch your own body use, of course, so that you're comfortable. The other diagonal, right rear to left front. I like the diagonals myself. They seem to really get a response in the head. And then finishing with left rear to right rear. And here I have my hands interlaced. I'm just using the thumb pads across the back of the skull. Just kind of the lambdoidal suture area here where I just squeeze across that back area and wait for a response. Wait for the avocado to ripen a little bit.

Female: So, you kind of just *run* it quickly?

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Til: I'm showing it a lot quicker than you do it. You would wait a lot longer than I am in each spot for a response. You could easily take 5 to 10 minutes for this technique.

Female: But you should do all of them?

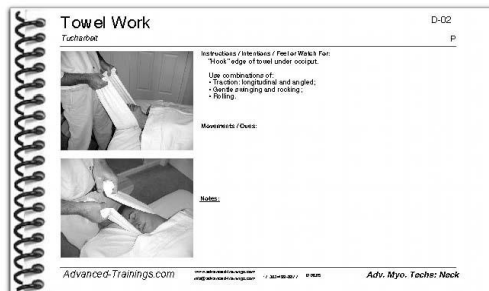
Til: You should do all of them. I'm going to make sure I do her other ones here since we started with that one side to make sure she's balanced out. This last one. We finish with the last one because it's bilateral, symmetrical. It's balancing.

Female: So, in your picture, your hand really isn't very low but in the technique you're demoing, you're having it more on the lower occiput *or not?*

Til: Think about that horizontal plane. Wherever it takes for your to hold the head, you'll put pressure across that horizontal plane. I will tell you the picture that we're using in this manual might be different in other manuals but to this manual, the one you have here, that's using pretty light touch. That's a light touch version. So, I'm not – you can see I'm not having to put much pressure there. Any questions?

Male: Can you just spell of the tentorium, the falx?

Til: F-A-L-X, how you spell falx cerebri sometimes called too. Falx means sickle, crescent. It's kind of got that shape. Yeah. Okay. Ready for you to go play. Get your partner.



D-02 Towel Work

Til: So, we're in our Integration Sequence now. The D series. Our themes as we mentioned are atlas-occiput freedom as well as integration with the rest of the body. This first technique on page D-02, Towel Work is a way to use a towel to just check motion of the head and neck and help someone get settled on the table. We used it here as a preparatory move. You could also do it as an integrative move at the end of the session or it's also just fun at parties. One of the tricks is using the front edge of the towel right unto the occiput as opposed to a big kind of shoe-shine thing that use the whole grip. I'm actually just gripping that front edge of the towel and that gives me a lot of control of the head. How's that, Steph? It's okay.

Steph: Yeah.

Til: All right. Good. So, just – this traction is nice. We're thinking dural tube right down the center of that spinal canal, all the different ligaments around the deep vertebrae and then we can vary the angle some to bring in brachial plexus, levator. You're still okay?

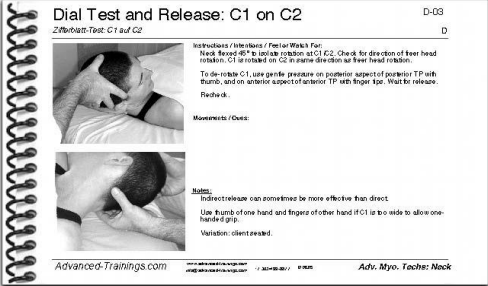
Steph: Uh-huh.

Til: Great when there are nerve impingements, brachial plexus symptoms down the arm just to help free those nerve sheaths from the restrictions or adhesions. This is a lot like the rotated work we're doing yesterday, the rotated and flex-extend work. There's a quality of motion. Doing all right?

Steph: Uh-huh.

Til: Quality of motion you can get with the dangling that's hard to do with just your hands too as well as trying to combine sidebending and rotation. On a big towel – this towel is about the right size but on a big towel, we can actually cross it over. You can imagine how that would be to get an even better grip. That's towel work. *Just* some ideas.

Male: *Any integration* sequence or motion that you like to do or recommend?

	<p>Til: Those different variations. Traction to get things lined up, sidebending and then combining rotation with the sidebending and traction. That's a good sequence.</p>
	<p>D-03 Dial Test and Release: C1 on C2</p> <p>Til: The Dial Test on page D-03. Testing C1 on C2. We use this test to check just that to see if C1 is rotated on top of C2. I'll show you the test and then we'll also show the treatment. One important thing is the head should be at 45 degrees. I'm sitting off to the side a little bit so the camera can get a straight view down under her head but let me show you for a second how normally to sit as a practitioner, where I'm going to get my eyeball directly above her head with her neck at 45 degrees. 45 degrees has the advantage of not only bringing her neck in line with my eyeball but it makes movement less likely at the lower neck joints and focuses most of the movement at C1-C2 so that you can really test that joint in isolation. You put them in a little bit of flexion and it'll be less likely to rotate. So, once I'm there with my eyeball right over the top of her head and I'll show it once for the camera here, we rotate it to the full extremes and we can see it doesn't go quite as far that way. So, once more for the camera, where it rotates to about quarter till 10:00 on the clock face if her nose is the little hand and over here, it doesn't even quite make it to 2:00. So, if we rotate it to the left, it goes to that 10:00 place or so. Here, a little less far. Does that feel different to you, left and right?</p> <p>Steph: Yeah.</p> <p>Til: More restriction when you go this way?</p> <p>Steph: Yeah.</p> <p>Til: Okay.</p> <p>Steph: Just way down.</p> <p>Til: All right. Understand the concept? Is that clear? 45 degrees. Use the nose as a dial.</p>

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

And in many people, it's such a small difference, you really got to be precise about your eye position. If you're doing this, you're not going to be able to tell if there's a difference, for example. So, you really get engineering mind about it. You know, you really just get it all lined up. Once you – so, we know for Steph for instance, it turned easier to the left than the right. So, which way is the atlas rotated on?

Male: To the left.

Til: It's rotated to the left. It's got a head start to the left. It goes easier that way. So, to straighten it out, if it's rotated to the left, we're going to get behind the transverse process on the left and just lean on it until it straightens out. We're also going to get in front of the transverse process on the right and pull on it till it straightens out. Okay? I'll say it one more time. These fingers are the transverse processes. We tested it. She goes further to the left, less far to the right. She's rotated a little bit to the left is what that means. So, to straighten that, I'm going to get a grip that has front here, back here and just wait for that vertebrae to drift back to neutral. I'll show you what that grip looks like. I'm going to have to – I'll show it on both sides. I'll show you the way I'm going to use to correct it first. You got to see it and get a good view. So, my thumb is just behind the transverse process of the vertebrae. Feel free to come around. In fact, do this with a neighbor. Kind of reach over and find the neighbor's transverse process just below their mastoid process and then you're going to slip over to the posterior aspect of that transverse process. So, I'm just behind it. That's the place I'm pressing with my thumb to allow that to drift forward. Now, if my hand is big enough at the same time, I'm wrapping around with the middle finger and getting in front of the transverse process on the other side. Yeah. Not everyone's hands are able to do it in everyone's neck. That's fine. That's fine. You can do it more at a time too. So, I'll show you first of all the one-handed technique and then I'll show you two-handed technique.

Female: With the one-handed, do we need to be able to reach both?

Til: Yeah.

Female: Okay.

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Til: Yeah. One-handed to reach both. Two-handed if you can't. So, first, the one-handed technique. My thumb is right behind the bony bump of the left TP. My fingers have reached around down there gently nudging the bony bump of the right TP posterior and I just wait. Is that okay?

Steph: Uh-huh.

Til: Is that gentle enough?

Steph: It's intense but it's good.

Til: Okay.

Steph: It feels like your finger is coming out of my eyeball.

Til: Feels like my finger is coming out of your eyeball. Great. I assume that's a good thing.

Steph: Yeah.

Til: Okay.

Steph: Excellent.

Male: Til?

Til: Yeah?

Male: Are doing anything with your right hand or are you just trying to stabilize the head in a straight position or are you going to counter-rotate?

Til: That's a good question. The question is am I doing – if I'm doing a kind of counter-rotation with the right hand. Not really. I'm adjusting the head so that it's in a neutral

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>position so that that C1 is free to float and adjust in relationship to C2.</p> <p>Male: Is your finger on the other side the same as where the thumb is?</p> <p>Til: It's in the front of the TP. It's in the front of the TP. So, I'm pushing and pulling at the same time. Yeah.</p> <p>Male: The skeleton.</p> <p>Til: Yeah. The skeleton will be great.</p> <p>Female: Okay, so that the thumb – the left thumb...</p> <p>Til: Belinda can we get the – the one without the skull on it. That one will be easier. Or it doesn't have an atlas? Or it doesn't have a C1, does it? I'm sorry. You have the right one there. Yeah. Okay, <i>I want you to wait there</i>, Steph. So, TP is here. Behind the left, in front of the right and I just wait. This hand is getting to neutral, so it's free and after a while, it just starts to drift and straighten out.</p> <p>Female: And you're using light pressure?</p> <p>Steph: No.</p> <p>Til: But not too much. I'm really checking it about it. It's the boat away from the dock principle. I want that boat to know what I'm thinking of but it's not going to do me any good to huff and puff and heave at it because it's got to go at its own speed. So, I lean on it and let it drift when it does.</p> <p>Female: But you're really stabilizing the head with your other hand?</p> <p>Til: I'm destabilizing – destabilize is the term. Neutralizing is not a very good term either. I'm – what?</p>
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Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Female: You kind of let it float?

Til: Yeah. Just kind of letting it float in relationship to the rest of the neck so that that atlas can be free. It's kind of taking the way to – like the unwinding we were doing in a way. Is that concept clear?

Female: Uh-huh.

Til: All right.

Male: *Is it with easier indirect release* [indiscernible]?

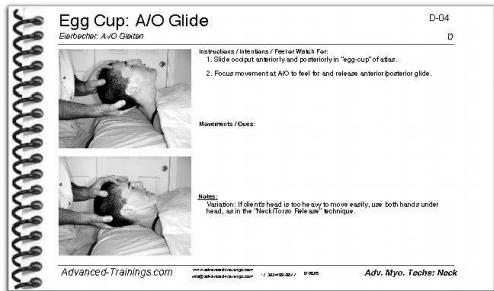
Til: Yeah. Let's get to that but first I just want to show you how in some cases it will be easier to rotate the head to hold it and set the head down in your grip. All that's fine as long as you're pushing in the places you want to be pushing that. You can release it in a rotated position if that's more comfortable for your hand and *set it in here*. I can kind of tune the head to get the freest possible release of C1. Now, the two-handed technique if it's just my hand is not big enough, I'm going to get behind the TP in the same way on the left and I'll just use the fingertips of the other hand to get in front of the TP on the right. And so, this hand is encouraging the drop that way. This thumb is encouraging them to go this way. I don't get to tune the head quite as well but that's all right. I can support it with my wrists or palms. Okay. There's the two-handed version. Now, you asked about the indirect option. We'll get to that after we retest because once we get some degree of release, I'm going to just recheck that. Yeah. There it goes. So, there's the drift we're looking for. Feeling okay?

Steph: Uh-huh.

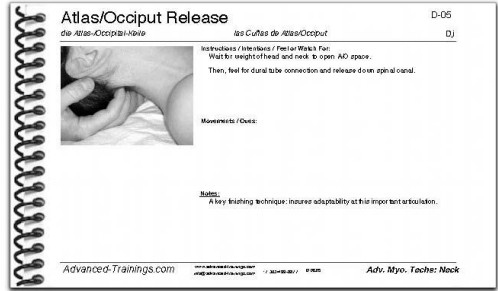
Til: Okay, great. So, we got some bit of drift and now we recheck. Nice. It goes even farther now to the left. Let's see with the right. Yeah. So, we got an easier and farther reach to the right too. Does that feel different, Steph?

Transcript: 'NECK, JAW & HEAD' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>Steph: Uh-huh. It does.</p> <p>Til: Feeling is easier that way. There's still a touch there at the end but it goes quite a bit farther before we get to it.</p> <p>Steph: It's not as painful.</p> <p>Til: Not as painful either. Okay. All right. Okay so far?</p> <p>Female: Uh-huh.</p> <p>Til: Now, the indirect release, we would just do the opposite. If we rechecked and it wasn't better, then we would do the opposite. Still direct pressure but taking it further into the pattern as opposed to trying to take it out of the pattern and sometimes that will get it if the direct technique doesn't. Okay. Good with that? Great because that – oh, okay.</p> <p>Jeremiah: I apologize.</p> <p>Til: I thought we were done.</p> <p>Jeremiah: Yeah.</p> <p>Til: This <i>astounds</i> people.</p> <p>Jeremiah: Would you know which side to do it on? Can you just review that one more time?</p> <p>Til: Yeah. Yeah. That's the part where it gets confusing. Here's what I would suggest. Avoid using the words left and right to yourself because you'll start to mix yourself up by getting if it's left and then that's right and then you do that. No. It's pretty simple. Watch what happens. It'll just going to go farther to one side. That side is going to be posterior, yeah, because it's already going that way. The TP is going to be posterior on the side that it goes farther to. That's the one you get behind and push it anterior. Okay? Does that help?</p>
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	<p>Jeremiah?</p> <p>Jeremiah: Yeah.</p> <p>Til: And we'll <i>get everyone to come around and</i> help at the tables if it gets confusing.</p>
 The image shows a spiral-bound notebook page titled "Egg Cup: A/O Glide" with the page number "D-04" in the top right corner. The page contains handwritten notes and two photographs. The notes include "Instructions / Interventions / Pre- or Post-Workout:", "1. Glide occiput anteriorly and posteriorly in 'egg cup' of atlas.", "2. Focus movement at A/O to feel for and release anterior posterior glide.", "Movements / Goals:", "Notes:", and "Variation: If clients head is too heavy to move easily, use both hands under head, as in the 'Neck/Groin Release' technique." The photographs show a person's head being supported by hands in a way that demonstrates the "egg cup" technique. The page is from "Advanced-Trainings.com" and "Adv. Myo. Techn. Neck".	<p>D-04 Egg Cup: A/O Glide</p> <p>Til: The Egg Cup Technique checks glide of the occiput in the ring of the atlas and it's on page D-04. We just checked movement of the atlas on the axis. Now, were checking glide of the occiput in the atlas. My grip is like this underneath her head where her spine is between my fingers, so I go the entire head in my hand. With good body mechanics, I'm going to take her head into extension to glide it this way, then I take it into flexion to glide it that way. The image is sliding an egg in its cup. Okay?</p> <p>Female: You would start with the extension?</p> <p>Til: Usually, from the neutral, you got to lift the head since we're on the table. So, there's the glide into extension. You can see I actually lift the neck a little bit to get it all the way back into that full range of extension and then I glide it into flexion and there I actually drop the neck to take it all the way to the end range. So, it looks like that and you'll feel one direction is often easy than the other or you feel little areas that catch.</p> <p>Steph: Crunchy.</p> <p>Til: Crunchy on your side. You can just gently let them glide through. That's the glide we're thinking of. We're polishing those joints. We're gently polishing the egg in the cup. So, it makes it easier to say yes in life.</p> <p>Female: My children will be happy.</p> <p>Til: You're children will be happy. You can say yes. The answer is no. And I'm just feeling and gliding the egg in the cup. Now, if someone has an extra heavy head, you know or you</p>

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	<p>haven't been doing your curls, it actually doesn't take a lot of strength once you get lined up. But if it's just too hard to do, I'll show you the two-handed version as well, where I'll stand up and use this grip. Similar to what we use for the neck-torso release but not it's up under the head. So, this turns right at the atlas-occiput. And then I'll just use two-hands to take her through that range too. The point – the work really happens at the range and take her all the way into extension and all the way into flexion. Questions? Okay.</p>
 <p>The screenshot shows a document titled 'Atlas/Occiput Release' with the code 'D-05' in the top right corner. Below the title, there are two lines of text: 'die Atlas-/Occiput-Release' and 'les Coudes de l'Atlas/Occiput'. A small diagram on the left shows a person's head and neck being supported by hands. To the right of the diagram, there are instructions in English: 'Instructions / Instructions / Further Work: For: Wait for weight of head and neck to open A/O space. Then, feel for dural tube connection and release down spinal canal.' Below this, there is a section for 'Movements / Ours:' and a 'Notes:' section which states: 'A key finishing technique: insured adaptability to the upper neck articulation.' At the bottom, there is a footer with 'Advanced-Trainings.com', a small logo, and 'Adv. Myo. Techn: Neck'.</p>	<h3>D-05 Atlas/Occiput Release</h3> <p>Til: Then the Atlas/Occiput Release, Atlas/Occiput Wedge Technique. Let me grab my skeleton. I'm going to work up under occiput right where it meets the atlas. Like that. So, a lot like the wedge technique we did on the cervicals in the B sequence yesterday.</p> <p>Male: Is it like the still point of craniosacral <i>too</i>?</p> <p>Til: No. It's different than the still point in craniosacral but this move is using craniosacral work, the wedge idea, where I'm just going to let the weight of her head settle down under my fingers. Once that space is opened up, then I can use the occiput as a gentle handle to tug down the dural tube and feel for restrictions. So, right up under the occiput both sides and just let that settle and sink. Our purpose for right here is just triple checking that the A/O is free at the end of our work with the body as well as getting specific now for restrictions down the dural tube.</p> <p>Female: So, you're not lifting her into – her head up off the table at all <i>then clearly</i>?</p> <p>Til: Just to get positioned. I lift her head off the table to get positioned but not the...</p> <p>Female: Not any extension of your fingers?</p> <p>Til: No. It's not – yeah, it's not an extension of the neck move. It's actually waiting for flexion to happen. Waiting for that opening to happen there. There it goes. And there's a little more. Nice. So, she's settling down on to my fingers just letting her head go from her atlas. Once I have that – once we open up that joint a little bit, I can use the occiput by</p>

applying a little bit of traction with my fingertips to feel down into that central canal to feel how – it's the ligaments there that we saw the pictures of and including the dural tube, the tectorium, all those – posterior longitudinal ligaments, all those things there still might be restricted and subtle angle changes like we do with the towel but now we're getting super specific because we have that occiput right in our hands. And when you find the restriction, you just wait. You lean back on it and just wait for it to decide to let go.

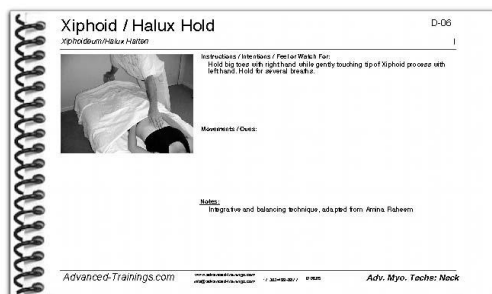
Female: And you're applying how much pressure? Is it mainly just from our head – from her head?

Til: The question is am I applying pressure? I was lifting initially to wait for that joint to open. Now that it's open, I'm tractioning back towards me and there's some pressure. Yeah. I'm using pressure. Are you okay?

Steph: Uh-huh.

Til: Great.

Steph: Great.



D-06 Xiphoid/Hallux Hold

Til: Finishing this D sequence, we're going to use the technique called – what? What's it called?

Students: Xiphoid/Hallux Hold.

Til: Xiphoid/Hallux Hold. This comes from Jin Shin Jyutsu. It's an energetic model, where in their model, it's important to use the left hand at the top of the body. I'm going to use the middle finger of my left hand to gently contact the xiphoid process which is the bony projection at the base of the sternum and with the right hand, I'm going to hold the hallux or the hallux or the big toes, both of them. This polarity of the left hand is matching the – or complementing the polarity of her upper body. My right hand, the polarity of her lower

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	<p>body. The structural explanation for this could be something to do with the way that the xiphoid process is like the coccyx of the front. It's the bony projection at the bottom of the sternum. It's responsible for the anterior attachment of a horizontal membrane, the respiratory diaphragm, like the coccyx is for the pelvic floor. While the hallux – the hallucis, the big toes are like the heel of the front. They give us our front dimension of support. So, connecting these two things in her kinesthetic experience gives a sense of grounding connection or completion. We're doing a lot of work up at the upper end of the body in this workshop. This is the way to make sure that we have a lower end too, feel all the way down to the ground. And I'm not doing anything. I'm not like rocking or pulsing. I'm just connecting and that lights it up in her kinesthetic awareness and then the energetic model completes the circuit and balances things too. Any questions?</p> <p>Female: Yeah. What if a person's xiphoid process was broken off at some point? I mean, do you just...</p> <p>Til: What if the xiphoid process...</p> <p>Female: ...act like it's there?</p> <p>Til: Yeah.</p> <p>Female: Okay.</p> <p>Til: I probably would. Or you act like it's there. Probably be gentle I suppose. It might be sensitive.</p> <p>Female: Uh-huh.</p> <p>Til: Yeah. Anything else? Okay. Great. Let's let you go practice.</p>
	<p>Supplemental Techniques</p> <p>Til: How do we choose?</p>

Female: Yeah. Because I use those quite a bit...

Til: Yeah.

Female: ...so you just pick.

Til: I use the supplemental ones all the time. It's not because they're less good. It's just we're trying to get a sequence that has a logic in and of itself.

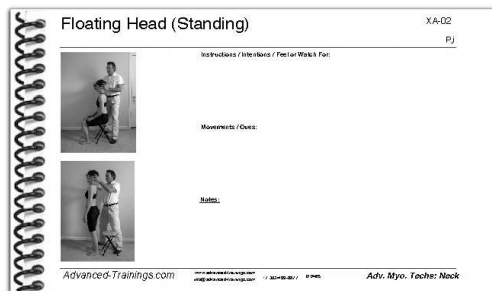
Female: Okay.

Til: And it fits in the time that you have to practice more or less but you don't have to leave out too many of them.

Female: Okay.

Til: And we found that those are the ones that people don't get time for a lot of times and just always refining the sequences in essence. It's not because the technique's anything about them. This is more about how they fit in the time we have and the logic.

Female: Okay.



XA-02 Floating Head (Standing)

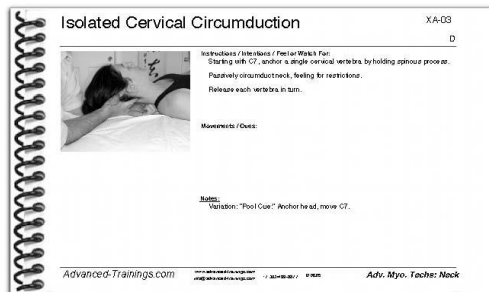
Til: The Floating the Head Standing Technique involves just taking the weight of our client's head. I have a hold of her occiput. I have a hold of her forehead. That allows me to take the weight in the way that she doesn't have to work so hard. The purpose of this technique is to give her a different sense of how to support the head and the experiences we're going to see, the experience of standing up while leaving the head and neck released. But this first phase involves gentle movements of the head just to check in different directions to see, is the head released? Is she able to give it to me? This takes some time. You can spend a minute or 2 just with this phase. So, these little movements, checking by

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	<p>going forward. Yeah, Lori, you're doing great but you just let your head fall into my hand there. That's it. That's it. That's great. Fantastic. That's great. It's a challenge to sit up and yet not hold your head up.</p> <p>Lori: Uh-huh.</p> <p>Til: You're doing really – you're doing really well. Did that feel clear to you?</p> <p>Lori: Uh-huh.</p> <p>Til: Now, the next step would be to very slowly stand up except that as you go – yeah, right there. Even when I said that, you started to get tight a little bit.</p> <p>Lori: Uh-huh. Just thinking about it.</p> <p>Til: So, go slow enough that you can feel when you clutch your head again, when you hold on to the head. Take your time. I'll be right there. Let the head go. It's possible to stand up without having to tighten the head and neck to let me hold it with you. There you go. Take a second. You really let that release. Breathing. And it's easy. These little movements under are just little reminders to her to let it go, to let the head be heavy. Go slow as you need to. You're doing great. You're actually doing great. Okay. But right there, did you feel that?</p> <p>Lori: Uh-huh.</p> <p>Til: This conversation we're having too is crucial. Just pointing out to her what I feel, getting agreement from her that she feels it. This is an educational technique. It's helping her feel new ways to move just as an experiment.</p> <p>Lori: As soon as my attention goes to my feet, I might forget about my head.</p> <p>Til: As soon as your attention goes to your feet, you forgot about letting your head go.</p>
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	<p>Lori: Uh-huh.</p> <p>Til: But you're doing great. So, it's – yeah, it's a split attention. Letting the head go while using your legs and feet to stand up. Fantastic. You're doing great. Very nice. And then I'll slowly give you your head back. Great. And then you can take a little walk and feel what that's like.</p> <p>Lori: Okay.</p> <p>Til: Okay.</p> <p>Lori: Yeah. A floating head.</p> <p>Til: That's right. I want that all the time. I want someone to be walking around with me holding my head up.</p> <p>Lori: This is great.</p> <p>Til: Okay.</p> <p>Lori: Okay.</p> <p>Til: Fantastic. Have a seat. We'll do the next one too.</p>
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XA-03 Isolated Cervical Circumduction

Til: What's the technique number again? It's the...

Male: 3.

Til: X...

Male: XA...

Til: XA-03. The...

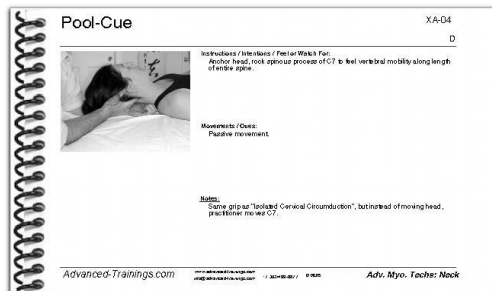
Female: Isolated Cervical...

Til: ...Isolated Cervical circumduction. Thanks. This is called X because it's an extra or supplemental technique, A because it could be added to the A sequence. It begins by me stabilizing the spinous process of C7, T1 with this kind of grip from underneath. Hands just relaxed on the table. Once that's stable, the circumduction part is just taking your head and neck through a full range of motion feeling between my two hands. Feeling how does the lower hand relate to the upper hand and I'll feel places along the way where there's a catch or a pull and I'll spend a little bit of time there, essentially the isolating that circumduction right above this joint that I'm anchoring with the lower hand. If someone's head and neck is really difficult to lift, make sure that you're using the table to full advantage with your elbow. Doing okay there?

Lori: Yeah.

Til: There was a little spot there. I can also work up the neck bit by bit. Take a little bit higher grip. It's harder to get the spinous processes the farther up the neck you move but I'm taking whichever ones I can get and just isolating the circumduction right there at the edge. This is really useful for freeing up the base of the neck.

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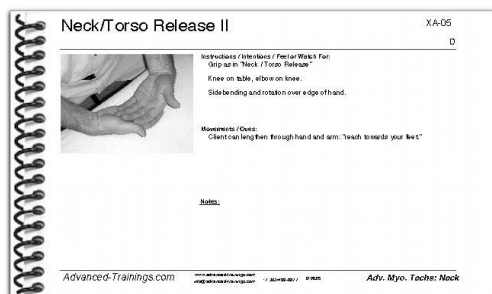


XA-04 Pool-Cue

Til: The Pool-Cue. XA-04, is it?

Male: Yes.

Til: XA-04. The Pool-Cue is a variation of the isolated cervical circumduction where I'm using the same grip but instead of stabilizing the neck and moving the head, I'm stabilizing the head and moving the neck. So, I'm just checking for mobility at C7-T1. Pool-Cue, this was Dub Leigh's term for this technique and he'd – I don't know who plays pool like that anymore if anybody does but that was his – this is like the bridge on a cue. The pool cue being the spine and we'll shake the cue to feel the connections and the movement all the way down the spine and just free up and mobilize that base of the neck.



XA-05 Neck/Torso Release II

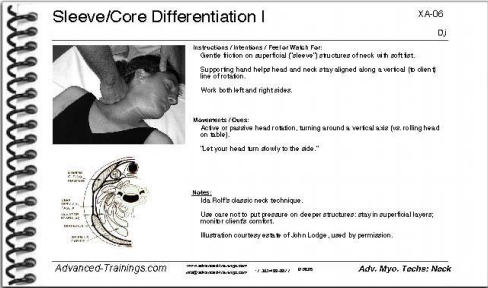
Til: XA-05, Neck/Torso Release variation II. Great for people with heavy heads or when you need a little bit more specific work. If you remember the neck-torso release used to grip like this under the neck and we would use that crank-handle motion to fill the articulation of the cervicals and the torso. Here in this variation, bring your knee up on the table with your elbow on the knee. That allows us just a little more leverage for that motion and also allows us here on the edge of this hand to use that as a fulcrum for gentle sidebending almost like the translation move, where we take the neck into sidebending to free up some of the translation. This could be a variation used there too for a stubborn spot. How are we doing there, Lori?

Lori: Good.

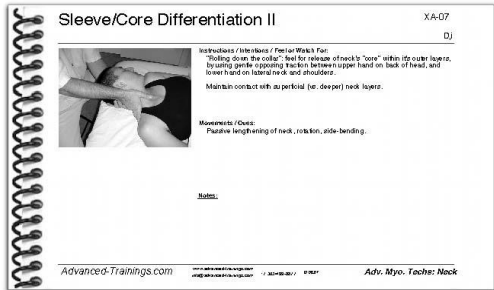
Male: So, you're saying that you have more torque *in this*?

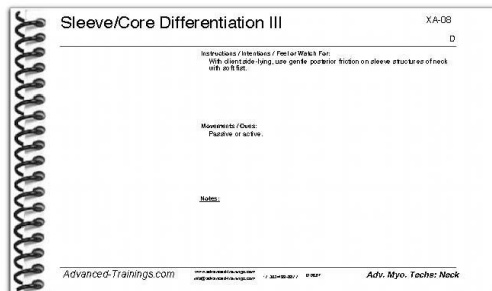
Til: You have more leverage. Yeah. There's more leverage because I got my elbow on my knee in this position. And then translation, we use our fingertips. Yeah. So, this one I got the whole edge, kind of a knife edge with my hand there to bend around and sometimes in

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	<p>the base of the cervicals, it takes that <i>if they're</i> so stout. Now to show it on the other side. Knife edge of the hand...</p> <p>Male: When you say the knife edge of your hand, Til...</p> <p>Til: This part. Yeah.</p> <p>Male: <i>Right in there.</i></p> <p>Til: This part. The knife edge of the hand. Yeah.</p> <p>Male: <i>Inside knife.</i></p> <p>Til: It's a friendly knife edge. All right. Questions? Okay.</p>
	<p>XA-06 Sleeve/Core Differentiation I</p> <p>Til: We're doing technique that's numbered XA-06, the Core/Sleeve Differentiation variation I. This is a great finishing move. Ida Rolf did it after most of her sessions with her clients as a way to make sure the neck was adaptable. It's also a great preparatory move because it helps make sure the sleeve of the neck is free which is really how we begin our neck sequence. So, using a soft fist, not a closed fist but an open fist, very gently with the knuckles, I catch these outer layers. I'll show this side and then I'll do the other side first. I catch these outer layers about the level of sternocleidomastoid and you go ahead and gently rotate to the left, Lori. That's great. Pressure okay?</p> <p>Lori: Yeah. It feels good.</p> <p>Til: Feels good she says. Now, I'm careful not to put any pressure on the deeper neck structures. I'm really thinking superficial. My left hand here is coaching her head to stay on her vertical axis. So, she's rotating rather than rolling. Meanwhile, the outer layers are melting out from under my soft fist of my right hand. It's a lot like tucking the collar back behind the neck. So, I'll do it on the other side, so you can see this way too. So, beginning in</p>

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	<p>the neutral position, soft fist catching the outer layers of the neck, sternocleidomastoid and even more superficial, no deeper than that. Okay, let's start over there because we're working a little harder than we need to. Is that okay?</p> <p>Lori: Uh-huh.</p> <p>Til: Okay. So, great. Take your time now in turning to the right. Really staying on those outer layers as opposed to digging in and just letting her tissues melt out from underneath as she rotates. This can be done passively too. This can be done just as a passive move with her already in the rotated position. The active variation allows her to find the release in movement which is probably preferable. Any questions? Okay.</p>
	<p>XA-07 Sleeve/Core Differentiation II</p> <p>Til: XA-07 is a second variation on the Core/Sleeve Differentiation to the neck. Here, we are using a bit of traction to roll the collar down. So, as I roll her head to one side, I use this edge of the hand to feel these outer layers and encourage some release in this direction as the underneath hand lengthens the neck out from below. It's a lot like helping a turtle takes its head out of the shell.</p> <p>Male: And are you tractioning with the lower hand?</p> <p>Til: I'm tractioning with that lower hand. Exactly. But I'm really thinking outer layers. Really thinking outer layers as opposed to deep. And the pace is slow enough to allow those outer layers to release and let go. This is all in service of preparation for deeper work or to spring up the base and the outer layers of the neck as we're doing in the first sequence.</p>



XA-08 Sleeve/Core Differentiation III

Til: XA-08. We're looking at a third variation on Core/Sleeve. Here, we'll show it in a side-lying position, so a sequence where you have them on their side. Anyway, it's another way to accomplish a similar goal, where I use the soft fist to catch these outer layers and then, Lori, you look up toward the ceiling. Turn your head this way and now turn back to neutral. Again, my upper hand is coaching her to stay on the midline. You can even turn down toward the floor a little bit. Okay. Let that go. Yeah. So, come back up toward the ceiling and then back to neutral and just a tiny bit toward the floor. You don't have to lift your head even. Just it's almost like looking with your eyes toward the floor more than anything. I might do a couple of passes here, one lower under the levator and the other one up under the occiput to get these outer layers of the neck.

Male: Can I see that from the other side too?

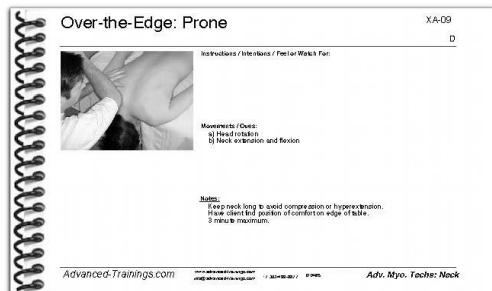
Til: Yeah, you bet. Variation III on Core/Sleeve Differentiation. This time from the other side. So, go ahead and turn up toward the ceiling and now back to neutral.

Male: is there any pressure towards her sleeve?

Til: Not so much. I mean, here where I'm doing levator, yeah, there's little angling down toward the feet but it's mostly just that outer layers again like the turtleneck collar or the turtleneck back. Well, we really thinned out the crowd. You guys are the diehards who stick around. How are you doing?

Lori: Good. We go through the same movements as you move up my neck.

Til: Yeah. Same movements as we move up the neck. All right.



XA-09 Over-the-Edge: Prone

Til: So, the Over-the-Edge Technique. What's our page number on that?

Male: XA-09.

Til: XA-09. A way to balance the superficial release that we do with the front of the neck and a lot of the A sequence with some more release along the back side of the neck. It's also a way to work with spinal kyphosis, say, when the upper back is in a curved position or upper back stress or thick tissue, say, around the – a kind of Dowager's hump situation. So, Lori, why don't you come and just kind of drape yourself over the edge of the table here and you find a place that you're comfortable. Your arms are going to be up on the table. Is that going to be okay for a couple of minutes?

Lori: Uh-huh. Yeah.

Til: Try one more inch because it looks like your chin's...

Lori: One more?

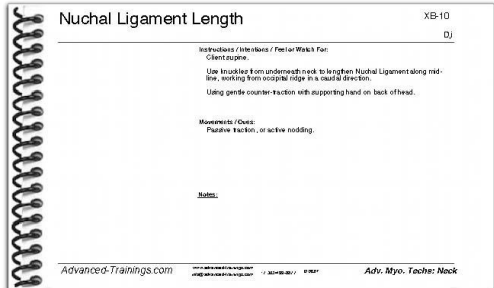
Til: ...hitting the edge of the table there.

Lori: Okay.

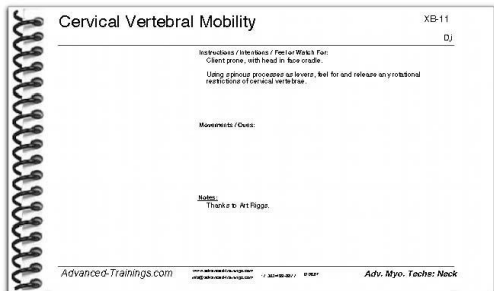
Til: We don't want that. Is that still okay?

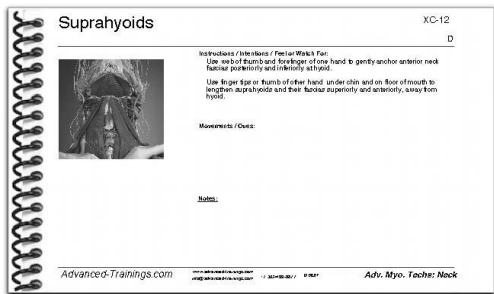
Lori: Yeah, that's good.

Til: Great. So, the tool I use is my forearm, flat of the ulna again and I'm thinking superficial. I'm not trying to dig down into ribs or even necessarily deep into erectors. I'm really feeling outer layers of the back. Big flat of the arm catching those broad surface areas and releasing them this way. Now, Lori, you can lift your head a little bit and drop your head. So, that's the active movement involved. That allows the tissues to slide under my

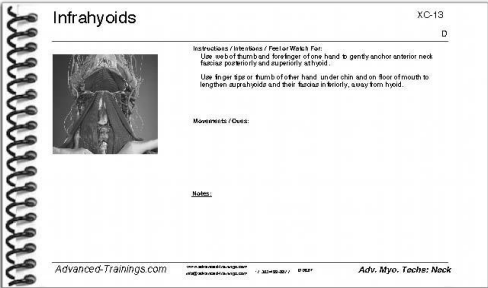
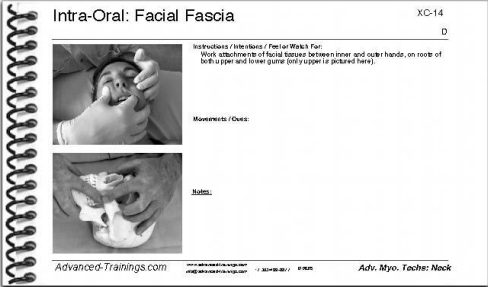
	<p>grip on the ulna.</p> <p>Male: So, your force <i>aimed like</i> towards the feet?</p> <p>Til: My direction is towards her feet, towards her sacrum, staying real superficial. Yeah. In this case, my angle is upward on her body. Come on up again and down. Yeah. And then, Lori, you can also do some rotation with your head hanging. Let your head go and just left and right. Just a way to unscrew the head and neck from all of this upper back and shoulder restrictions. Now, you don't want to leave people here too long because their head starts to get full. It's probably contraindicated in high blood pressure, situations of glaucoma or situations where you don't want a lot of pressure in the head or the eyes but most people are fine here for 3 to 4 minutes max. Okay. Then you come back down onto the table.</p>
	<p>XB-10 Nuchal Ligament Length</p> <p>Til: XB-10 the Nuchal Ligament Length. The nuchal ligament is responsible for maintaining the head in a little bit of extension. So, if there's a problem with flexion, the nuchal ligament could be part of that. So, to work that, if there's a shortened posterior compartment, lifting the head using the knuckle very gently right up under the occiput into that nuchal ligament and then a bit of traction with my other hand to drag that ligament past the static knuckle from underneath. You're doing okay?</p> <p>Lori: Yeah.</p> <p>Til: Since it's right over the spinous processes, we're not, you know, bumping over the speed bumps of the spinous process as much as we're staying in the ligamentous layer right over them. And you can probably accentuate this with a little bit of nodding. There you go. Even smaller will be all right. There you go.</p> <p>Male: Are you providing any traction?</p> <p>Til: I'm providing significant traction there with that right hand.</p>

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	<p>Male: <i>Are you using it around that space?</i></p> <p>Til: I have the knuckle – my knuckle underneath her nuchal ligament and just working between the two this way.</p> <p>Male: Oh, okay. Like that.</p> <p>Til: It's this knuckle. Yeah. First knuckle.</p>
	<p>XB-11 Cervical Vertebral Mobility</p> <p>Til: So, it's XB-11, Cervical...</p> <p>Male: Vertebral...</p> <p>Til: ...Vertebral Mobility. Thank you. Here, we're using the prone position to be able to feel the relationship between the different neck vertebrae. So, I'm using my fingers here to get as specific as I can onto the spinous processes of the cervical vertebrae and checking their side-to-side mobility. So, essentially checking the rotation. So, here for instance, these move easier in this direction and harder in this direction. So, I'm going to stabilize with my left hand and use the right hand to take things farther in this direction which is a left rotation. I have the spinous processes between my fingers. We're going to show this on the skeleton too. But it's checking the mobility between each vertebrae using the spinous processes as levers. I'm thinking about the angle of the multifidus and the rotatores too. They're like angled downwards like a Christmas tree, where when one side is tighter than the other, they'll inhibit rotation to the opposite side. And in this case, it's mostly on the left that we're finding the inhibition. Is that okay, Lori?</p> <p>Lori: Okay.</p> <p>Til: Is that what you're feeling too?</p> <p>Lori: Yeah.</p>

	<p>Til: This is harder than that way?</p> <p>Lori: Yeah.</p> <p>Til: All right. So, the left hand stabilizes in this case above C6. Right hand has got a hold of C5 or so and just encouraging it to rotate to the left. A great way to complement the techniques in the B sequence. We're working with the core of the neck. Shall we – you stay there, Lori, and we'll show that with spine real quickly. We can just use the same positions and get – catch those detailed shots here. So, here, I'm taking one vertebrae and really testing it and feeling. Lori's restrictions were in this direction. We're stabilizing below and encouraging these guys to release posteriorly. Really just that kind of amount of work down at the level of individual segments. Okay? You got it?</p>
	<p>XC-12 Suprahyoids</p> <p>Til: So, XC-12, a supplemental technique for the C sequence is the Suprahyoids, where I'm going to use the web of my left hand to gently stabilize right about the level of the hyoid bone. Is that comfortable there? So, I'm thinking superficial layer just floor of the mouth and then I use my fingertips of the right hand to coax that whole area open, so like the fold of the chin as it were. So, I'm coaxing the tissue of the floor of the mouth anterior off of the hyoid while the left hand, the web of the fingers on the left hand is stabilizing the hyoid in the other direction. This is a similar territory that we worked on the anterior digastric technique but I'm thinking more globally here. I'm thinking of large superficial layers and the floor of the mouth in a larger more general sense both left and right sides working between the hands stabilizing the hyoids with the fingers of the other hand. Comfortable? It's okay?</p> <p>Lori: Yes.</p> <p>Til: All right.</p> <p>Lori: Feels good.</p>

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	<p>Til: It actually feels good.</p> <p>Lori: Actually feels good.</p> <p>Til: Actually feels good. That's great.</p> <p>Lori: That's fortunate, I'm receiving it.</p> <p>Til: Me too.</p>
	<p>XC-13 Infrahyoids</p> <p>Til: XC-13, the Infrahyoids. I use the same tools with the suprahyoids, the web of the first finger and thumb. Just gently stabilize the hyoid bone and then use the fingers of the other hand to coax those infrahyoids and the superficial tissues around them inferiorly towards your feet. This is a way to get very specific. You let the back of your neck go too, Lori. You just – yeah, that's it. And you can play with gentle jaw protrusion. It's sliding your jaw forward. There you go. And letting that go. All – the indications for this would be, say, the vocal restriction we worked with as well as jaw issues. A lot of times these superficial layers of the anterior neck can be a big piece of jaw pain, jaw movement restrictions and then I would repeat this, of course, on the other side.</p>
	<p>XC-14 Intra-Oral: Facial Fascia</p> <p>Til: XC-14, Facial Fascia. This is the place the fascia – especially the lower of the half of the face -- connects with the skull. So, I'll show you first on the skeleton and then we'll show on Lori. I'm going to bring my finger inside her mouth between her cheek and gums and just use the fingertips right up where the cheek meets the skull both from inside and outside and feel that juncture all the way from the midline back feeling for any restrictions or scarring. This is a site where people who've had a lot of dentistry, dental work get adhesions, restrictions, little tight nodules. It could be from the injections. Who knows? Also, facial strain, habitual facial patterns which will appear as tight tissue. So, with my</p>

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fingertips just feeling for those and gentle steady pressure to melt them, I'm going to do that both on the upper jaw and then under the lower lip. With the other hand, I'll do that same thing here bit by bit all the way back as far as it's comfortable there. And I need to put on a glove. It's supposed to be medium. Okay.

Lori: *Can you find that?*

Til: Yeah. Yeah. So, going between the cheek and the gum on the upper side, go ahead and open your jaw and then let your jaw close. And this, all the considerations about working inside the mouth that we said before apply here too, where her mouth is even more sensitive than my hands. So, I go very slowly. Again, working that – is that okay there?

Lori: Uh-huh. Yes, I can feel it.

Til: You can feel that?

Lori: Uh-huh.

Male: And are you working your two fingers together?

Til: Yeah.

Male: Okay.

Til: Well, I'm working my two fingers together. That was the question. I'm also using the skull to work against. So, I feel like there's a couple of – yeah, there's a couple of a little...

Male: That underside.

Til: ...thickenings here. So, I got the skull underneath and I got the two fingers with that facial layer between them. In between those three surfaces, I'm working these restrictions.

Male: So, your hand with the glove is actually working up and down?

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Til: The hand with the glove is working up under the cheek. The outer finger tends to work downwards over that finger. So, that's how I work the upper jaw. I'll go ahead and switch gloves and wash my hands. Yeah. It's just like beaming information in the brains. This is an intermediary step or two.

Male: Yeah.

Til: Are you guys ready?

Male: Yeah.

Til: So, if you go ahead and open, I'll do the lower – okay, let your jaw close. So, here, it's – my hand is relaxed and sensitive. I'm working that outer layer between the jaw and the finger, working from the midline back bit by bit checking to see, is that lower attachment of the cheek also the margin there, is it free or are there restrictions? And there, we're getting back into a little bit there. Yeah.

Lori: Uh-huh.

Til: Although not as much as the upper. How are you doing there, Lori?

Lori: Huh, good. It's tender but it's okay.

Til: It's tender. Okay. Everything in the mouth is in slow motion and it's just remembering all the time, she's got even more sensitivity there than I do. All the way back to the masseter.

Lori: Yeah. That's neat. So, what is that – when is that indicated?

Til: Facial tension.

Lori: Uh-huh.

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Til: Jaw tension.

Lori: Uh-huh.

Til: Dentistry.

Lori: Uh-huh.

Til: Any of those kind of things.

Lori: TMJ.

Til: TMJ. Absolutely. Yeah.

Lori: Yeah, wow.

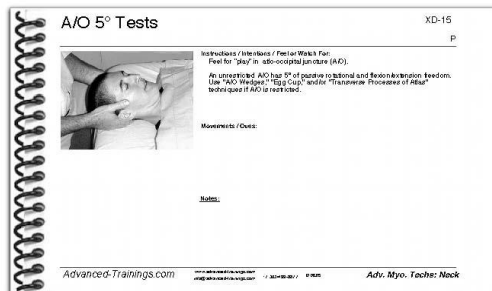
Til: It's a repetitive strain syndrome from a lot of talking.

Lori: Yeah.

Til: Like the workshop. *I'm using* the workshop all weekend. Okay.

Lori: Chewing gum.

Til: Chewing gum, right.

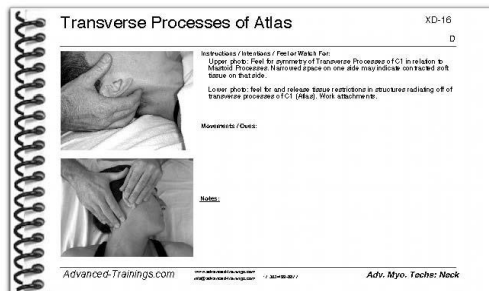


XD-15 A/O 5-Degree Tests

Til: Page XD-15, A/O 5-Degree Tests. The atlas and occiput will have 5 degrees more or less movement, free play in them in every direction. Rotation, flexion, extension. This technique, I'm just checking that little bit of free play right there by taking a hold of the atlas left and right to stabilize it and then just checking the movement of the head in relationship to the atlas. Now, Lori, there's not so much movement here in rotation right there. It's not much but you do want a little bit of wiggle in the head before the transverse processes wiggle, the same with flexion and extension. There is obviously more flexion-extension possible in 5 degrees at the atlas-occiput but I'm monitoring what happens at the atlas when I move the head in a little bit of flexion-extension. I want a little bit of movement of the head before the atlas moves both flexion-extension and rotation. And because there's less than 5 degrees, there's almost no movement of the head without movement of the atlas in Lori, I would use another technique to free that joint out. Any guesses what technique you might use? It's right there in your notes, actually.

Male: The wedges?

Til: The wedges. Probably, the wedges technique right up under the occiput to free that relationship between atlas and occiput and then I would use this test to recheck and see, is there enough freedom? Any questions? I can show the grip to the camera on that spine. Yeah. So, here, I have the atlas in between my two hands. I'm monitoring those transverse processes. They can be located just inferior and a little bit anterior of the mastoid processes. And then I move the head to feel does the head move without the atlas and there should be just a tiny bit of wiggle between the two. And if there's not, it's probably the suboccipitals or the tectorium or different ligaments certainly involved in that but in any case, that wedge technique will help free whatever that restriction is both in rotation and a little bit of flexion and extension. Okay.

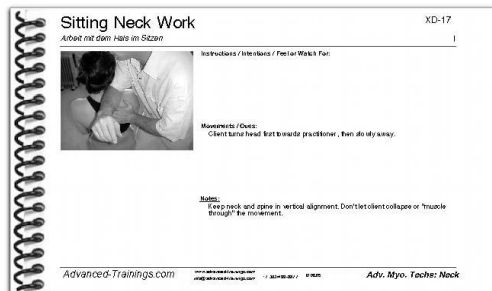


XD-16 Transverse Processes of Atlas

Til: XD-16 or working the Transverse Processes of the Atlas itself. So, to palpate them, we've done it a couple of times so far but just to review, mastoid processes, little bit inferior, little bit anterior, the bony bump surrounded by muscle right there. There are attachment points for muscles coming in several different directions. So, they're great – there's a great hub of a wheel or spokes going off in every direction that have effects that radiate out into every direction of the neck. So, the first step is to palpate the space on both sides bilaterally between the mastoid process and the TPs and feeling, are they symmetrical? Is there the same amount of space in the left and right side? So, I have one hand on the right and one hand on the left. And on Lori, it's a little more crowded on the right side. There's a little less space between that transverse process and the mastoid process. So, I'm going to turn your head and essentially use my fingertips to help clean off that TP just melting that tissue there that's filling up that space between the transverse process and the mastoid process. And I'm thinking of the arrangement, a lot like spokes of a wheel working in two directions. Of course I'm being careful not to press in to anything delicate. Here, underneath the ear, there's styloid process here, there's carotid artery, there's lots of things that we don't want to push on. Is that comfortable, Lori?

Lori: Yeah, that's very comfortable.

Til: It's very comfortable. Great. That means we're doing good. It is just feeling everything going off from that transverse process in each direction making sure that it's clear and free. And then we come back and recheck again both sides for symmetry. This could be a response due to the A/O 5-Degree Tests. If there's not that movement there, you might try this technique too *if you decide about* freeing up that relationship and that actually feels clearer. It's a little – it's more symmetrical. I can feel both of those TPs now a little more evenly.



XD-17 Sitting Neck Work

Til: Page XD-17, was it? This is the Seated Neck Work. This is a technique we'll use for integration after doing the other work that we've done on the table. This helps bridge that state from horizontal into the vertical and gives her a chance to feel how to move the head and neck in a released way to separate from these outer layers that I'm going to get hold of with my forearm. This is the tool I'm using. It's not the point of the elbow but it's just this flat of the ulna here and I'm steadying her with my hand so that when I apply pressure, it's not going to push her back. This is going to be the position. We did get her positioned out toward the front edge of the chair here as opposed to leaning back on the chair. If she's leaning back and I put pressure, you can imagine how that would tend to put pressure into the lumbar and she'd have to work to support that. With her in the seated position with feet on the floor, sitting on the edge of the chair, weight into her sit bones, I'm just going to catch these outer layers of trapezius, levator and gently encourage them toward the back. It's a lot like tucking a cape back behind her. Now, meanwhile, Lori, you keep your eyes about level with the horizon and look around to the right towards me. Pressure okay?

Lori: Uh-huh.

Til: That allows me to take up a little bit of slack in these outer layers.

Male: So, you pushed her *out of shape* a little, Til, and she [indiscernible] her feet more.

Til: Okay. Okay, let's start back to the center. Come on back to the middle, Lori.

Lori: Oh, sorry.

Til: So, we'll start with you – is that better?

Male: Yes.

Til: We'll start with you following the horizon around to the right with your eyes. That allows me to take up the slack here with my forearm. So, I got these layers now toward

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	<p>your back. Now follow the horizon onto your left. Meanwhile, I'm allowing these layers to slip slowly past my ulna but the release is happening in these outer layers as she turns toward the left. Yeah. On the other side. So, it's important that she stays on the vertical line as opposed to me pushing her off forward or back but that she finds that up and down balance. Come on to the left now. So, we start by taking up the slack. Pressure okay?</p> <p>Lori: Uh-huh.</p> <p>Til: And then you follow the horizon around to the right. That's great and back to the center. This is a technique I'll use after a session where there might be something unresolved in the neck or shoulders if we work the rest of the body. This is a way just to kind of bring things together and like I said, brings them in – it's an intermediary position between the lying down and the standing up.</p> <p>Lori: Yeah.</p> <p>Til: You're doing okay?</p> <p>Lori: Yeah, I'm doing great.</p> <p>Til: Okay. Thank you.</p> <p>Lori: Yeah.</p> <p>Til: That's great.</p>
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