



### C-03 Leg as Handle

Til: The third demo, we're looking at hip drop. We're on page C-03. You're comfortable, Brandy?

Brandy: Uh-huh.

Til: Okay. So, that first one on page C-03, Leg as a Handle, what I'm doing is I'm using the leg to feel hip drop or lumbar sidebending, capacity of the lumbar to sidebend and release. Can you see it there?

Female: Uh-huh.

Til: Really looking at the lumbar space opening and closing.

Brandy: So, you feel like an accordion.

Til: So, you feel like an accordion. This is helping me feel where it's restricted. It's helping kind of warm things up and release things for the deeper work and I can play with different angle changes. And I'm actually using – I don't have to lift Brandy because I'm bigger and she is – but if she was a lot bigger than me, I would really use my hips to lean into her leg to sidebend. Yeah?

Brandy: Uh-huh.

Til: I'd bring her down closer to me a little bit and use my hip.

Female: Til, what if they have knee problems, would you just *cross that leg – the knee*, would that still work?

Til: This doesn't usually bother people's knees because it's straight. It's like standing but with very little force through it. So, it's usually not hard on the knees. Okay.



## C-04 Hip Hinge

Til: The next one, number 4, Tensor Fascia Lata. Can I borrow your book there for a second, Lee? It's similar to the work we did yesterday but I'm thinking hip hinge now. Let's see, Brandy, if you bring your knee toward your chest and away from your chest. So, you just come on up. Now – that's great – when she does that, she does pull the hip up some. Did you see that?

Female: Uh-huh.

Til: Do that again. Now, some of that is happening here at the – especially at the end range and some is happening in the lumbar. Thanks, George. So, she's – when she brings her leg up, he's not going to do it the way he's wired. But her trochanter gets closer to the crest. Yeah. And the pelvis gets close to the ribcage. So, she's shortening here and she's shortening here when she brings the knee up. Do that again, Brandy, so we can see that. So, that gets close – *slower now, get slower*. Now, it's possible – do that one more time.

Female: Is that normal function?

Til: It's desirable in our way of looking at things to leave those things as long as you can and it's possible to bring the hip up without closing along the sideline so much. So, here's one place that the closing happens between the trochanter and the iliac crest, tensor fascia lata area. So, I'm just gently leaning into it and you find a way to leave this open as you bring your knee up. Similar to what we're doing yesterday but now with a bit more specific intention. Come on up, Brandy, when you're ready.

Brandy: *I feel it.*

Til: Yeah. You're doing great. So, you just keep playing with that idea of leaving this open as the knee moves. I'm coming around – this morning as opposed to yesterday, I'm focusing really on the hinge aspect of this. I'm coming around the front and leaning into that kind of tensor fascia lata or the hip fold and saying this fold can actually stay wide and open as opposed to squeezing and closing.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Male: Part of what he's doing is helping her be extremely aware of what...

Til: Sorry. Sorry.

Male: ...[indiscernible] underneath there. That's education as well.

Female: Can you speak up just a little, Til?

Til: Sure. Yeah. Just let me know if you can't hear. Did you miss any of that so far? Yeah?

Male: *I'll make notes.*

Til: Okay. Come on up front too if it's hard to hear but I'll yell. I'll speak up.

Female: Yesterday, there was a pad. You know, it was a way to keep her leg up her hip [indiscernible] *don't want to do that.*

Til: Today, we're using her other leg for some of that purpose but we could put something between her legs to help that further, yeah, if you want it. Come on up again, Brandy. And come on down. So, what I'm doing – and anybody else who didn't hear is I'm helping keep the space open between her crest and the trochanter. How are we doing, Brandy?

Brandy: It's pretty tender.

Til: It's pretty tender. It's a very tender area. You can really...

Brandy: Near the [indiscernible] especially.

Til: Yeah. So, you imagine – don't it yet but imagine moving around this place and this is just open.

Brandy: Okay.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: When you're ready, give that a try. Nice. Nice. So, she is investigating. She is exploring. She's looking for other ways to move. She's playing with little micro movements and you really – compared to what your elbow can do, it's very, very little pressure. It's just – the weight of my arm almost is all you need right here for most people.

Female: If something was in between her knees and it would shorten that muscle much more, is that – you know, so why not to have anything there...

Til: No. No.

Female: But that would be fine?

Til: It'll be fine. There was a debate at one point in the evolution of Rolfing about working things in a stretched open position and working things in a slackened position.

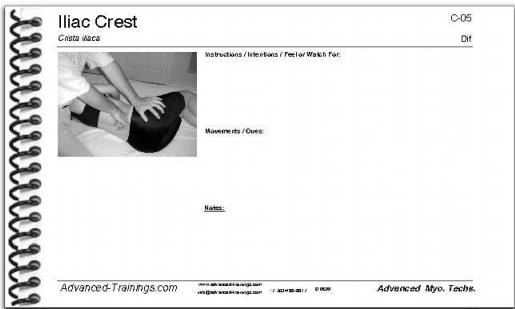
Female: Deep tissue too.

Til: Deep tissue talks about that. Yeah. And there are different philosophies about it. There's a picture there at the bottom of someone doing this on their back which is another way to do that. You're going to lie on your back for a second and I'll show you that variation. Where in the picture, I'm using my fingers, I think. Yeah?

Students: Uh-huh.

Til: You go ahead and bring your knee up and let this fold deeper. Here, I'm just describing the hip fold for her and showing her a place to kind of hinge around. If someone's a lot bigger than you are, you can use forearm right in there. And they find a way to let everything stay long and bring the hip up. Essentially, you have to lengthen your glutes and lengthen everything in the back. Yeah. You have to let the leg fall out of the pelvis to come up this way. There you go. That was different.

Brandy: Uh-huh.

	<p>Til: That was very different. What did you do?</p> <p>Brandy: I could feel my back <i>dodging</i> when I did it, so I just let my leg go.</p> <p>Til: You let your leg go. Nice. Okay. Back to your side. It's going to be like that kind of flip on the film. When you watch, it'll just move all of a sudden.</p>
	<p><b>C-05 Iliac Crest</b></p> <p>Til: Okay. So, we're doing number what?</p> <p>Students: C-05.</p> <p>Til: 5, number C-05, Iliac Crest, huh?</p> <p>Students: Yeah.</p> <p>Til: And thinking lumbar space, this is where the things that span the lumbar space attached onto the pelvic rim. We have our handy pelvis right here and I'm going to just lean into that crest with my hand and let it melt all along its length. Yeah. And I can use my knuckles almost as a guide on either side of that crest then going slow enough. It's her tissue that determines the melting and the movement pace. My wrist is just straight. My hand and shoulder are relaxed. I'm feeling my own body as well as hers and you feel different places have different densities or different degrees of being built up on that crest. So, I'm just waiting here on a particularly dense place and she was working with her breath.</p> <p>Female: Is that a medium pressure?</p> <p>Brandy: Uh-huh.</p> <p>Til: Yes. And there's a little place of interest back here I'm going to come back to. Do you think so too? Yeah.</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Male: So, it feels like you're just drawing more attention – her attention to the spot than actually what you're doing?

Til: No, I'm doing tissue work too.

Male: Okay.

Til: It's pretty direct tissue release but her attention is what's going to make the change as well as that tissue melting. Yeah.

Male: So, you're not putting that much pressure on it? Oh, you are. Okay.

Til: It's pretty firm.

Male: Okay.

Til: It's more than...

Male: [Indiscernible].

Til: Yeah.

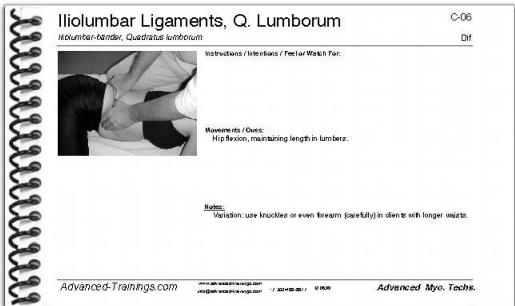
Male: You look totally relaxed.

Til: Write that down. Should look totally relaxed. Yeah. Should look like you're not doing much. I think – yeah, it's just – once you get, you know, your bones lined up and you know, you don't need a lot once you get really specific.

Female: The table's low.

Til: Table's low. I just use my weight. Yeah.

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>Brandy: What are you using?</p> <p>Til: It's this. I'm right here. Your crest is right there.</p> <p>Brandy: I see.</p> <p>Til: Okay. Next. You can add the leg to that if you want to. You can add someone's leg movements to that and keep the crest – as you're working the crest, they can be unwinding it with their leg movement.</p>
	<h3>C-06 Iliolumbar Ligaments, Q. Lumborum</h3> <p>Til: What's the next one everybody? Quadratus Lumborum, is it?</p> <p>Female: Iliolumbar Ligaments.</p> <p>Til: Iliolumbar Ligaments and QL. So, we're thinking here about these structures that span the space, how they attach onto the crest and up into the ribs and it's particularly this corner here. I'll show you too over here. This space in line with the transverse processes and the crest and particularly the ligaments that fill in this corner between the lumbar and the ilia being a place that gets very stabilized, these ligaments if you – you know, it's up to L4. You know, it's really laced pretty directly to the ilia with ligaments. And this corner is really a rich place for release and movement and it relieves a lot of people's low back pain when you get in there. Now, if someone has disk problems, I should mention this as a potential area of caution here, if they've had a herniated disk or serious disk issues that are not giving them problem, I would be very cautious about doing this work with them because what they – if they're not giving them problems now, it's because they found a way to re-stabilize something that got unstable and...</p> <p>Female: <i>And with knee</i> problems?</p> <p>Til: It's a different story but if they're reasonably asymptomatic and it's not giving them a lot of problem, don't go digging around trying to release everything, move it again. And if it</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

is giving them problems, it's a judgment call. It's a kind of thing that it can help give some kind of sense of relief and movement in the areas. People do get enormous relief from this sometimes and there's always a chance too you could do the same kind of destabilizing and make things worse for them. So, I mean after...

Nancy: [Indiscernible] working with the prior destabilization or symptomatic? Is that forever?

Til: Ask it again, Nancy. I don't understand.

Nancy: Well, personally, I have had a bulging disk in L4-5 and it's been years. So, what sort of time limit or time space are you thinking about?

Til: Right. What's the statue of limitations on disk problems really?

Nancy: Yeah. What?

Til: It's...

Nancy: If there is one.

Til: I don't think – I think it's just symptom-dependent more than time-dependent.

Nancy: Okay.

Til: If someone – again, the original statement was the clearest one. If they're not having symptoms but have had serious disk problems, don't do this no matter how long it's been.

Female: If they're not having...

Til: If they're not having symptoms and they've had serious disk problems, don't do this. If you want – if they're having symptoms and you want to live dangerously, give it a try but get agreement from them too. Really talk to them and say, listen, there's – you know, we



**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

could do this, it has helped people, there's a chance too it could make it work. What's your sense of it?

Male: Now, that's this one or the...

Til: Lumbar space.

Male: The lumbar. The whole thing.

Til: Okay. So, in the picture, I'm using my thumbs, huh.

Students: Yeah.

Til: But the tool is as important as the concept which is...

Brandy: That's it. That's it.

Til: That's it?

Brandy: That's the spot.

Til: In front?

Brandy: Yeah.

Til: The concept is just helping the space stay open.

Female: Til, are we still on the iliac crest or we're on the QL?

Til: We're on the QL, number 6.

Male: C-06.

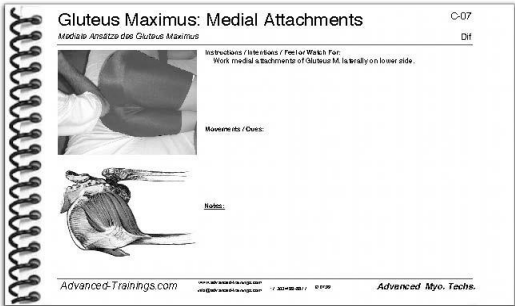
**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>Til: Quadratus – C-06.</p> <p>Female: Are you – imagine if the person is very narrow between the hip and the ribs, then thumbs would be more appropriate? Is that true then if it's a wider space then you could get your whole...</p> <p>Til: I'll show you something. Friends, I'm sorry. There's a lot we can talk about but I'm just going to say let's go on with the demo and if there are individual questions, I'll come on and help you with them later because we're just – should we focus here. Back. Okay. So, I'm thinking lumbar space and as you leave this space open, Brandy, gently bring your knee towards your chest. Great. Come on down.</p> <p>Brandy: It's easier.</p> <p>Til: It felt easier, huh. Amazing. In the picture, we're working in a deeper layer. We're working down into the iliofemoral ligaments into that corner between the pelvis and the sacrum – sorry, pelvis and the lumbar.</p> <p>Female: I'm sorry. Could you repeat that?</p> <p>Til: Here, I'm thinking of that corner between pelvis and lumbar which is really a rich place.</p> <p>George: I'll grab it, Til.</p> <p>Til: It's okay. Thanks. So, I'm working here, yeah, or for this side, down into here, down to this corner. Following the crest along down into that corner. And I just come in there and wait on those dense ligament – sorry – areas. And now you let your knee move and leave this open. Oops. Start over. Play with how can movement start at your knee instead of at your back.</p> <p>Brandy: That is so hard to do.</p>
--	--

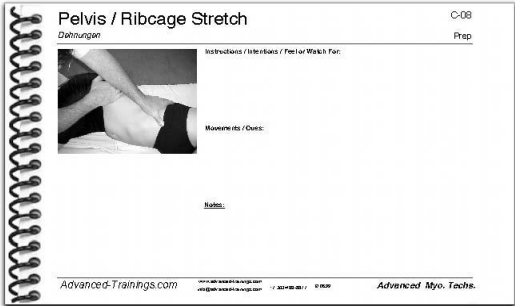
**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

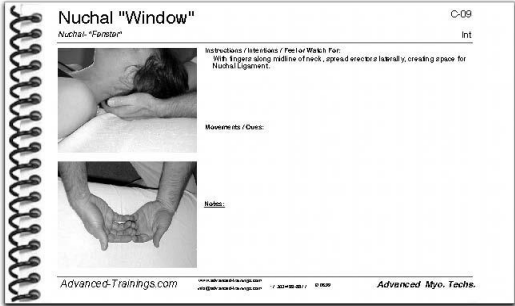
	<p>Til: Isn't it?</p> <p>Brandy: Yeah.</p> <p>Til: It's like doing the movement backwards from the usual way. You're doing it.</p> <p>Brandy: Yeah.</p> <p>Til: You did it.</p> <p>Brandy: Uh-huh.</p> <p>Til: So that's – that coaching or that conversation is the most important part of the technique really. It's a conversation about her awareness of the movement because she – you can just have people move in the usual way and you press into them and that feels good and probably does some benefit but really having her find a new way to bring the leg forward is going to cause the lasting learning on her part and the shift in the pattern.</p> <p>Thomas: And the focus on the movement is specifically right there?</p> <p>Til: Sorry. How to leave – it's more of the side, Thomas, more in that corner between the lumbar and...</p> <p>Thomas: How to leave this...</p> <p>Til: How to leave that whole space open and move the knee.</p> <p>Thomas: Okay.</p> <p>Til: With the leg and <i>hip flexors</i>...</p> <p>Thomas: <i>You don't have a</i> specific focus on how to do it. You just let them figure it out.</p>
--	---

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

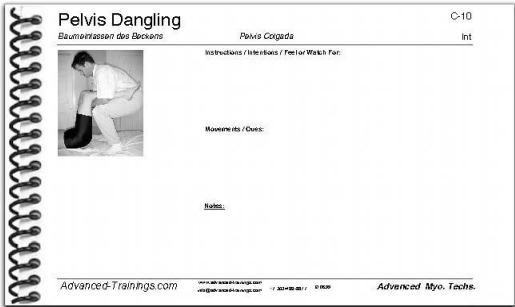
 <p>The screenshot shows a presentation slide titled "Gluteus Maximus: Medial Attachments" with a sub-header "Medial Attachments of Gluteus Maximus". It includes a photograph of a person's back and a diagram of the gluteus maximus muscle. Text on the slide includes "Instructions / Interventions / Pelvic Floor: Work medial attachments of Gluteus M. laterally on lower side.", "Movements / Goals:", and "Notes:". The footer contains "Advanced-Trainings.com", "© 2016 Advanced Myo. Techn.", and "C-07".</p>	<p>Til: Let them figure it out. Sorry. Sorry. Okay. Next.</p> <p><b>C-07 Gluteus Maximus: Medial Attachments</b></p> <p>Students: Gluteus Maximus.</p> <p>Til: Sorry, we couldn't get everyone's question. Let's make sure we do that if we get a chance to come around and do that. Gluteus Maximus. Here's a bony structure and I'm going to work gluteus maximus attachments here on the sacrum on the sacrotuberous ligament and on the ischial tuberosity. I'll show you here in a second too. So, I'm working them this way. So, it's this way, these lower attachments in the lower side of her body working down.</p> <p>Brandy: That spot that you hit that was really tender. Was it a ligament?</p> <p>Til: Yeah.</p> <p>Brandy: Was it a ligament?</p> <p>Til: Ligamentous, it felt like it. Yeah, it felt like a ligament. So, it's going to be hard. You might move the camera.</p> <p>Female: So, now you're working on the opposite side.</p> <p>Til: Yeah. I'm working on her lower side leaning on gluteal attachments, the medial ones of the gluteus and nudging them away from the bone.</p> <p>Female: With your elbow?</p> <p>Til: With my elbow – forearm. Especially interesting are the ones right up next to the sacrotuberous ligament. Is that okay?</p> <p>Brandy: Uh-huh. Doesn't hurt at all.</p>
--	---

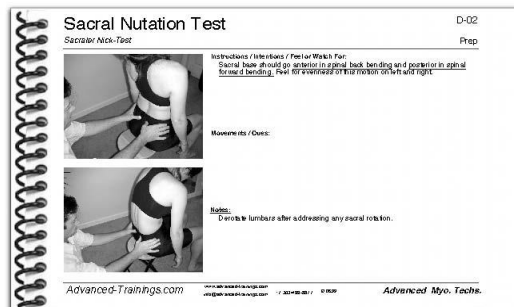
## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>Til: Doesn't hurt at all. It's a very interesting feeling. Feels ligamentous often. You can feel the tissue.</p> <p>Female: So, you're leaning right up against the bone?</p> <p>Til: I'm feeling where gluteus attaches onto the bone and helping it be a little less determined in this attachment.</p> <p>Female: And then moving down toward the table?</p> <p>Til: Then moving toward the table. From the sacrum all the way to the sit bones. There's another tool. Just soft fist. Oops. Sorry.</p> <p>Brandy: That's okay. It's hard not to – you know.</p> <p>Til: Tighten.</p> <p>Brandy: Tighten up.</p> <p>Til: More peacock work. More just helping everything open and be wide around the sacrum and pelvis. Question was there? No. Okay. Next one.</p>
	<p><b>C-08 Pelvis/Ribcage Stretch</b></p> <p>Female: Pelvis/Ribcage Stretch.</p> <p>Til: It's just starting to think big picture now, big relationship. We've done the specific works. So, now, we're going into segmental or intersegmental, you know, between segments. How can there be length in here? How can we start to give her a sense of large relationship?</p> <p>Female: Big people [indiscernible] like men.</p>

	<p>Til: I don't know. What you can do, you can get one end set up and then go do the other end, you know.</p> <p>Female: Okay.</p> <p>Til: You can do that kind of thing, kind of like we're playing with yesterday that long technique.</p> <p>Female: <i>High weight</i> on the other end.</p> <p>Til: Uh-huh.</p> <p>Female: Could you also put some pillows underneath?</p> <p>Til: Yeah. Yeah. Pretty lots of creative things to do with pillows. Okay.</p>
 The image is a screenshot of a presentation slide titled "Nuchal Window". It features two photographs: the top one shows a person lying on their back with their head tilted back, and the bottom one shows a pair of hands positioned under the nuchal ligament of a person's neck. The slide includes text instructions and a footer with the website "Advanced-Trainings.com".	<p><b>C-09 Nuchal "Window"</b></p> <p>Til: And then there's Dangling the Pelvis.</p> <p>Students: Nuchal Window.</p> <p>Til: Nuchal Window, oh, first. Okay. And then you come face up, Brandy. Nuchal Window. Come up under her occipital ridge. My fingers are on either side of that midline nuchal ligament and I just pull laterally to release out from the middle. We use this in the neck class also where it's letting the fingers sink in on either side of the ligament right under the occipital ridge and then releasing slowly out to the side. It's like opening up that rear window in your brainstem. The function here is just reminding ourselves and her that she's a whole body and not just a low back. You know, bringing something in that gives a big picture and especially the other end of the spine, neck being important. You could substitute any number of neck things here or other whole body things to bring in that sense too. The other one, the pelvis dangling, we'll do that after lunch. Okay. Questions real</p>

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>quick before we go to the tables or some we didn't get to? Okay. Let's go play. Let's go practice with these things. Thank you.</p>
	<p><b>C-10 Pelvis Dangling</b></p> <p>Til: Pelvis – Pelvic Dangling. This is a move that George King developed. George King was a massage therapist at Esalen for years and years. And previous to being a massage therapist there, he was a professional acrobat and he had tons of his own little routines he made up that involved just moving people around and moving around. And he would do rolls on people and get people rolling on him and tangle people up and all kinds of things. But I learned this not from him. The first time I learned it was from a woman who is about 5 feet tall and yeah, it's the kind of thing that once you get the feel for it, you can do on somebody no matter how big or small they are and what it involves is just getting up using the femurs to lengthen lumbars.</p> <p>Tom: You all should have done that.</p> <p>Til: And check that sacral motion, you know, just making sure everything is loose and relaxed and it's like the lumbar dangle like a chain with dangle. And all I do is I sit back. So, I'm not lifting as much as I'm just sitting back in a way to help him dangle. If you're straining or it doesn't feel good, then you need help. Don't do it that way. So, again, it's just the grip is his legs rest on my knees. I take a hold of his thighs. Put my elbows on my own knees and just lean back. There's also another version – I don't use this one so much. You must practice it a bit where you do it this way. Yeah. It's a little bit more work but some people find it easier. This one might be in your supplemental techniques. Windshield wipers. Good organ move. Just wiggling the ilia on either side of the sacrum, just kind of loosening everything up. Okay. Grab a friend or a friend to be and try those. Try those things with them. Just a couple of minutes each then we'll come back together and talk some more. Thanks, Tom.</p>



## D-02 Sacral Nutation Test

Til: Page D-02, Sacral Nutation Test. Again, nutation means nodding. I'm checking that forward, back nodding of the sacrum when someone forward bends and back bends. So, I'm going to put my thumbs right there to orient and then just medial to the posterior spines into the upper part of the sacral depressions there right on the base and feel what happens when she back bends and forward bends. So, here are the spines. Here's the sacrum. I'm going to pull your shirt flat, so we can watch what happens. And already she's deeper on the right just in neutral position. What happens...

Female: *Are you feeling more than seeing or seeing more than feeling?*

Til: Feeling more than seeing but you can opt and see it too. What happens when you back bend, Nancy? Look up at the ceiling and – so, it evens out a little bit. Come on back again and back bend again. What's that mean if it evens out? It's deep on the right and evens out when she back bends. What's that?

Female: Means the right side is moving and left side – the left side is stuck. No?

Til: No. Good guess. Try the other way. You got it.

Female: The right side is stuck at anterior.

Til: The right side is stuck anterior. Normal motion would be they both go deep. The right side is already deep.

Female: I was thinking the opposite.

Til: So, when she back bends, this side goes deep to match it. Yeah?

Female: Okay.

Female: *It doesn't really help.*



**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: Yeah. I'm saying it backwards, aren't I? A little bit. Do it one more time. So, yeah, it evens out more when she back bends. Thank you, Karen.

Karen: Basically, this is how.

Til: Yeah.

Karen: She back bends, this goes deep.

Til: What happens when you forward bend? And you got to – there you go and come on back up, Nancy. Can you let your pelvis relax a little a bit like – there you go.

Nancy: [Indiscernible].

Til: Now, look down at your belly button. There you go. And come on back up and one more time, look down at your belly button. And she's coming back kind of evenly on both sides. So, she is more stuck anterior on the right. Okay. I want to check another person too. We'll show how to work a stuck anterior on you. Who else had volunteered? Come on. Come on. Let's check you too and see what we got.

Female: Til, is there a reason you do it sitting down and not standing up?

Til: It's easier to rock the pelvis on the chair often and it takes the variable of the legs out of the picture. If you do have a leg length difference or things like that, you'll handle that in what's happening too. Okay.

Male: It is important to have the feet same position in front of you when you're doing it?

Til: Yes. Thank you. Comfortable?

Mickey: Uh-huh.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>Til: You got to remind your name. I'm sorry.</p> <p>Mickey: Mickey.</p> <p>Til: Mickey. Thank you. Question, Nancy?</p> <p>Nancy: She looks like she's taller. You've had that stool for me and she looks like she's taller. Does that make a difference?</p> <p>Til: She's – it's still okay. Go ahead and back bend, Mickey. So, she goes deep on the left and doesn't go deep on the right. Come on up. Yeah. So, we can suspect that the right side is...</p> <p>Female: Stuck posterior.</p> <p>Til: Stuck posterior. Yeah. Drop forward a little bit. Look at your belly button. That wasn't the right cue. Come on up and curl forward. Try that. Yeah. And the right side comes back more posterior and the left side doesn't.</p> <p>Male: Pretty even right now in normal position?</p> <p>Til: More or less.</p> <p>Male: More or less.</p> <p>Til: Yeah. Yeah. Okay. What's the first technique you have in your book? Is it the posterior? After this one.</p> <p>Students: SI Release, Anterior/Posterior.</p> <p>Til: Okay. And then the next one after that?</p> <p>Students: Back-Bending.</p>
--	--

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: Okay. Let me show the back-bending on Mickey and then we'll show the front on you if we could. Is it okay with you?

Mickey: Yeah. Sure.

Til: So, let's get you face down here. Head up here. Is that right, Jeremy? You want head up that end?

Jeremy: Yeah. Exactly.

Til: Okay. So, we can...

Male: Til, are you doing the left side or the left?

Til: She was – now, you got me mixed up. Let's check it again. She's posterior – stuck posterior left. Yeah. So, we're going to work here on the right side. You want her head at the other end? Sorry, Mickey.

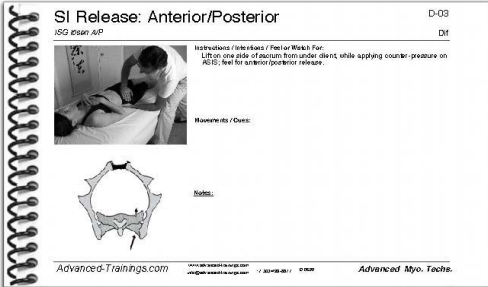
Mickey: At the other end.

Til: At the other end, yeah. Let's straighten this, yeah, too. There you go. Why don't you move down just a little bit, so you're feet are off the end. There you go. So, we can double check it on the table. Sometimes, you get even a clearer result on the table here. So, you're going to put your hands like that and just use – start with just your eyes and look up at the ceiling. Okay. Now, start over, can you do it and leave this relaxed? You might have to use your hands a little bit. Yeah. That's very different. Do you feel that?

Mickey: Uh-huh.

Til: Come up a little more. Keep coming. Yeah. So, she's going deep on the left and the back isn't going deep. So, she's stuck posterior right. Yeah. This goes – Karen can show you there. She goes deep on the left when she bends which is normal. The right side stays back.

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>So, all I do like your...</p> <p>Karen: When she back bends this goes deep, this stays posterior. So, it's stuck on the right.</p> <p>Til: Stuck on the right, posterior. Now, there's another technique before this. I'm sorry. Let's do them in order. So, now face up if you wouldn't mind.</p>
	<p><b>D-03 SI Release: Anterior/Posterior</b></p> <p>Til: Could someone give us a page number?</p> <p>Students: D-03.</p> <p>Til: D-03. D-03. And what's the text say there?</p> <p>Female: Counter-pressure on the sacrum and the ASIS.</p> <p>Til: It's tender there, huh?</p> <p>Mickey: Uh-huh.</p> <p>Til: Counter-pressure on the sacrum and the ASIS. So, since she's a little bit posterior on the right, I'm lifting her right – the right side of her sacrum anterior with my fingers under her body and I'm encouraging the ilia to drop back and there were some tenderness as soon as I got there, she said.</p> <p>Mickey: Inviting.</p> <p>Til: So, fingers are here underneath her on the sacrum and here...</p> <p>Male: Show that to me again, Til.</p> <p>Male: It's like the wedge release.</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: It's like the wedge *but* I'm not trying to get in the joint as much as getting on the sacrum and then just leaning this one – leaning on this one to let it drift back.

Female: So, you point up on the sacrum?

Til: Lifting with the fingertips. A little bit of that. And yeah, I go just medial to the PSIS.

Female: And what are you doing with your right hand? You're pushing?

Til: I am putting a little bit of counter-pressure on the anterior spine to let the whole ilia drop back. It's not a...

Female: Is the pressure directly up and down?

Til: ...pushing. It's not a pushing as much as just the leaning you're encouraging. There you go. What's that like?

Mickey: It feels really good.

Til: Yeah.

Mickey: It was tender when you first went there but it feels relieved

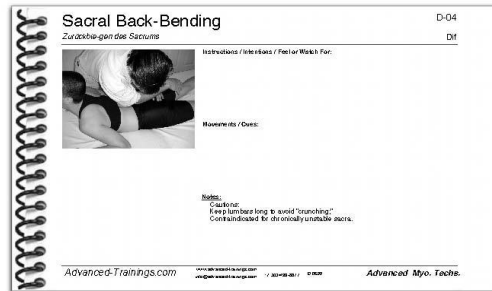
Til: Relieves it all over there.

Mickey: Yeah.

Til: Yeah. Yeah. You can do this – this is a gentle enough technique. You can do this on both sides. You know, obviously, we want to release that side more but we're going to do that when she's face down too. This is just a nice preparatory thing for the whole pelvis to get the little things softened up and adaptable and this side feels very different too to my hands.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>Female: That side feels what?</p> <p>Til: This side feels very different. It's bonier.</p> <p>Male: And even though he is thinking bone, he is waiting for that tissue to release. So, he's nudging it along but not forcing anything.</p> <p>Female: Are you just doing that on both sides?</p> <p>Til: I'm doing one side at a time. Yeah. And both sides because I'm getting the whole pelvis ready for the shifts, so we're going to ask a bit more directly. I don't know – I mean, I say this metaphor every class and I don't know of a better one so I just – I keep saying it every class. It's like pushing a boat away from a dock. It's just like leaning on it and letting it start to drift. It doesn't move it first but if you hang out with it, it starts to gently drift.</p> <p>Mickey: Uh-huh. I'm feeling it all the way down the leg.</p> <p>Til: You're feeling it all the way down your leg. Yeah.</p> <p>Mickey: Uh-huh.</p> <p>Til: Okay. Now, let's – that might have done it but let's check and see. Go ahead now and use your hands again to look up. Yeah. She's still posterior on the right. Still not moving on the right. Falls on the left but not on the right.</p>
--	---



## **D-04 Sacral Back-Bending**

Til: So, what I'll do now is put the flat of my forearm just on the sacrum.

Female: That's the Sacral Back-Bending?

Til: This is the Sacral Back-Bending number...

Students: D-04.

Til: Number D-04. Yeah. On the right side of sacrum.

Female: Create a pressure there?

Til: Create a good pressure.

Mickey: Uh-huh.

Til: Feel okay, Mickey?

Mickey: Uh-huh.

Til: You use your hands again on the table and you look up. Let this fall. Doing okay?

Mickey: Uh-huh.

Til: Keep looking up. Let your Adam's apple come up too and your sternum. There you go and your belly just drops into the table. Yeah. And I'm just leaning. I'm just saying, sacrum, you could go forward if you wanted.

Mickey: Keep talking.

Til: Keep talking. It's okay. You really can. It's – you just drop. That's all you do. There's

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>nothing to it. It's just as easy as drifting away from a dock like that and it's starting to go a little bit. There it goes. There it goes. Beautiful. Beautiful. Come on down if you want.</p> <p>Female: So, you're right in the middle?</p> <p>Til: I'm off to the right side and come on up again, Mickey. See what it's like to come up this time and I'm just – yeah, now it's dropping out from under me even more when she's doing that. There you go. And come on down.</p> <p>Female: Are there any variations to that if they have problems getting to extension like that?</p> <p>Til: The way they do it is really important. The question is what if people have hard time doing that cobra, that kind of back-bend thing and it's not as simple as it looks...</p> <p>Female: Right.</p> <p>Til: ...because people will try to do a push-up against you or they'll try to – you know and that doesn't do it. And so, the cues I gave her were really let the front of her body – starting with the eyes, starting with the upper end, letting – and she learned pretty quickly but letting these muscles stay out of it. So, she's not doing it with her back as much as with her arms.</p> <p>Female: Okay.</p> <p>Til: And just really talking people through it step by step is an important part of the technique actually and then letting her belly and pelvis, pelvic floor fall out from under is a big piece too.</p> <p>Mickey: Yeah.</p> <p>Til: Okay. So, when you get the work from your partner, why don't you go first and get a sacral – get someone to float your sacrum a little bit too when you do that too. Okay. Let's</p>
--	--



**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

show the other one where we do an anterior – a sacrum that's stuck anterior. Now, let's have you sit down a second, Nancy, because I've forgotten now which side you were. Do you remember?

Female: Right, anterior.

Til: Anterior on...

Nancy: On this side.

Til: Your anterior right?

Nancy: Yeah.

Til: Okay. Let's have you on your back. Yeah. I'm going to do the same preparatory technique. I'm just lifting into the sacrum and letting the ilia drop back. So, this is just saying, hey, sacrum, did you know you're more than one thing? You're not just a bony ring. You're actually made up of a few pieces that could drift independently.

Nancy: That's very intense on my ASIS.

Til: Is it too much? How about that? Still intense?

Nancy: It's still intense. I don't know what to tell you but it's just...

Til: Better?

Nancy: Yeah. But now it's sensitized.

Til: Okay. Let's do other side. Sorry.

Nancy: It's okay.

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

Til: How are we doing with that?

Nancy: That was better.

Til: Okay. I'm being nicer too.

Nancy: Oh, thank you.

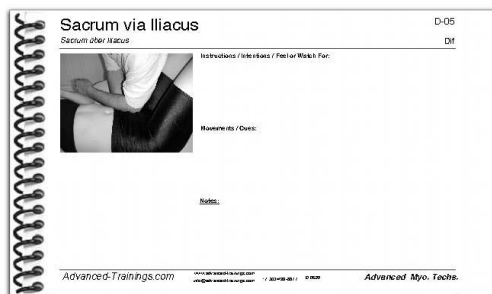
Male: Til, is the only reason you work with her on the back-bending so that that technique is better for posterior stuck...

Til: Yeah.

Male: ...and this is better for anterior.

Til: That's exactly it. Yeah. That one – that last one is for posterior stuck sacrum and this one's for anterior stuck sacrum.

Male: Thank you.



### D-05 Sacrum via Iliacus

Til: And bring your knees up. What page are we on, everybody?

Students: D-05.

Til: There's some controversy about what page we're on.

Female: We were doing the Sacral Back.

Til: The Sacral Back – we just did that one.

Students: So, we're doing the SI Release...

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: We're back to sacrum – I just did the SI Release.

Female: Now, we're on D-05.

Til: And now, we're on D-05, Sacrum by way of Iliacus.

Female: [Indiscernible].

Til: I was just doing D-03 to get her ready for this. We are going a bit zigzag through the book here. So, it's confusing. So, sacrum, anterior on the right. Yeah. I'm going to get nestled right up next to the iliacus and just drift down three quarters of an inch to the sacrum. So, I get nestled in there and then just drift down onto the front of the sacrum and wait for it to drift like we did the other one from the back.

Male: Could you leave the pelvis there and just pull your arm away? Yeah. All right. Thank you.

Til: How are you doing?

Nancy: Yes.

Til: So, knees should be up so that the belly is relaxed.

Female: And you stay right along the bone.

Til: Stay right along the bone. How are you doing with that? There's no pushing on my part. The second I even was thinking about pushing, she was speaking Spanish for a second there.

Nancy: And she doesn't speak Spanish.

Male: Til, if I can say it. One of the things *that you can tell if it's via iliacus* is the shoulder is

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>medial of his – on her medial of his forearm. So, his pressure is coming back into the pelvis. That's an important point.</p> <p>Female: That means superior to inferior?</p> <p>Male: That means...</p> <p>Students: Medial to lateral.</p> <p>Male: ...medial to lateral of his pressure. Yeah.</p> <p>Female: You mean, towards it?</p> <p>Til: Great. You're doing great.</p> <p>Male: He's not going in this way.</p> <p>Female: Okay.</p> <p>Til: Okay. Now, I'm going to put my hand under that joint. So, I got my hand under the SI joint now. So, I got something to move towards and it's – my left hand, the one under her is like the catcher's mitt now. It's going to catch her sacrum when it drops out from under.</p> <p>Female: So, you have your hand like this under the sacrum?</p> <p>Til: Yeah. Under that left side of the sacrum, so I can kind of monitor it in its release.</p> <p>Male: [Indiscernible].</p> <p>Til: Yeah. That's great and you just – yeah. You just let this whole thing drop. We are talking about letting go. That's what we're up to. Beautiful. Beautiful, Nancy. That's it. Nice. What's your experience?</p>
--	--

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Nancy: Yeah. I have issues in there. And if I was not in front of a camera, I would be emoting.

Til: There are feelings too.

Nancy: Oh, definitely.

Til: There are feelings.

Nancy: And I'm not a person who really holds back most of my feelings. So, yes...

Til: Uh-huh.

Nancy: ...I'm on the edge but...

Til: Let's just hang out there on the edge.

Nancy: Yeah.

Til: Let's not go any farther. Let's not back up too fast either. Let's just stay right with that. And now, just feeling. There's room for your feelings, room for experience, room for this to let go if it wants. Okay if I come out now? What's happening for you there?

Nancy: I'm just fine.

Til: Great.

Nancy: I'm just fine.

Til: Great. On just on the physical level – there are a lot levels of course but just on the physical level, there was a buildup and every time she'd exhale those, she'd let it go and get bigger underneath and bigger inside and a couple of cycles of that and I just was able to sink down farther and farther. So, I felt that go.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Female: So, were you able to get deep enough to feel the sacrum?

Til: Yeah.

Female: Okay?

Nancy: Oh, yes.

Til: Okay. Same for you. When you get work done with someone, you go first and have them float your sacrum. Okay.

Nancy: Okay.

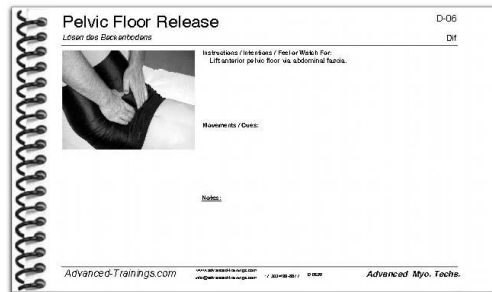
Til: Actually, let's go ahead and show that now. I'll show that with you now if it's okay.

Nancy: That's fine.

Til: Okay.

Female: D-07.

Til: D-07. What's the next one in the book?



## **D-06 Pelvic Floor Release**

Students: Pelvic Floor Release.

Til: Pelvic Floor Release. What do you think? Pelvic floor release or...

Nancy: I'm open.

Til: Okay.

Female: Want to see what it looks like first?

Nancy: I'm on the table. Thank you.

Til: You remember it. It's where you'd get a hold of the abdominal fascia and just pull up on the inside. So, you just talk to me...

Nancy: I will.

Til: ...on how it is. So, abdominal wall but now up inside the pelvis or I'm feeling down to inside the pelvis. How are we doing?

Nancy: Doing fine.

Til: Okay.

Nancy: You aren't near as deep as I was.

Female: Is this just one side you're doing it with?

Til: I'm doing both, left and right here. Yeah. If someone has a full bladder, this is murder.

Nancy: I'm emptied mine.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Til: Okay.

Nancy: Yeah. This is nice.

Til: What's it like?

Nancy: It's intense but it's a release of whatever and it's like lifting a burden.

Til: Uh-huh. Lovely.

Nancy: I agree.

Female: Like where did you start or is it like in here higher?

Til: I started here, yeah. In the abdomen – lower abdomen.

Female: Can you touch your pubic bone just so I can see.

Nancy: It's down here.

Til: *Orient*.

Female: And your belly button is – okay.

Female: So, where did you start...

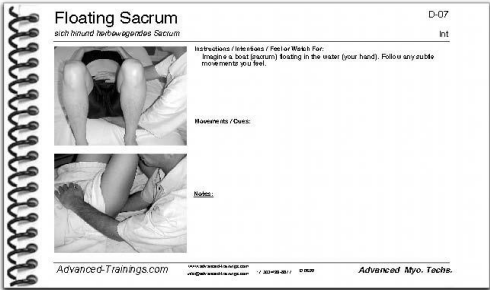
Til: My Hells Angel tattoo is over here.

Nancy: He was here.

Til: Could I borrow that stool? The stool on your right.



## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>Nancy: I want to see it.</p> <p>Til: Okay.</p> <p>Female: So, it's between the pubis...</p> <p>Til: Somewhere between pubis and navel. Just anywhere in the front of the abdomen where you can get a hold of yourself or them.</p>
 <p>The screenshot shows a document titled 'Floating Sacrum' with the subtitle 'sich hinund herbewegendes Sacrum'. It includes two photographs of a person lying on their back with hands on the sacrum. The text 'Instructions / Intervall / Feel or Watch For: Imagine a boat (sacrum) floating in the water (your hand). Follow any subtle movement you feel.' is visible. The footer mentions 'Advanced-Trainings.com' and 'Advanced Myo. Techn.'.</p>	<p><b>D-07 Floating Sacrum</b></p> <p>Til: Okay. Floating the Sacrum, number...</p> <p>Female: D-07.</p> <p>Til: D-07. Why don't you go ahead and press under your feet to lift your hips off the table and then come on down. Okay. I'm going to tell you – I got it. Two. We're going to have two at ones. But sacrum, just fingers up at the base and up the top and just cupping, holding, floating the sacrum in the hand. What's the text say there? There are a few versions of this. What do we have there?</p> <p>Students: It doesn't say.</p> <p>Til: Doesn't say any text? And the title of the technique is...</p> <p>Students: Floating the Sacrum.</p> <p>Til: Floating the Sacrum. Okay. Great.</p> <p>Female: So, you're on both sides kind of equally?</p> <p>Til: I'm right in the middle. Right in the middle. Floating the Sacrum. Here, the idea is that – is the sacrum is like a boat, my hand is the water. Doing our boat metaphors in here.</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

Female: Top hand is just light?

Til: Top hand is just giving me – giving and her boat a three-dimensional sense of the pelvis. So, I'm feeling ASIS where I can help the legs relax. But it's the kind of touch that water would touch a boat with. It's just like holding it and the water is calm and if there's any movement, the movement comes from the boat. And as the boat moves, the water follows it. So, there's a gentle – on her case, a gentle rocking now, just – you know, just sacral nutation thing that's done at a slower scale.

Female: And your hand is pointing in this direction?

Til: Uh-huh.

Female: It's toward her head?

Til: Yeah.

Female: You're not doing any tugging other than your intention?

Til: Yeah.

Female: What is your intention?

Til: To be like water.

Female: Okay.

Male: So, are you feeling tugging now, Nancy? What's that like?

Nancy: No. I have a prior training of doing craniosacral and one of the treatments is to hold on the sacrum and tug it down and *so I'm inquiring*.

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>Til: That's an old osteopathic technique that we used in Rolfing a lot too. And that's a good one but right now, I'm just floating.</p> <p>Nancy: Yeah.</p> <p>Til: I'm just letting sacrum do its thing as a way to quiet the waters after the more intense deeper work. Although after you've been here for a while, you can – you stay heavy, Nancy. I'm just going to come straight out.</p> <p>Nancy: Yeah. Sure.</p> <p>Male: So, you can use this as a prep as well as a thank you...</p> <p>Til: Uh-huh.</p> <p>Male: ...for everything coming out.</p> <p>Til: Have a good day. Yeah.</p> <p>Nancy: Yeah. It "reduces" trauma if there is any.</p> <p>Til: Calming. Was that it? Did we get them?</p> <p>Female: Yeah.</p> <p>Til: Okay. What time have we got here?</p> <p>Students: 20 to 3:00.</p> <p>Til: 20 to 3:00? Okay. So, you got about a half hour each to go play with these few things and bring in anything else your partner needs. Call us in if we can help in any way. Have a great time.</p>
--	---



## **E-02 Prone Quad Stretches**

Til: Supplemental Techniques. The ordering is fairly random but these can be mixed into the previous sequences wherever need be. First one listed there, page E-02 is the Prone Quad Stretches. Here's a quad stretch. The problem with it could be that the tight – a tight quad will pull the pelvis into anterior tilt and drive the lumbar deep. So, what I can do is I counterstretch here on the sacrum to keep the lumbar long. And her leg is in line with her body and I just hold and let her breathe. Knee ligament injuries would be a contraindication for this because they – it would – like someone might feel some strain on their knee ligaments if they've had an injury or surgery with this one. If someone's really flexible like Karen, you can do a variation where you fold your hand inside the knee to open up the knee joint and that focuses the stretch a little more around the joint capsule and the attachments of the quads. Is that what you're feeling, Karen? Is that...

Karen: Yeah.

Til: ...more joint itself?

Karen: Actually, in the sacrum.

Til: Sacrum. Okay.

Karen: It feels good in the knee though.

Til: Feels good in the knee. Great.



## E-06 Coccyx

Til: We're going to out of order a little bit here just to stay with the position. We're going to go up to E-06, the Coccyx work. And with your permission, it's a lot like the work we did on the sacrotuberous ligament back in the first sequence and the sacrotuberous is a way we can orient to the coccyx. If you follow the sacrotuberous up, you're right on the lateral side of the coccyx here and you can see that I'm working the far side of the coccyx. So, I'm working her right side of the coccyx although I'm standing on the left side. I'm working right up next to the coccyx where the sacrospinous ligament itself is. This one's missing a coccyx but I'm reaching across and working into this notch beside the coccyx and sacrum right up in there. Now, I can also hold the side of the coccyx itself. A lot of times that joint where the coccygeal segments meet the sacrum has a strain patterns in it from either falls or pelvic floor issues and now I'm crossing over and working on the same side of coccyx here. How's the pressure, Karen?

Karen: Fine. Good.

Til: So, I'm working all of these inferior and medial aspects of the coccyx itself and the joint around them. Now, some coccyx get really tucked under and either from a fall or again from pelvic floor tightness and you can't – you don't really want to get on the coccyx and try to pull it straight but you can kind of tickle the sides in a way that relieve those strain patterns on it and help it float back into a more neutral position. You don't want to force the coccyx itself but working the ligamentous attachments between it and the sacrum can help it reposition. Okay.

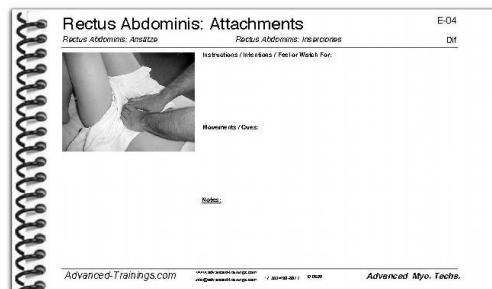


### E-03 Can-Can

Til: What's the third technique the one now after the quad stretch?

Students: The Can-Can.

Til: It's the Can-Can. So, we'll have you turn on over, face up now, Karen. Great. And this can be down, this can be up. Can-Can. It's just a vertical femur and I'm using – you're so flexible. Your leg will wax your other one but I'm just rotating the femur now in its socket to loosen up all those rotators around the hip joint, the iliofemoral ligaments and in this case, the knee as well. So, all that is just swinging. You can usually swing a lot bigger than you think but it's really the end range that feels good and does the release. The two – this isn't in the book at this place but we showed it earlier with the pelvic dangling. The two-leg version is the tadpole and this movement goes more into sacrum and low back.



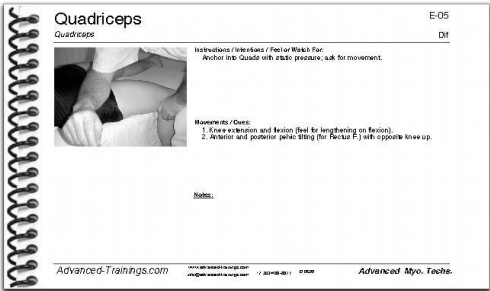
### E-04 Rectus Abdominis: Attachments

Til: What's the next one there? Number 4, Rectus Abdominis Attachments. Is it okay if I work the top of your pubic bone there?


Karen: Uh-huh.

Til: So, rectus come down – recti come down and attach right here on the superior aspect of that pubic tubercle and they – the whole – the broader rectus comes down into a narrow point right on that place. So, what I'm going to do is press into those attachments, into the place where it's focused down to the point and hold while she does a couple of movements to activate that muscle. So, the angle we use is coming down from above and coming right under the top part of that pubic bone. You want to be careful not to press too much into the abdomen or the bladder but right where those muscles focus in on the top of the pubic bone is where I press. And I'm really thinking attachment onto the bone. Once I'm here, you can gently lift your head off the table to activate that rectus a little bit and come on down and she's got a little bit of activity with that. If I want to get more activity, you can lift both knees a little bit and then come on down. So, I hold and she moves in order to get the

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

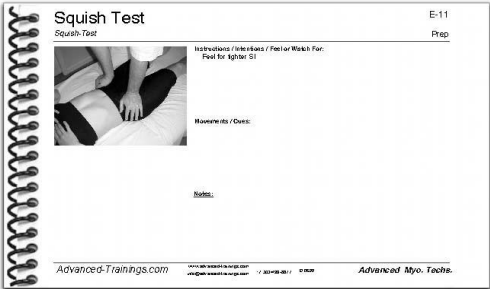
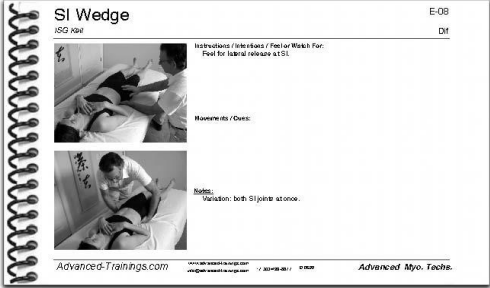
	<p>release. It's just a way to release rectus from the pelvis and start to address both pelvic angle but restrictions in the pelvic movement that happen from above abdominal level.</p>
 The image shows a spiral-bound notebook page titled 'Quadriceps' in the top left corner. In the top right corner, it says 'E-05' and 'DT'. Below the title, there is a small diagram of a person's leg with a hand pointing to the quadriceps area. To the right of the diagram, there is handwritten text: 'Instructions / Intention / Focus / Watch For: Anchor into Quad with right hand, pressure, ask for movement.' Below this, there is another section titled 'Movements / Cues:' followed by two numbered points: '1. Knee extension and flexion (feel for lengthening on flexion)' and '2. Abduction and adduction pelvic tilting (the Rectus F) with opposite knee up.' At the bottom of the page, there is a 'Notes:' section which is currently blank. The footer of the page includes 'Advanced-Trainings.com' on the left and 'Advanced Myo. Techn.' on the right.	<h3>E-05 Quadriceps</h3> <p>Til: Next one is...</p> <p>Female: Quadriceps.</p> <p>Til: Quadriceps. Page...</p> <p>Male: 5.</p> <p>Til: E-05. Come on over to this edge of the table, Karen. So, with her leg over the edge like this – can I roll this up a little bit?</p> <p>Karen: Uh-huh. It's fine.</p> <p>Til: Well, they're a little tight. We'll do it through the pants but skin is often...</p> <p>Karen: No, not enough.</p> <p>Til: No, not easily enough. Her leg over the edge here. What I do is anchor into the quadriceps. And you go ahead and straighten your leg and then I hold the tissue while you slowly lower out from under here. Any sliding that happens is because she's sliding out from under my fixed anchor. And straighten again.</p> <p>Female: Did you sink in while she flexes?</p> <p>Til: I don't sink in more but it's more like I let her slide out from under me here.</p> <p>Female: Okay. But what I mean is do you change the weight that you're putting on her leg with flexion...</p>

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

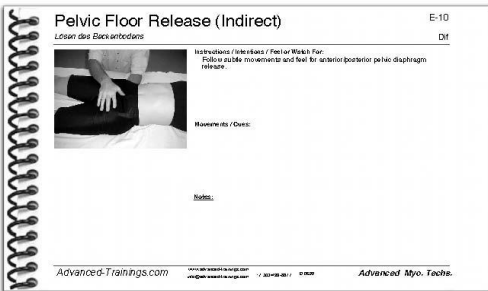
	<p>Til: Not so much. I'm more still in letting her do the pressure. The question was do I change my pressure or go deeper in and out as she moves? The next one.</p>
 A screenshot of a document titled "Leg-Over Twists" with the subtitle "Torsionen des Beines über Kreuz". It includes a small image of a person performing the exercise, a section for "Instruktions / Hinweise / Fehler/Wacht Für:", a "Muskelwirk / Druck:" section, and a "Notes:" section. The footer mentions "Advanced-Trainings.com" and "Advanced Myo. Techn.". The document is labeled "E-07" and "Dif".	<p><b>E-07 Leg-Over Twists</b></p> <p>Male: The Leg-Over Twists.</p> <p>Til: Leg-Over Twists. So, we've skipped the coccyx. We did that one earlier. And here – let's do the other side, so the camera can see it easier. Here, I am using the leg and pelvis to roll the lower back open and the twisting part can happen between the ribcage and pelvis. Where I'm actually – to do that, I'm actually rolling the pelvis more than pulling the legs. Some people will have a pinch in the psoas, bursa or the psoas right there from cramping the leg too much against it. So, what I do is I roll the pelvic segment to keep that open and then bring the twist up into the lumbar and just wait for that release. All this in service of freeing lumbar-pelvis relationship lengthening. Next one.</p> <p>Male: SI wedge.</p> <p>Til: The SI wedge.</p> <p>Male: Yeah. I think we left that out.</p> <p>Til: And the...</p> <p>George: And then Unwinding.</p> <p>Til: What's the one after that, George? Keep going.</p> <p>George: Pelvic Floor Release.</p> <p>Til: Pelvic Floor Release and Squish Test.</p>



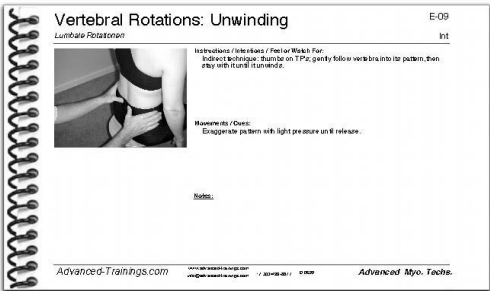
## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>George: Squish Test.</p> <p>Til: The Pelvic Floor Release – what number is that?</p> <p>Students: E-10.</p> <p>Til: We're going to skip ahead to E-10, Pelvic Floor Release and the Squish Test.</p>
	<p><b>E-11 Squish Test</b></p> <p>Til: Actually, let's do the Squish Test for which is number 11 because that's – that will give us information we can use in the other one. Here, I get my shoulder girdle centered over her body – pelvis and just feel on the ASIS which one squishes more. And I'm going to use this information in releasing one of the SIs. So, the right side in Karen is easier. The left side is a little firmer. And so, if you remember that ilia is arranged like this so that when I push on the ASIS, it's feeling for that give between the sacrum and the ilia. So, there's more give on the right and compared to the less give on the left. So, the left side we could say is a little tighter.</p>
	<p><b>E-08 SI Wedge</b></p> <p>Til: And then I might do that Wedge Technique that we did earlier or some of the other techniques that help release that SI joint. Okay.</p> <p>Female: Is the wedge technique different from the SI release?</p> <p>Til: The wedge technique is a little different from the SI release in that – what page is the wedge technique on?</p> <p>Male: E-08.</p> <p>Til: E-08. It's similar hand position but I'm thinking more just behind now instead of a counterstretch from the front. With the wedge, I just reach up into the joint space and let</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

	<p>her settle down onto that passive wedge of my fingers. And wait for that to breathe.</p> <p>Female: So, this is more passive than the others?</p> <p>Til: The other one I'm doing a counter-pressure.</p> <p>Female: Uh-huh.</p> <p>Til: Here, I'm just letting the...</p> <p>Female: So, you're just waiting.</p> <p>Til: Yeah. Just waiting for that joint to open. And this hand is in front but I'm more monitoring what's happening at the ilia and waiting to – feeling that three-dimensional sense to the pelvis too. Question was what's the difference between this one and earlier SI release? And then we can recheck. And a little more even. Still a little bit firm on this side. We just did a quick version of that but it is a little more even.</p>
 The image shows a spiral-bound notebook with a white cover. The page is titled 'Pelvic Floor Release (Indirect)' and has a small diagram of a person lying on their back with a hand placed on the lower back. The text on the page includes 'Lessen des Beckenbodens', 'Instructions / Anweisungen / Fingers Work / Für', 'Folgt der able movement and feel for anterior posterior pelvic diaphragm release.', 'Muscle / Dm', and 'Notes:'. The bottom of the page has the website 'Advanced-Trainings.com' and the text 'Advanced Myo. Techs.'.	<p><b>E-10 Pelvic Floor Release (Indirect)</b></p> <p>Til: Now, we're going to...</p> <p>Male: Vertebral Rotations.</p> <p>Male: Pelvic Floor Release.</p> <p>Til: Pelvic Floor Release on page E-10. This one's very indirect. I just get a hand under her sacrum and get a hand right above the pubic bone in front and I'm just feeling the front back dimension of the pelvic floor. Now, there's a constant shift and shape of the body – all through the body. It's always changing with the respiratory rhythm, with the cranial rhythm and I'm just feeling for those shape changes, changes in dimension and following them with my hands. Now, this one focus in particularly the pelvic floor can be very profound. It's like the bottom of the whole abdominal cavity. So, just feeling that front and</p>

## Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>back shape change and waiting and feeling allows it to – the cycle to calm itself, to really slow down and balance out. So, you're handing me the skeleton here – thank you – to show I'm just under the sacrum in front and right above the pubic bone – sorry – under the sacrum in the back, above the pubic in the front, feeling that dimensionality of pelvic floor, that breathing and following. It's a lot like following – floating the sacrum but now front and back floating the whole pelvic floor.</p> <p>Male: Can you turn that just to see quite that hand pushing back? There you go.</p> <p>Til: In the back and in the front. Thanks, George.</p>
	<p><b>E-09 Vertebral Rotations: Unwinding</b></p> <p>Til: We're doing one of the supplemental techniques, page E-09, Vertebral – what's it titled?</p> <p>Students: Vertebral Rotations, Unwinding.</p> <p>Til: Vertebral Rotations, Unwinding. What I'm going to do now after having done some of that deep work on her pelvis and lower back, we're going to go and feel her transverse processes of her vertebrae to see what rotations might be there. It's a very soft indirect technique but it's a great thing to do after doing deep work because you can decompensate people's patterns or you can induce rotations that's great to have a chance – giving it as a chance to kind of unwind themselves. So, when a vertebra is rotated, one of the transverse processes will be farther back on the other side. So, as we feel along this side, we'll feel a bump on one side and less of a bump on the other. That's a sign that there's a rotation there. In this technique, I'm going to feel that and when I feel that bump, I'm actually – since it's an indirect technique, I'm actually going to take it further into that pattern, into that rotation by a super light pressure. It's like the weight of – you know, barely enough to dent the skin but enough to kind of feel into that level of the bone and take it further into its pattern where usually it will go deeper and then after I wait long enough, it will actually come back on its own and find a more neutral, a more neutral place. And it looks like this. Okay. Let's cut for a second. So, the pressure again is very light and I'm just going to check all these different vertebrae. And so far, she's further back on the left as well. If your – your</p>

**Transcript: 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)**

hands can tell or sometimes you can stand up and look down and you'll see one side further back than the other as well. So, she's further back in the left which means she's left rotated here and all these guys. Can everybody see okay? Come on over here if you can't. But she's left rotated this whole segment. A large segment of rotation isn't usually as troublesome as one or two spots in any case but we'll go ahead and de-rotate this whole segment. So, we'll start them on the lower things and I should say she's sitting on her sit bones. She's got her feet on the floor. She's – her upper body is free, meaning she's not holding on to something with her hands or crossing her arms so that the rotation can travel and compensate it all the way up through. And there she goes a little bit. I'm just giving the slightest suggestion on the right, the side that's already deep to go a little more and she already starts to rotate it just a tiny bit. And I just follow it and we get that big breath which means we're talking now to nervous system as well. We're getting that parasympathetic release. And now, it's starting to come back where I was encouraging it to go deeper on the right. It went deeper for a while and then it does start to come back to the left and she's adjusting now with her upper body as well to accommodate that. This is subtle, very subtle work and that – for that reason, it's very safe because these are deep patterns and you don't want to just go twisting lumbar around indiscriminately but the subtle, indirect following work allows the body to do whatever it needs to after having received the deep work that we've done so far. So, here's the next one and I'm taking it deep. She's yielding out from under my gentle suggestion. So, she's rotating farther to the left, the right side is going deeper. And then she's gently coming back around. This is small, subtle, quiet work which really a lot of listening. Again, the pressure is just enough to dent the skin but you'd be surprised how much you can feel with that light of touch. I'll go ahead and work on up through the lumbar certainly and if you have the time, you can take it on up through the rest of the back. But this is just a great way to finish a session of deep work. It's a nice way to end the day today and as any kind of deep work you've done on the spine or neck or in this case, the pelvis, it's a great way to make sure that the body can adapt and integrate it. Any questions?

Male: Doing that with a prone client?

Til: Prone client? It might be interesting. I think it's probably better – question is can you do it face down on the table? I think it's probably better sitting up because that you can see how it allowed her upper body to respond subtly too and in gravity, it's probably going to

**Transcript:** 'PELVIS, HIP & SACRUM' Part 2 with Til Luchau (Advanced Myofascial Techniques Series)

	<p>be more relevant and you know, you're talking to a nervous system in a different way than just passively. Try it on the table though. It might be interesting in that position too.</p> <p>Male: [Indiscernible].</p> <p>Til: Yeah. Yeah.</p> <p>Male: Roll the elbows in a little bit.</p> <p>Til: Yeah. Right. Sometimes, you lean on it and you'd do your elbow and you push and push and push and you finally back off and just get really subtle then it starts to move. Did you have a question too, Bob?</p> <p>Bob: That's the exact same question.</p> <p>Til: Is that right? Okay. Anything else? Okay. Let's go to work.</p>
--	--