

A-02 Stork Test: Back View (SI Freedom)

Til: Okay. So, Lori and I are going to do the Stork Test to begin with. In using the Stork Test, we can tell which of the sacroiliac joint might be restricted. We're going to start by checking the posterior superior iliac spines with my thumbs. I'm going to have her lift her knee and watch to see what motion happens. Normal motion will be a dropping of the spine. If that side – upper side of the SI joint is restricted, there might be a holding still or even a raising of that side of the pelvis. So, the first part looks like this. Okay. So, go ahead and lift your right knee and there's a slight dropping of that posterior spine and let's see what happens with your left knee. And that drops too. So, they're both fairly clear. Now, here we are at the end of the day after having worked all this, so hopefully we have them both balanced. Go ahead and lift your right one again. Now, the right one drops a little less. Show them the left one and see what that looks like. So, the left one actually drops more. And the right one again. Right one less. So, we're going to say that probably the upper right SI is a little more restricted than the upper left SI. Now, to check the lower horn of the SI joint, we're going to feel ischial – medial side of the ischial tuberosity. If you don't mind, hand me that sacrum...

Male: Yeah.

Til: ...around here. The pelvis rather. Here we go. We'll use this one. Where we were previously feeling these, now I'm going to feel her tuberosity and just feel the medial side and when she raises her knee, normal motion is a slight widening there as she raises. Okay. Is it okay if I feel your tuberosity there? So, here's the posterior part of the tuberosity. I come around just medial to it. So, I'm on the inside part and go ahead and bring your right knee up again. And here is a fairly clear widening on the side. So, although it's restricted on the upper part of the SI, it's widening in the lower part which means it's able to move. Let's check the other side. Okay. Come on up. And this one also widens. So, they're pretty clear. If she was restricted, you would feel a narrowing or a lack of widening as she brings the knee up. Okay. So, we're going to focus more of our work on this upper part of the SI when we get to the table and let's go ahead and go there.

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A-03 Leg Dangling

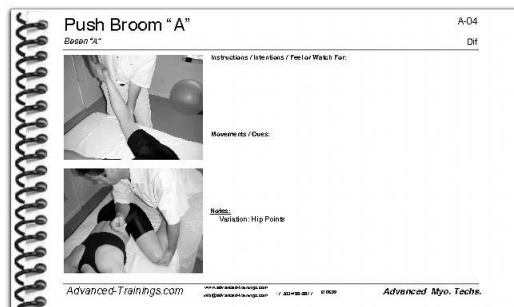
Til: So, page A-02 is Leg Dangling.

Male: Stork Test. A-03 is...

Til: Oh, A-03.

Male: ...Leg Dangling.

Til: Leg Dangling. Thanks. Here, we're checking to see if her leg is released? Is she able to let the leg go when I move it? And I'm just taking it barely off the table and a little bit of side-to-side motion helps me feel both the whole body but particularly the hip. Is her hip released or where is it tight if it's not released. There's a lot to this. Just letting the leg go is a huge event for most people. We're just letting the leg dangle. Requires breathing, some release. Now, what we're doing besides gathering information on my side, is preparing her for the deeper work by just reminding her body to let her leg go.



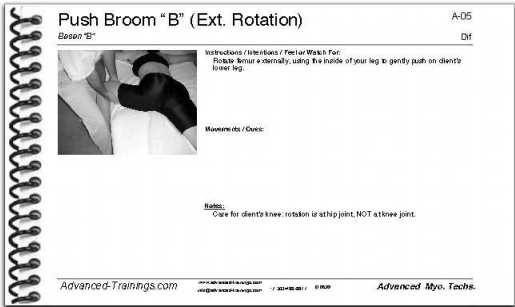
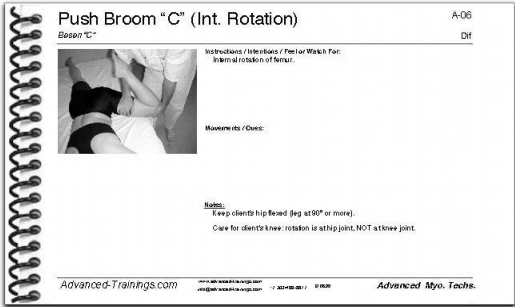
A-04 Push Broom "A"

Til: The next one, A...

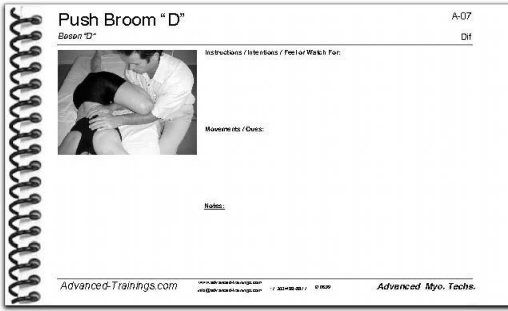
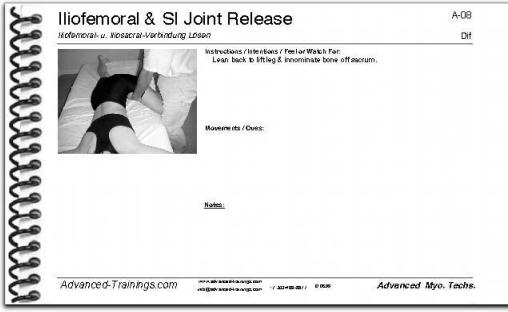
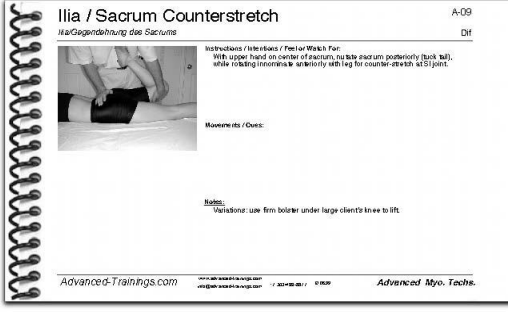
Male: A-04, Push Broom.

Til: A-04 is Push Broom A. It's called the push broom because we hold it like this, one hand under the ankle, the other under the knee and then this grip – go ahead and turn your head to the side. We just bring her leg on up. Now, the most common thing that happens that makes it less than satisfying is stopping before you get far enough. If you're tentative or not sure how far to go, you'll stop here and that's interesting but for most, everyone whether you're older, younger, flexible or not, it feels better to go even farther than 90 degrees. So, once I'm here, I'm going to use my leg to stabilize her knee on the table and then just lean into attachments of gluteus maximus all around the crest. Just breathing and waiting in each place all that release. How's the pressure, Lori?

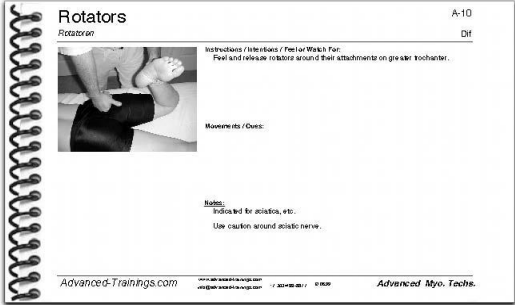
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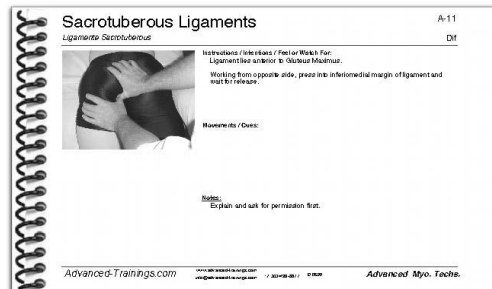
	<p>Lori: Good.</p> <p>Til: It's good. And then also on the sacrum. I'm sinking into them and if there's any movement, it's a slight vector towards myself where I'm nudging them off the bone towards me and waiting in each spot. I'm going to go through this rather quickly but in practice, I would take quite a bit of time in each of this spots just to allow them to release.</p>
	<p>A-05 Push Broom "B" (Ext. Rotation)</p> <p>Til: The next one, Push Broom B. I'm going to swing her leg off the table, so essentially taking her femur into an external rotation. Now, I'm using this leg on her foot to take her farther into an external rotation. How are we doing there, Lori?</p> <p>Lori: Good.</p> <p>Til: Now, if someone has knee history, a history of knee ligament injuries or strain, you want to be really careful with the knee because there is some twist going through the lower leg into the femur to get that rotation. I'm also pulling the femur into that internal rotation here and just letting her breathe and release into that.</p>
	<p>A-06 Push Broom "C" (Int. Rotation)</p> <p>Til: The next one, Push Broom C. We take her into internal rotation. So, I've come under her lower leg, bracing on the upper leg, supporting the knee and taking her femur into an internal rotation still with the knee high. Often by this time, the leg in some people has worked down to less than a 90-degree angle but I'm keeping her leg quite high here to keep the stretch. So, Lori is just breathing and relaxing, letting go. I'm feeling for that release and following it. Yeah. On what page number are we on for this one, George?</p> <p>George: A-06.</p> <p>Til: This is page A-06, Push Broom C. D – we're doing all these up with the leg up in the</p>

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	same position.
	<p>A-07 Push Broom "D"</p> <p>Til: D, I come under her lower and upper leg, get a hold of her ribcage – it helps sometimes to kneel a bit down – I'm going to roll the ribcage toward me and then lift the leg slightly to get a counter-twist. And I'm thinking lumbar largely here. It's also affecting sacroiliac joint, the front of the pelvis, lots of things but primarily I'm thinking of rotation between the segment of her pelvis and the segment of her ribcage. Now, if someone is a lot bigger than I am, I can bridge that by using two arms here where I stand up like this. But I should be comfortable. I shouldn't be straining too much.</p>
	<p>A-08 Iliofemoral & SI Joint Release</p> <p>Til: The next one, it's essentially Push Broom E. In the book, it's described as the Iliofemoral and SI Joint Release, page A-08. Leg is still up in this baby crawling position. I come under the femur and use it as a handle to lift the acetabular joint open. Once I feel some release there, I can use to lift the hip bone off of the sacrum. So, I'm just leaning back. I have my hands laced under her leg and I just lean back to lift the femur first and then the hip off of the sacrum. Lifting hip off of the sacrum. So, I'm not using my back to do this as much as I am just rocking back to lift the hip. Yeah. Okay.</p>
	<p>A-09 Ilia/Sacrum Counterstretch</p> <p>Til: The next one, Sacrum/Ilia Counterstretch. Number 9, is that?</p> <p>Male: Yeah.</p> <p>Til: Bring the leg back by the way. You really want to bring it back into a neutral rotation. If you just pull it back here, it's left in a bit of external rotation which feels awkward. So, really tucking the kneecap under into a neutral position feels better. So, this one, I'm going to move the sacrum into an anterior tilt or anterior nutation and I'm going to use the leg to move the ilia into a – sorry, this is moving into a posterior tilt or posterior nutation and</p>

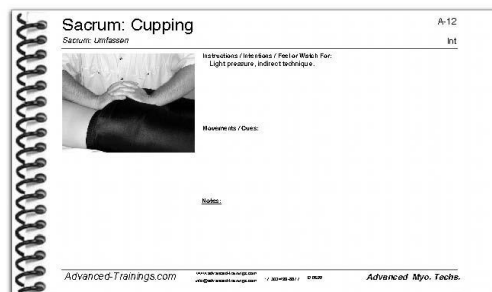
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	<p>using the leg to roll this into an anterior rotation here. Thanks, Jeremy. So, here comes the bone. I'm pushing the sacrum that way. I'm using the leg to roll the ilia this way or this way towards the other side. Okay. So, first the sacrum and then the ilia. This opens up the SI joint, especially the lower pole of the SI joint. It's great for sacroiliac pain and great first aid <i>fun at parties</i>. If someone's hurting, just lay them down and help them out. Now, it's easy this way if someone's smaller than you. If they're bigger than you, you can use your leg, say, and get both hands on that or even your gentle forearm right in the center of the sacrum to rotate it posteriorly. Is that okay, Lori?</p> <p>Lori: Uh-huh.</p> <p>Til: You can also use a stack of towels or sheets but here, we have a round bolster. It might be a little bit squishy but you can get something under the knee on a really large person. Yeah. That's not high enough but you get the idea of lifting that ilia and then just using this pressure to rotate – to counter-rotate that sacrum and wait for the release. We do that both sides.</p>
 <p>The screenshot shows a document titled 'Rotators' with a sub-header 'Rotator'. It includes a small photograph of a person's leg being rotated. The text on the page reads: 'Instructions / Intended Use: For: Feet and release rotation around their attachment on greater trochanter.' Below this is a section titled 'Movements / Goals:' followed by a 'Notes:' section which states: 'Indicated for athletes, etc. Use caution around sciatic nerve.' The footer of the document includes the website 'Advanced-Trainings.com' and the title 'Advanced Myo. Techn.'.</p>	<h3>A-10 Rotators</h3> <p>Til: Rotators. Here – I'll show it first on her and then I'll show it on the skeleton. Here, I'm pressing the rotator attachments all around the head of the femur, all around the trochanter. I'm rotating the femur to move that trochanter against the attachments and getting the release from the inside. Getting the skeleton ready over here. This is a soft fist. So, my wrist is aligned. My knuckles are feeling into those attachments rather than trying to work the bellies of the rotators. It's really up against the trochanter that the work is happening. So, on the skeleton, I have kind of serious knee issue here like a backwards – a backwards lower leg. Let's try the other side. You're just doing that to try to throw me. I'm pressing around the trochanter and then using the femur to press up against those attachments and release them from the inside. Okay. Once again on Lori, it looks like this. Yeah. All around those rotators, trochanters.</p>



A-11 Sacrotuberous Ligaments

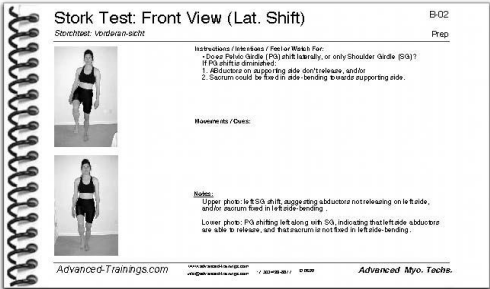
Til: Sacrotuberous ligament. I'll show from this side. I'm going to work it across – thank you – work it across the body so that the angle is perpendicular to the angle of the – to the ligament. So, the sacrotuberous ligament goes from the ischial tuberosity to the sacrum and I'm – where my finger is? My thumbs are going to push into the ligament perpendicular to its span and wait for a release. We can find it by orienting off the coccyx and the ischial tuberosity. So, coccyx, ischial tuberosity, it spans right across there. Just under or anterior to the glute is the sacrotuberous ligament. It feels tough and bony. It's like a bone. So, my thumbs are just leaning into that ligament letting it release. It's a big, tough, hard ligament that stabilizes the lower end of the sacrum there. So, this would be indicated if you – if your Stork Test showed a lower pole restriction. Another name for this is The Peacock because after you've done it, it feels like you can spread your tail and get the big fan up behind you. This is one that I generally explain of course and ask permission for in particular because it's so close to the coccyx and tubes and all that. This is a position that you can also work coccyx. If there is a coccyx injury, you're right in position to work all along the sides of the coccyx where the sacrotuberous ligament laces into the sacrum. It's close to coccyx there as well and you can often feel how coccyx gets deviated to one side or the other and tight and tender places along the lateral side of the coccyx.



A-12 Sacrum: Cupping

Til: The next one – so, I would have done those techniques on both sides of the body. I would have done left and right side before I do this final move which brings the two sides together. And the Sacral Cupping, the picture shows an illustration like this which is also possible. I do it more like this, the longer I do it and it's the idea of just using a very light touch that allows me to feel the shape of the sacrum itself and the sacrum is thought to change shape in rhythm with the craniosacral pace so that it flattens and goes more concave in a rhythmic cycle. And I just feel for that and follow it as a way to let the sacrum adjust and accommodate to the deep work we've done on either side of it. So, here's the shape change that I'm feeling for and it's usually about this kind of speed. My touch is light enough that I'm not going to get in the way of that at all but I'm definitely sounding, feeling down the bone, sounding for bone and following its shape. It's a typically slower rate than

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	<p>the respiratory rhythm. If you feel cranial pulses, you can follow that. Otherwise, just see what you do feel. Just follow whatever movements or shape your hands pick up. Light enough touch not to get in the way and this just helps calm, settle, balance the body after the deep structural work. Okay.</p>
	<p>B-02 Stork Test: Front View (Lat. Shift)</p> <p>Til: You know, it's page B-02 and you tell us what we're going to do. We're going to do it and you tell us what the difference is. Ready? In which leg are we going to do?</p> <p>Larry: Left.</p> <p>Til: We're going to lift the left?</p> <p>Larry: Yeah.</p> <p>Til: Okay.</p> <p>Larry: Lift left.</p> <p>Til: Ready. One, two, three. And come on down. And one, two, three. And down. And the same. One, two, three. And down. Okay. And now, we're going to do – we're going to lift the same leg but we're going to shift patterns. Okay. I'm going to take his pattern. He's going to take my pattern. Ready. On three. One, two, three. And three. One, two, three. And down. Okay. What are we doing?</p> <p>Male: The shift...</p> <p>Til: The shift is different.</p> <p>Female: Lateral...</p> <p>Til: Now, let me show you – let me show this one. What's shifting here?</p>

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Male: The pelvis.

Til: The pelvis. When you stand in one leg, you have to shift your weight somehow. Yeah. And something's going to move over that standing leg and in this case, it's the pelvis. Let's see Larry's version of the pelvis. Okay. And now, come back. And do the other one. Do the other option. One, two, three. What's shifting there?

Students: Shoulders.

Til: Shoulder girdle. Upper body. Some people will tend to counter-balance with one of those two centers of gravity, either at lower center of gravity or upper center of gravity – chest, shoulders.

Female: Some people walk and they keep their feet out, is that the same thing when they walk?

Til: People walking when they keep their feet out. I don't know if there's relationship. Yeah.

Female: You know like when they walk like this.

Til: That's a different pattern.

Female: Okay.

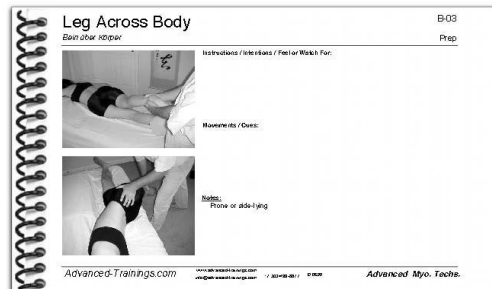
Til: That's different. That's...

Male: *They tend* to be hip hiking.

Til: Yes. That could be. So, there are different things that could be involved there for sure. Some could be hip rotation, hip hike kinds of things but for sure, there's – when I shift hips, something has to lengthen. What is it? Tell me what has to lengthen...

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	<p>Male: Glute medius.</p> <p>Til: ...when I shift hips. Glute medius.</p> <p>Male: TFL.</p> <p>Til: TFL. All the abductors. Everything along this side has to be able to open up. Yeah. If this is tight, one of the things that could happen is I could shift with my upper body instead of the lower body. Everybody follow that? If I'm going to shift my hips, I have to be able to lengthen along the side is an easy way to say it. Why is this relevant? Why does this matter? When in life do we do this?</p> <p>Male: Every step.</p> <p>Til: Every step, basically. This is what happens in walking and there are gender differences, you know, stereotypically in walking. Yeah.</p> <p>Female: Yeah.</p> <p>Til: Where you get the no length in the adductors – yeah, John Wayne – or a lot of release in the adductors in the other way. Yeah. So, we're looking to make sure that people can lengthen here. That's going to free up a lot of people's gait patterns, a lot of their balance issues because it's less stable if you can't adapt hips over the standing leg as well. So, for athletics, for performance thing or just plain old walking, being able to get your hips over your legs is crucial and that's what this next sequence is going to be about. Okay.</p> <p>Larry: Thank you.</p>
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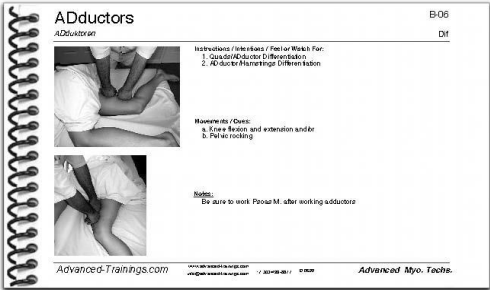
B-03 Leg Across Body

Larry: If you want to look in your booklets at page B-03, you will see the first one is Leg Across Body Technique. It's nice to have their feet off the table a little bit and every time you touch someone, you want to start slow to stay within their range of motion but every time you touch them, you want to be analyzing what's moving and what's not. So, she opens up fairly nice but I can still feel where some of the different restrictions are that I want to take a look at later on during the sequence. Okay. So, once again, it helps to have a foot at the ankle, foot at the knee, swing it around and stretch it out. Use your own body to pull and feel into the hip. Okay.

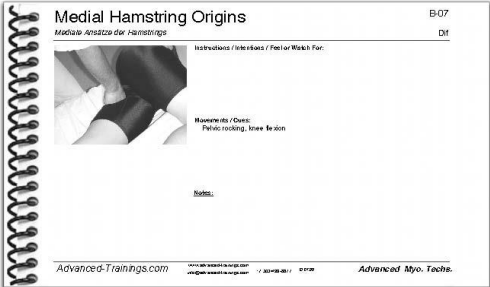


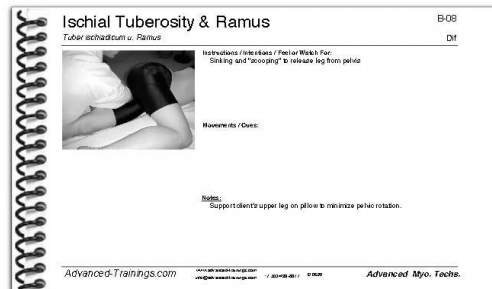
B-04 Hip Abductors

Larry: All right, we're going to go side-lying and you can lie on this side. We're at B-04 and this is Hip Abductors. One of the things in the side-lying position, you want to make sure the knees are bent. The hips and shoulders are square and the head is in line with the spine. What this does is this helps create a stability for you that when you put pressure into the table, they won't roll forward, won't roll back. Okay. When you're looking at the hip abductors here, you want to look almost at the head of the trochanter here and see how the muscles span out into different directions. Now, you're going to work all of these. You're going to work the TFL in the front, glute minimus, medius, and maximus all the way around. A good way to do this is to put your knee behind them and this helps support their body and it gives them a reference point as to where to go. When you start in here, lay your arm in their first and just feel for where the different tensions might be. Allow your arm to sink in there just little by little. Some of these areas are very tight. So, as you go through here, allow them to work with you. Don't force it. At that point, you can position your body to go all the way around the trochanter. So, I feel the trochanter right here and I'm just working my way around the trochanter. They'll also see there are movement cues where they can actually bring their knee towards their chest or they can raise their knee towards the ceiling one or the other. So, when you're in here, I will have them go ahead and first bring your knee towards your chest and back down. Excellent. Then bring your knee towards the ceiling and back down. And what these do is they start to activate the muscle and they help soften it up while you're in there. Okay.

	<h3>B-05 Iliotibial Tract</h3> <p>Larry: We are working on section B-05, Iliotibial Tract. Here, you want to start to soften up this whole tract section. You can do this a couple of different ways. You can work with a soft fist going down the tract. Now, these tracts are very solid. So, a lot of times, wait for them to release when you're in here. You can use your soft fist. A lot of times for better body position, you can actually use a forearm going down working in this way. Okay. Another option on this – go ahead and go prone, please. You can work in a chicken leg method. Once again, grab the angle, grab the knee, bring it up and you've got the tract here once again. Once again, you can work soft fist or you can work forearm sliding down. One of the things to caution on here is to make sure you're moving with the leg down off the table and not pressing the leg into the corner of the table because that can be real uncomfortable. So, make sure your working the tract itself. So, sliding on down. A lot of times if people do have knee problems, the last four or five or six inches, sometimes is very uncomfortable for them, so you can – at that point, you can actually work up the tract if you need to to work away from the knee if they have knee pressure going on into there. Okay.</p>
	<h3>B-06 Adductors</h3> <p>Larry: We're going to the adductors. I'm going to have you lie on this side. Top knee forward. Okay. As we looked in our anatomy, we're going to separate the adductors from the quadriceps and the hamstrings. One of the things I want to look for here first is the septa that divides these muscles. On some people, it's very hard to feel because the muscles from the adductors to the hamstrings are just glued together. So, try and find out where there's a little valley in there. At that point, use your first set of knuckles. Rest them in the valley and slowly allow them to sink into the valley. Now, my pressure is into the valley and into the hamstring, pulling the hamstrings away from the adductors. At this point, you can have a slight knee forward position, so she can bend her knee forward and that helps pull the muscles away from where I'm hanging on. You can work all the way up in this aspect. Okay. And knee flexion. Again and relax. To do the adductors and quadriceps, I'm going work from the opposite side of the table. So, my pressure is always into this way. I'll look for the same valley on this side. I kind of roll my fist into there to try to scoop that</p>

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	<p>valley out and get my knuckles into there. So, I'm into there. I'm into that area right now between the adductors and the quadriceps and I'm differentiating those two muscles. This alone will help quite a bit as far as movement of the leg into the hip and you can feel the different areas. Now with these muscles, it does take a little bit of time. So, just relax and wait for it to melt in there. Once again, my pressure, I'm up along top and just rolling the quadriceps away from the adductor. Okay.</p>
	<p>B-07 Medial Hamstring Origins</p> <p>Larry: Next technique, Hamstring Origins. You're fine there. Top leg bent. Bottom leg straight. The origins of the hamstring are going to go right up to the ischial tuberosity. You can see right there, just using a soft fist to go into there. Now, when I go in with the soft fist – allow me to use that. Yeah. You can see here. This is the area I'm going to be working on. So, my soft fist, I'm going to start low, go in gently, find contact and then I'm going to slowly scrape down and rotate. So, I'm going to go in, contact, and then come on up over and just hold it there. Any kind of movement for our hamstring activation, you know, they can stretch into their heel or they can move their leg. All of these will help this area to soften up. They can also – since your pressure is right into the pelvis, they can rock their pelvis forward or back. So, they can roll their pelvis forward or back to move that lower end of the pelvis away from your fist while you're hanging on. These all work really good. Once again, when you're in here, go very slow. These areas are really tight. If you need to, you can actually go in with your forearm in here to apply a broader stroke and sometimes a more comfortable stroke for them.</p>



B-08 Ischial Tuberosity & Ramus

Larry: We're on section B-08, Ischial Tuberosity and the Ramus. So, what we're going to be doing is laying our forearm into here and we're going to use that scooping motion away. Now, when you are in here, you can have them activate, move their knee forward, move their knee back, you know, roll their pelvis forward or back. Any of those options to help this out. So, once again, I'll start low, so they know where my hand is at. I'll come up to the ramus. I can feel it right there. Now, I'm going to slowly come up over my elbow and apply the scooping motion by both twisting my forearm and with the leverage of my shoulder. And I usually take this in little chunks because it can be pretty intense on some people. So, I work here, come back out, move forward just an inch or so and go again and slowly work the entire ischial tuberosity and the ramus. A lot of times, you'll have to have them move their knee up even higher to get towards the front of the adductor attachments. Once again, start low, find the ramus, come on up over. When I'm working with the forearm, you want to make sure your hand is soft and all you're doing is putting pressure into here.

Male: Are you talking like hip flexion?

Larry: Wherever I'm at, especially on a tough one, I'll try to find out where they need to activate that muscle. Sometimes, it's just knee flexion. Sometimes, it's stepping into the heel. Sometimes, I'll even – if I'm on the adductors themselves, so I'll have them trying to actually adduct. And when you're on their attachments in there, that will be a challenge for them.

Male: Okay.

Larry: Okay.



B-09 Obturator Internus

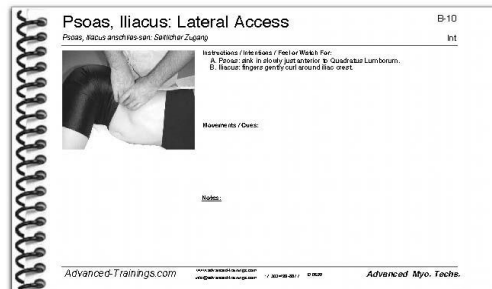
Larry: The next technique is B-09, Obturator Internus. Here, you want to go very slowly. Her hip is like this. Once again, my forearm will come up the leg. I want to come on the medial side here and target into the obturator internus. Now, I'm not saying you actually have to get your elbow point down into here but you want to think down into here. So, I want your intention moving into this aspect. Okay. You're forearm will be parallel with the leg. I'll slowly reach up with my elbow into that direction. I've got the ischial tuberosity. Okay. Now, I'm going to come up on top into the medial side of the ischial tuberosity, into the obturator internus.

Til: So, Larry is right here. Like he said, his forearm is parallel to the femur and his elbow will just come right medial now to the tuberosity, into this foramen, into this *well*.

Larry: And while we are waiting here, it took that long for her to release that section. So, this is a time-consuming thing. Take your time. Just sit there and rest. Let them go at their own pace. Also, with obturators, you can have a slight rotation of the femur to help activate that area and relax. There you go. Okay. Come out just as slow.

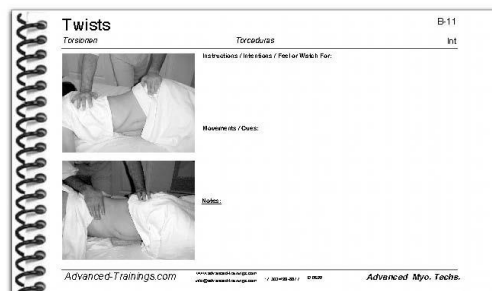
Female: That rotation *of the femur* was passive, *is that what you were doing?*

Larry: She actually was moving. She was moving. She was helping that but it doesn't take much to activate that area in there. So, just even a little bit.



B-10 Psoas, Iliacus: Lateral Access

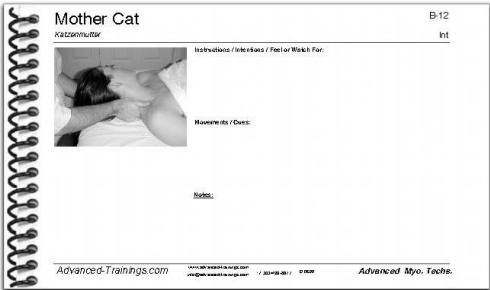
Larry: Next, we're going to look – I'm going to have you bend both knees. We're going to go into the Psoas and Iliacus. Okay. What I like to do is to cup my hand here first. So, it's just almost resting in here. At that point for the iliacus, I'm just going to roll over the crest of the pelvis and come into here. So, I am not squeezing like a lobster claw. I'm just allowing my fingertips and finger pads to roll into those muscles right on the other side in there. These are what I call generally three- or four-breath muscles. You don't want to get in there on one breath. So, take your time. Let them breathe. Let them work really slowly into here. Okay. So, take your time and all I'm doing is just curving my hand more into her and it's real gentle and slow and I'm working with her breath. Okay. Once again, come out the same way. This is a great way to work psoas also. I use the same technique here where I actually just lay my hand on the side and I will slowly roll my hand into the psoas. There she goes. So, as you can see here, I'm coming in, curving in on top of the transverse processes or psoas attachments. Once again, go real slow. This is a great way to work the psoas. You can have some leg movement in here too of just having to bring their knee forward and up and you can feel the activation underneath your finger pads at that point and relax. Yeah. There we go. And once again, come out very slow. Okay.



B-11 Twists

Larry: The next one is B-11, Twists. These twists you can get pretty imaginative with. So, onto the shoulder girdle, onto the hips, and you can start to move them around. Now, when you twist them, almost imagine that you're dancing with your entire body with them. So, you're not just jerking them around with your arms, you're using your entire body to move. So, lean into them and pull back. Use your whole shoulder girdle. Use all of your legs wherever you need to to actually start to twist them in and move them in. So, it's almost like dancing with them, moving with them, making them elongate as much as possible. If you need to, you can even move the legs around, stretch them open and you can feel the different areas. Wherever you can feel they're hanging on at that they could stretch out more, go ahead and open them up and stretch them out. They can also actively participate in this where they can stretch into their foot and stretch into their hands and relax. Okay.

Transcript: 'PELVIS, HIP & SACRUM' Part 1 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>Male: <i>Is this something about integration...</i></p> <p>Larry: Okay.</p> <p>Male: <i>...by just putting them in there?</i></p> <p>Larry: A lot of this helps the work that we did, the specific work in these spots in here helps bring that up into the entire body, follow it up the spine, into the shoulder girdle. If you have them actively participate, it will go all the way into the head and neck. Okay.</p>
 A screenshot of a spiral-bound notebook page. The page is titled "Mother Cat" in the top left corner. Below the title is a small photograph of a person lying on their side in a cat-like pose. To the right of the photo, there is a small text box that says "Instructions / Intention / Facial Work For". Below the photo, there is a section labeled "Notes:". At the bottom of the page, there is a footer that says "Advanced-Trainings.com" and "Advanced Myo. Techn.". The page is numbered "B-12" in the top right corner.	<p>B-12 Mother Cat</p> <p>Larry: Going up to the neck to help integrate – I’m going to have you sit up and feet at the opposite direction and head up here. Excellent. We’re going to go to B-12. This is a technique we use a lot just to help with the integration. A mother cat when it picks up a kitten, will actually just grab the scruff of the kitten’s neck and just lift it up. Now, that’s what I want you to do with your person on the table. Just imagine taking that scruff of the neck and lifting and pulling all of the posterior muscles away from the cervical vertebrae. Okay. So, use a big hand. Get as much of the fascia as you can and you can help with slight head rotations whatever, lifting up and I’m just pulling. It’s almost like the cape that the trapezius creates back there pulling that up off of the neck trying to lift it.</p> <p>Male: <i>Different</i> transverse process to transverse process?</p> <p>Larry: Yes. I’m all the way across the neck. Transverse process to transverse process. You can get – when you feel more tighter areas, you can get more specific and work with one or two fingers into those areas to help open that up as you’re pulling all of that fascia away. Okay. But even when you’re here, I want you to feel all the way down into their body. So, you’re just taking this whole back of the neck and trying to connect it with all the work that you’ve done ahead in this session. Any questions on any of the techniques? We can begin.</p>