



# Terra Rosa Bodywork e-News

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**Welcome** to the first issue of Terra Rosa Bodywork e-news, our new free electronic news magazine dedicated to bodyworkers. It is an exciting full-on 40 pages of information. We are very excited about it, and we hope that we are able to make one more issue at the end of this year.

We got great articles for you. First Art Riggs is giving us his take on Touch. Then Anita Boser shows us some undulation exercise to relieve stress from our work. Michael Stanborough discusses about the Core and just how we should use our body as we work. Thomas Zudrell introduces the Dorn Method. Ali tells us her experience from watching the Fascia Congress. From TCM, we are introduced to 10 effective acupressure points. We have a brief look at the upper-crossed syndrome. Followed by Carpal Tunnel Syndrome by Sean Riehl, CTS manual testing as proposed by Whitney Lowe. And much more.. Don't forget to read our 6 questions to Sean Riehl and Art Riggs. And check out our collection of DVDs and books.

We hope to keep you informed and entertained. This e-News is dedicated to all of you. If you have something you wish to contribute, drop us an email: [terrarosa@gmail.com](mailto:terrarosa@gmail.com). We believe that therapists like you have lots of experiences to share around. Thanks for all of your support and enjoy reading.

## TERRA ROSA

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THE SOURCE FOR MASSAGE INFORMATION

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# The Art of Touch

by Art Riggs



## Defining Touch

How long does it take a client to determine the quality of work when she receives a massage from a therapist she's never visited before? Most people say that within the first minute or two they can predict how the whole massage will feel. No matter what particular area of expertise or how many sophisticated workshops we have taken, probably no other aspect of our work defines us as therapists and communicates to our clients who we are as the subjective feel of our touch.

A quality massage is not just fancy strokes or sophisticated techniques. I have received wonderful work from relatively inexperienced massage therapists who have a good touch. I have also counted the minutes until the massage is finished when receiving work from graduates of 1000-hour trainings who have a huge repertoire of strokes and have been practicing for many years, but have not cultivated their touch.

Cultivating a sensitive and powerful touch generated by soft hands is a life-long process, but virtually impossible to explain. One essential quality that comes to mind is the

concept of "intention." Without a clear intention of the depth at which you focus your energy and a specific goal of what you want to happen, your strokes are simply empty gestures. We all have had massages where beautiful, flowing strokes were emphasized, but we really felt nothing happen in our bodies. This is a result of placing more importance on "form" than "function."

**Imagine that you are receiving a massage from a total stranger. How long does it take for you to determine the quality of the massage you are about to receive?**

Some people complain they leave a gentle massage without feeling any change in their bodies. Conversely, the most frequently mentioned complaint about deep work is that it is painful. Rarely is there a need for pain in massage. In fact, pain is actually one of the major obstacles to our goal of relaxing and lengthening muscles and releasing tension.

The biggest cause of pain — or a harsh touch — is attempting to make things happen, rather than letting things happen. Do not try to force tissue into releasing. Rarely is

pain a result of working too deeply; often it is simply a product of working too fast. The deeper you work, the more you must slow down. If tissue does not respond, applying more force is rarely the solution. If you find yourself shaking, your joints hyper-extending, or pain in any part of your body, then you are working too hard.

For an effective touch, it is necessary to grab and stretch the tissue rather than just sliding over it with compressive strokes. Clients sometimes mention they feel like they are being molded like clay when their muscles are stretched, rather than just

squeezed. Slipping across over-lubricated tissue allows for compression, but very little stretching. Over-lubricating is another cause of overworking and a harsh touch — try turning a doorknob when your hands are slathered with oil to see how much effort is needed to accomplish a simple goal.

Massage therapists are notoriously generous and often attempt to accomplish too much in a single session by working too fast or too hard. Even in a full-body massage, pick one or two areas for each session

# TOUCH

that will leave your client more integrated and whole, and focus patient attention on these areas. Take your time to free these areas rather than playing “Beat the Clock” in an attempt to cover the entire body, giving equal attention to all parts. I think patience is probably the single quality that dictates our touch. Slowing down and gently waiting for the all-important “melt” to happen is what creates lasting and sometimes profound change in our clients. Waiting for tissue to melt makes our work more efficient by letting us know when we have accomplished our goals in an area, as well as validating our effectiveness, making our work more satisfying.

Anyone who has danced knows the joy of a partner who is present at all times and reacts to the smallest cue



(something that, sad to say, none of my dancing partners has experienced). Massage is a form of dance between you and your clients. Some clients need more direction than others, and one should not try to dance the same dance with every client. Your strategy will be dictated by many factors: the quality of tissue and holding patterns, areas of fear or pain, and countless other subtle factors, but most of all, the bond of communication and trust between the two of you. A nurturing

and easy touch is the most powerful tool you can have to establish this bond.

## The Depth of Touch

The depth at which you work has little correlation with how hard you work. This one aspect has been a constant struggle for me; being relatively strong, I have a natural tendency to simply apply more effort when I encounter resistance. Each year I practice, I find that I accomplish more with less effort.

Our role is to release tension in the body. It is counterproductive to attempt to teach relaxation to our clients by imposing tension with stiff fingers or by muscular straining. Elimination of strain is influenced by many factors such as your own

## How to Cultivate Your Touch



### Receive Work from Accomplished Bodyworkers

It is surprising how often students admit that they rarely receive bodywork except for occasional trades with fellow students. They become mired in a vicious circle of not having enough clients, worrying about the expense of getting work from experts, and never learning the sensations of cultivated touch. They fail to improve the quality of their work and as a result their practices fail to grow. Paying for work from experienced experts always pays off. You receive excellent work on your own body, and, just as important, you always learn skills to apply to your own practice. Ask the therapist to explain what she is doing during the massage. I am always amazed at how enthusiastic I am after receiving work. Not only do I learn new ways of working,

but my confidence in my own work grows as I realize similarities in our styles and the benefit we give our clients. Budget your finances to receive work on a regular basis and make that appointment now!

### Take Continuing Education Classes

I know therapists who have not taken a class in years. Some of them are hesitant to spend the money or to take the time off from work or play. Others have full practices or only consider classes for their potential to generate more income or fulfill obligations for continuing education or licensing. However, consider that in taking classes you not only learn, but will also receive several hours of good work on your own body from your peers. Consider taking classes in different disciplines, as very different types of work can expand your skills.

### Schedule a Tutorial

If you have a teacher whom you respect, arrange for yourself and a friend to take a few hours of training in a non-classroom environment. Define what you wish to get out of the session. The teacher should not only observe and general theories comment on your work on each other, but also should also be open to receiving your work so that she can comment on your touch.

Ask to give a teacher a massage in exchange for feedback even though it can be intimidating. Make it clear that you are open to constructive criticism and welcome any suggestions on how to improve your work. You should expect the session to be much more than just a free massage for your teacher followed by broad comments on how much she enjoyed the massage.

strength and weight, proper biomechanics, the speed of your strokes, the amount of lubrication you use, and most important, awareness of your client's response to your work. If your client is resisting your efforts, applying more force is rarely the solution.

Always be alert for signs of strain in your own body. If your hands become hard and inflexible or you notice shaking when you are working, it is a sure sign that you need to work less hard. It is mentally and physically exhausting and you risk injury to yourself and your client if you attempt to force relaxation.

This ability to work without strain utilizes an unspoken contract between you and your client which I call surrender. Both of you must let go of or surrender your will in a compromise based upon trust. Surrender is not a defeat or loss of power. As the therapist, you must let go of any agendas about forcing muscles to relax. You can only facilitate an opening and relaxation by letting it happen, not by making it happen. It involves letting go of attempting to control the outcome. Without this, the massage can become a power struggle between you and your client. If your clients can sense your compassion and flexibility, they can surrender their resistance to change without a feeling of defeat or of surrendering their power.

### **Stroke intention**

We have all experienced a massage where the therapist performs strokes with great flourish and grace, but nothing happens. Clients often disappointedly describe such a massage as one in which the therapist didn't work deep enough. Although this may occasionally be true, more

**“A Stroke performed without intention can be an empty gesture.”**

often it is a result of emphasis of form over function and a lack of intention behind the strokes. Every stroke should have a specific purpose behind it, and this intention is definitely not limited to “structural” work. Even the lightest relaxation-based work must be performed with a specific goal behind each stroke.



Closely linked to intention is the concept of “being present.” Everyone has experienced bodywork where the therapist just “isn't there”; conversely, we've all, in different degrees, felt that absence of focus in our own work. I have found that whenever I find my concentration wandering to such important subjects as what I'm having for dinner or last night's movie, there is an absence of purpose and intention to my strokes, and the quality of my work deteriorates significantly. This happens most often with clients who primarily are interested in “zoning out” and present few if any requests or complaints that stimulate problem-solving focus. If this is the case, then you must find this focus by your own evaluative skills.

Some therapists berate themselves for lapses in concentration and feel the solution of achieving a focused presence in their bodywork lies in achieving some special Zen focus that few of us are able to realize. Meditation, coffee, or chocolate are also not the solution. From years of teaching even experienced therapists, I've grown to believe the large majority of ineffective and unfocused work is a result, not of some attention deficit, but from the performance of perfunctory and rote strokes — of a lack of purpose and goals that need to be accomplished. Expecting purposeful and effective strokes to come just from your inner state of concentration is unrealistic — focus comes from intention to accomplish specific goals, not visa-versa.

As soon as a client walks through the door, I begin to plan my session. Watching her move, I look for transmission of movement through joints and for areas where muscles appear short and inflexible. Since my tactile skills are more refined than my visual skills, I begin each session with a few minutes of broad and holistic strokes, attempting to determine if tension is held in the upper or lower body, on one side more than another, or on the anterior or posterior body surface. Although your goals may change as you progress through the massage, it is a good idea to choose two or three crucial areas you feel would enable your client to leave the session with a better sense of freedom and release of tension. Be specific. Where are restrictions? How deep? Are they in the muscle belly or tendon? Or are they in protective holding patterns, either structural or emotional? Or perhaps in the ligaments and articulation of the joint itself? How can you provide

better transmission across joints, work with rotational abnormalities, and create better balance in the body?

Finally, it is exciting to see the evolution of respect for massage and bodywork in the last few years to a valued health alternative, whether for general relaxation and stress relief or for clinical therapy for musculoskeletal problems. In order to stay fresh and enthusiastic in our work, we all need to continue to grow and refine our skills, and it is

wonderful there are so many excellent workshops and specialized disciplines now available. I would like to remind that the most sophisticated techniques are not a substitute for a refined touch that can only be transmitted through our hands. Cultivating these skills is a life-long process that is our primary way to connect with our clients and communicate our care for them. No other aspect of our work defines us as therapists as the subjective feel of a sensitive and powerful and nurturing touch.

In the next issue, Art will continue to explore the topic of fulfillment through practice.

This article is an edited version from Art Riggs' book *Deep Tissue Massage*, and articles published in *Massage and Bodywork*.

## Aspects of Touch

Our skin is our largest organ, and it can be very sensitive and responsive. Touch can be more than a momentary tingle; touch can comfort and heal. According to Michael McCarthy, a TCM practitioner from UK, there are several aspects of touch.

**Touch as an innate sense.** As one of the first senses to develop, in utero, it seems that the skin tissue structures themselves have a built in quality which is touch responsive. In utero, an 8-week-old fetus seems to have a reflex response to the lightest touch.

**Touch as life-sustainer.** In the very earliest stages of life, touch is the medium through which the newborn infant negotiates its environment. It seems also that, if the newborn is not touched in particular ways, at the very least it will not thrive.

**Touch as gender- and culture-determined.** Men respond differently to touch than do women, female-female pairs touch each other more than do male-male pairs - more solid hugs and touches on hand, arm and back. Most studies have shown that females touch males more than vice versa. Mothers respond to infants by cradling, cuddling, rocking, carrying and tickling; fathers respond in a similar way, to a lesser extent.

**Touch as a communication.** Bodily contact is the most primitive form of social communication. It has been found that a very large area of the brain is used to receive messages from the skin and that these messages guide bodily movements and mediate responses to pressure, warmth, cold and pain. In human terms touching is a feeling contact with another person ... Being in touch means being aware ... to say I am touched by you is another way of saying you have evoked

a feeling response in me.

**Touch as a medium for healing.** Touch as a basis of healing is as old as the healing arts themselves. We spontaneously put our hand on our painful stomach, kiss our 2-year-old's knee after a fall, or hold our own aching head in our hands, to comfort or reduce the discomfort. In the therapeutic context, touch offers a bridge of correspondence between bodies to enable a healing dynamic to emerge. The beneficial effects of caring touch, commonly noted are, its ability to calm and comfort, to convey care and interest in the patient, to increase self esteem, to lower anxiety levels, soothe pain, and to facilitate communication and establish a rapport between therapist and patient.

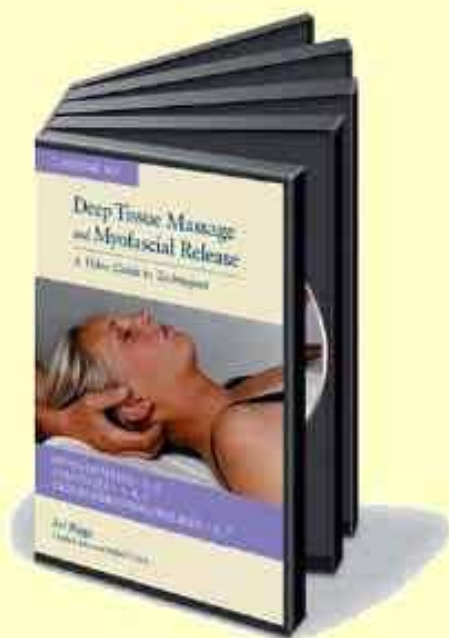
M. McCarthy. *Skin and touch as intermediates of body experience with reference to gender, culture and clinical experience.* *Journal of Bodywork and Movement Therapies* (1998) 2, 175-183.

## SOFT TISSUE THERAPY .com.au Conference 2008

The STT conference will be in July 5th and 6th this year, 2008, Wollongong, NSW. Including:

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- Brad Hiskins on Pelvic Assessment
- James Barker on Medial Tibial Pain
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- Geoff Walker on 'where is our industry going and the issues we face on the way'
- Andrew Curry on methods to activate pelvic floor
- Kelly Townsend on trials and tribulations of running a practice
- Tricia Jenkins on how to integrate Neuro Linguistic Programming (NLP) into your clinical practice
- Peter Garbutt (Chiropractor) on when is manipulation necessary
- Sports Physician Rob Reid on Radicular Pain
- Stewart Condie on the Specificity and Sensitivity of Orthopaedic Testing
- Genu Focus - Is massage education keeping up?
- James Walsh on pelvic function and back pain

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### Art Riggs Deep Tissue Massage & Myofascial Release *A Video Guide to Techniques*

This seven volume (over 11 hours) encyclopaedia of bodywork gives clear demonstrations of virtually every tissue technique any therapist will need. Seeing them performed live, in real time, offers an educational experience that is impossible to achieve in books alone.

Many massage training videos just show "strokes" without delving into the complex issues of soft tissue restrictions, osseous articulations and strategies for working with the multitude of different issues we face as therapists. This extensive series is designed to stimulate creativity and problem solving skills. This valuable resource not only shows countless strokes and strategies, but will, more importantly, demonstrate the art of working with fascia to affect profound change.

“Riggs is to be congratulated for putting together a pleasing and professional set of programs, which I predict will be strewn on the desk of many a therapist —being used, rather than up on a shelf gathering dust.” Thomas Myers

“Riggs does not simply present routines or protocols, but rather treatment options drawn from precise anatomical knowledge, applying specific intentional strokes with some intuition on the side. Deep Tissue Massage is a beautifully produced video set, and the demonstrations are presented without obstruction. Riggs’ passion for the profession really shines through his on-camera presence. He is a great teacher and he shares an enormous amount of knowledge and wisdom on these videos.” Lisa Mertz, *Massage Therapy Journal*

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# Relief for Massage Therapists' Repetitive Strain

by Anita Boser, LMP, CHP

Many clients find relief from repetitive strain on the massage therapy table. It's ironic that many massage therapists themselves develop repetitive strain injuries. We've all been taught good body mechanics and using those techniques will certainly reduce injury. I want to share another technique with you called undulation that helps as a restorative exercise during and after work.

Chronically contracted muscles dehydrate and develop adhesions. For the massage therapist, that's usually the pecs, anterior deltoids, anterior neck, and abdominals plus the surrounding fascia. The antagonists (traps, rhomboids, posterior deltoid, and erectors) develop a brace-like structure as the connective tissue matrix lays down extra fibers to support the immobility. Asking a muscle to contract with all that extra fortification is like asking a piece of plywood to bend.

A body that's been held in flexion for a period of time—whether a pediatric nurse or a massage therapist—would benefit from counterbalancing extension and

chest opening. A simple back bend stretch done periodically throughout the day is an option. However, tissues that have been overused are more easily strained, so it's possible to overstretch and create an injury.

## Hydrate Muscles

That's where undulations come in. Undulations are fluid movements through multiple joints that rehydrate tissues and activate deep core muscles. Rather than just stretching into extension, invite both flexion and extension into the spine and gently bring movement into stuck areas. Here's an exercise to try.

## Back and Forward and Back Again

1. Sit on a chair evenly on your sit bones. It's important for both feet to be firmly planted on the floor.
2. Move your torso so that your sternum dips toward your pelvis and the middle of your back rounds out in back.
3. Move your chest forward and up so that your back arches as the muscles

along the sides of your spine contract.

4. Alternate back and forward in this fashion for a minute and notice which parts of your back move easily and which parts don't.
5. Stop occasionally and start another movement from a different place. What does it take to get the unyielding places to participate?
6. As you continue, become better acquainted with the front of your spine.
7. Rest for up to a minute, until your back muscles are quiet.

## Nourish Joints

Using the hands for hours at a time is a fact of life for the massage therapist. This can compress the knuckles and carpal joints, in addition to setting up an environment for potential arthritis. In addition, the tendency is to stiffen when working with clients' resistant tissue or when fatigued, even though this tension adds strain and is counterproductive. By incorporating undulation, practitioners can main-

# UNDULATION

tain ease, sustain energy, and nourish joints.

Cartilage, ligaments, and intervertebral discs don't receive direct blood supply, so they depend on gentle movements to transfer nutrients and waste products. That's why practitioners can feel stiff after a day of repetitive massage. However, wave-like motions through joints counteract the stagnation. The following undulation is designed to restore joint health in the hands. It works well for massage therapists and computer programmers.

## Octopus

1. Curl and unfurl the fingers and thumb of the hand that you use most often. Imagine you are an octopus waking up the ends of your tentacles.
2. Move your fingers softly, together then separately.
3. For a minute or so, see how fluid your fingers can become. Flush out the inflexibility from your knuckles.
4. Let the movement creep up your hand to incorporate the wrist.
5. Continue the flow up your arm to include the elbow and then the shoulder.
6. Let the movement from

your fingers, wrist, elbow, and shoulder influence the rest of your body for a minute.

7. Repeat the sequence with your other hand.
8. Now move both hands and arms. Imagine an octopus swimming in the ocean.
9. Sit or lie with your hands in your lap. Feel softness and lightness in your joints.

## Start an Undulation Wave

As conscious breath from the practitioner invites more breath into the client, subtle movements in the practitioner's body encourage vitality in the tissues being touched. If any place in my body feels sore or stiff when I'm giving bodywork, I introduce an undulation into that part. Rigidity in my arms and fingers usually represents a fixed idea of how I think the client's tissues should respond. Fluid movement unlocks the attachments I have to how change should happen. The client's tissues then breathe better and can transform using their own wisdom.

Try giving massage with plywood arms and with octopus arms.

Invite an undulation into your feet, spine, or fingers as you are working. It will be easier for you and more effective for your clients.



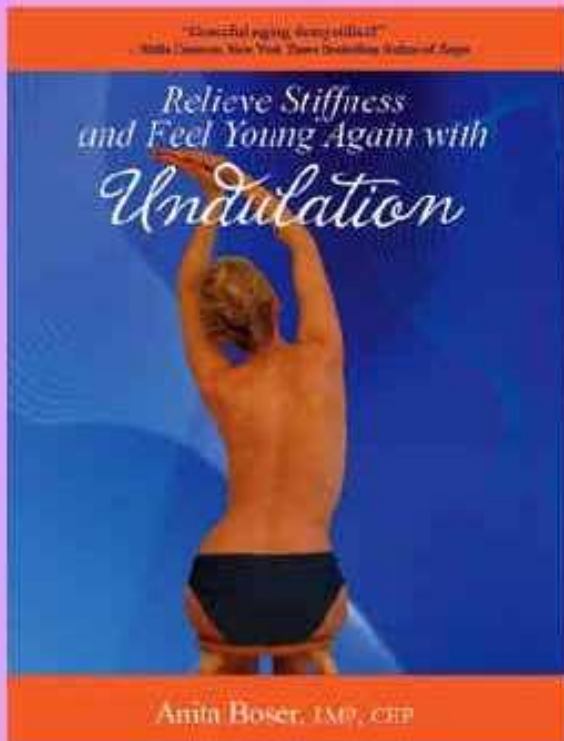
Anita Boser, LMP, CHP graduated from the Institute of Structural Medicine and practices Hellerwork

*Structural Integration in Issaquah, WA, USA. Boser is the author of Relieve Stiffness and Feel Young Again with Undulation and Undulation Exercises (audio version). The exercises in this article are excerpted from her book.*

*Relieve Stiffness and Feel Young Again with Undulation gives health professionals permission to copy and give up to 3 exercises per client.*

You can contact Anita at [anita@anitahellerworker.com](mailto:anita@anitahellerworker.com) or [www.undulationexercise.com](http://www.undulationexercise.com). Anita's book & audio CD can be purchased at [www.terrarosa.com.au](http://www.terrarosa.com.au)

## Feel better fast with Anita Boser's exercises



Whether you're 16, 36 or 65, an athlete or a couch potato, coordinated or a klutz, *Relieve Stiffness and Feel Young Again* shows you how just 10 minutes a day can make a difference in how you feel. Boser gives you easy-to-follow guidelines and photographs for 52 simple exercises that will allow you to move better and more comfortably. Try a different exercise every week and by the end of a year, you're sure to feel better. Wherever you ache, undulation will provide relief-naturally, without medication, without equipment, without expense. And you'll have fun, too!

Available from: [www.terrarosa.com.au](http://www.terrarosa.com.au)

"It's a little gem of a book: simple, to the point and yet very effective in showing how to release chronic tension." --Joseph Heller, founder, Hellerwork Structural Integration and co-author, Bodywise



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# ***The Core for Bodyworkers***

**MICHAEL STANBOROUGH**

In a survey conducted by The American Massage Therapy Association, the number one issue of concern to therapists was not practice building or increased income. It was how to minimize wear and tear on their bodies.<sup>1</sup> It raises the question - just how should therapists use their bodies as they work? In Australia, another survey revealed that the average working-life of a therapist is just 3.5 years. Burn-out was listed as the main reason for leaving the profession. There's no escaping the reality that massage therapists do physical work and that takes energy. This understanding is a kind of "Physics 101" reality - work takes energy. Energy conservation for a therapist means getting better at understanding how to use their most essential resource – their own body.

Like most theories, the “body-weight” approach, commonly advanced as the best way to work, has a kernel of truth in it. Put a mass at the end of a lever and there's potential there for getting some work done. The bigger the mass, the better the advantage. It's so attractive on paper! And it even hints at the possibility of

using something other than our personal version of brute strength to get our goals accomplished. This of course is a useful perspective to explore, especially for those of us who are not naturally endowed with brute-strength.

Regrettably, this body-weight approach has serious shortcomings. It even contributes to the very musculoskeletal ailments that therapists are trying to avoid or overcome. It places strain on the shoulder joints, causes compression of the thoracic outlet and contributes to forward head posture and scapular instability. Yikes. The list of possible symptoms includes: supraspinatus: inflammation; ligamentous laxity at the gleno-



Photo 1. Incorrect body use. (from *Direct Release Myofascial Technique* by Michael with permission from the publishers Churchill-Livingston).

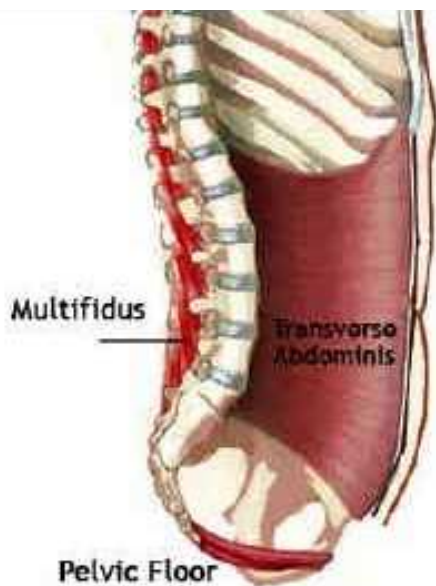
humeral joints; loss of strength and sensation in the hand and fingers; TMJ pain; bruxism; upper thoracic and cervical facet joint dysfunctions; and serious breathing pattern disorders.

How can therapists move away from this scenario, of the therapist diligently leaning, even slumping onto the patient's body? Or the other common scenario, of therapists working with intense, unsustainable muscular effort, that leaves them exhausted at the end of even one or two treatments? Developing appropriate muscle tone is the answer. And in a nutshell this means, above all else, cultivating stability via activation of the body's tonic gravity-response systems. These systems are often identified in terms of key structures, especially the transversus abdominus and more generally, the “core”. For the purposes of this article “core” will be defined as process of co-ordination, not just the action of a few isolated structures. “Core” then is a kinetic-melody not a mechanical muscular contraction.

Stability itself can in turn be divided into two main areas –

global stability and local stability. The first is concerned with broad relationships between the major segments of the body. Local stability is to do with the amount of control at individual joints. This article looks at the importance of both for the long-term well-being of the therapist.

The role of transversus abdominis (TA), the internal oblique and pelvic floor muscles in providing support for the low-back and viscera has been acknowledged and explored clinically by Rolf and Pilates.<sup>2,3,4</sup> Recent studies have significantly elaborated upon these original concepts and techniques. TA is identified as being synergistically involved with the thoracolumbar fascia, multifidus and pelvic floor to provide stability for the pelvis and trunk.<sup>5</sup> Of significant interest for the therapist in search of a stable, pain-free body it was shown that in the population with a normal functioning, pain-free back the first muscle to contract with movement of the extremities was, in fact, TA. This is true no matter what direction the extremity is moved. The au-



thors of this study termed this desirable activation of the TA as the “generation of a non-direction-specific stiffness of the spine”.<sup>5</sup> A preparatory stabilising of the trunk occurs a few milliseconds before the arm or leg moves. If it has its druthers the body puts stability ahead – just a few milliseconds though - of movement through space. This is one of the most important pieces in the puzzle of trying to get therapists’ bodies to be more resilient as they work.

This preparatory “pre-movement” requires coordinated activity - the kinetic melody - within the central nervous system (CNS). Establishing these new neuromuscular responses is central to the solution to therapist strain. A powerful way to activate this melody is to attend, with deliberate awareness, to the sensory/proprioceptive inputs to the CNS. Put in the simplest terms it means paying attention to sensations of temperature, pressure, spatial position and change of position. It’s really an amplification process – the inputs are always there but deliberate awareness turns the volume up. It’s surprisingly easy to do this and once the benefits are enjoyed, doing the multiple repetitions required to learn the new behaviours is easy.

Start with movements that are initiated with a specific sense of direction. Moving in this way involves the proprioceptors – position sensing nerves in and

around the joints as well as the fascia – informing the motor cortex of the outputs necessary for economical tonic function.<sup>6,7</sup> Alexander frequently noted that movement made with a specific sense of direction produced a sequence of muscle activation that results in less effort.<sup>6</sup>

The movements should be explored via the imagination as well. In the work of ideokinesis, Todd proposed that new movements are learned when they are introduced through imagery and prolonged periods of self-sensing. Both approaches provide access to the “invisible” gamma nervous system, the background system responsible for setting tone.<sup>8,9</sup>



Photo 2. Good body use. (from *Direct Release Myofascial Technique* by Michael with permission from the publishers Churchill-Livingston).

For the working therapist this can be explored “on the job”. The goal here is to explore in a curious, light-hearted manner as this is the way in which new behaviours are most easily learned. Focus on one aspect of this at a time – first the feet feel through and “receive through into the marrow of the bones” the ground; then go up through to

## CORE FOR BODYWORKERS

the sky “like a mushroom lightly pushing out of the ground for the very first time” via the top of the head. Once this span between earth and sky is established, reach away through the arms. This reaching will draw the scapula away from the ears and help them to “live with the ribs”. Contrast this “reaching” action with pushing or leaning. Notice the various pressures, tensions and shapes that are formed with each approach.

Next add a direction for the scapula and guide them toward the ground “like they’re running on a river of water down over the ribs towards the earth” while maintaining the reach of the arms. This will often result in a sense of moving “up-and-away” from the client – standing back further with lots of open angles at the major joints. A general sense of verticality and span will often be experienced. This will be done without any increase in muscular effort. In fact, it will very likely have led to a decrease in muscular effort and a beautiful sense of being better connected with the client.

This is a broad approach to re-patterning – developing the kinetic melody that flows on from opening up the sensory and proprioceptive pathways that inform the CNS of how to develop appropriate tone via changes in the gamma system.

Some joints are sufficiently unstable that they are incapable of

responding to this approach alone. The same studies that showed the stabilising pre-movement of the TA in extremity movements, also discovered that the multifidus muscles, responsible for segmental stability in the spine, - one vertebra in relation to another - quickly lose tone and volume when there is back pain.<sup>5</sup> In these instances of chronic dysfunction of a small intrinsic muscle more specific attention to facilitating muscle firing is required. This kind of specific, local re-patterning is best done out of the working environment.

Here’s a method for working with the multifidus.

Work with a partner. Adopt the four point kneel and develop a deliberate sense of connection through the hands and knees with the floor. Allow the sensations of pressure and temperature to be fully received. Next, reach away through the top of the head “swelling into the space just above the crown”. Then reach out through the tail-bone in the other direction “towards the wall behind” and sense the span that has now been developed in the body. The TA and obliques may well have activated and

drawn the abdomen towards the spine with an attendant delicious sense of tone through the whole trunk. Now have the standing partner locate the unstable/painful segment and apply pressure to it bilaterally via the thumbs. Once moderate, sustained pressure is established, the person on the floor can explore a micro movement. Lower the vertebra towards the floor a centimetre or two.

Control this motion – don’t let it slump. Next, swell the vertebra up into the pressure of the thumbs. Again, just a few centimetres of movement in space is all that is required. (see photos 4 & 4) . Oscillate through these



Photo 3. Swell-up action.



Photo 4. Down action.

## CORE FOR BODYWORKERS

two positions a number of times, paying attention to the directions of head and tail-bone that have already been established. Six or seven oscillations will be sufficient.

Go to standing and observe how that area of the back feels as well as the overall orientation of the spine. Common outcomes include diminished pain at the joint as well as less-effortful support for the spine as the intrinsic muscles activate to provide segmental stability and diminish the demands on the larger erector muscles.

1. AMTA [homepage on the Internet]. Evanston, IL: AMTA; c2000-2007 [cited 2007 Mar 27]. Online Survey. [http://](http://www.amtamassage.org)

[www.amtamassage.org](http://www.amtamassage.org)

2. Rolf I. Rolfing: The integration of human structures. New York: Harper and Row; 1978

3. Pilates J. Return to life through contrology. Nevada: Presentation Dynamics Inc.; 1998

4. Physical Mind Institute. Anatomy of Pilates. New York: Physical Mind Institute; 2001

5. Richardson C, Jull G, Hodges P, Hides J. Therapeutic exercise for spinal segmental stabilization in low back pain: scientific basis and clinical approach. Edinburgh: Churchill-Livingstone; 1999

6. de Aleantara P. Forward and up: An introduction to the Alexander technique. [cited 2007 July 11] Available from: [http://](http://www.pedrodealcantara.com/forward-and-up/)

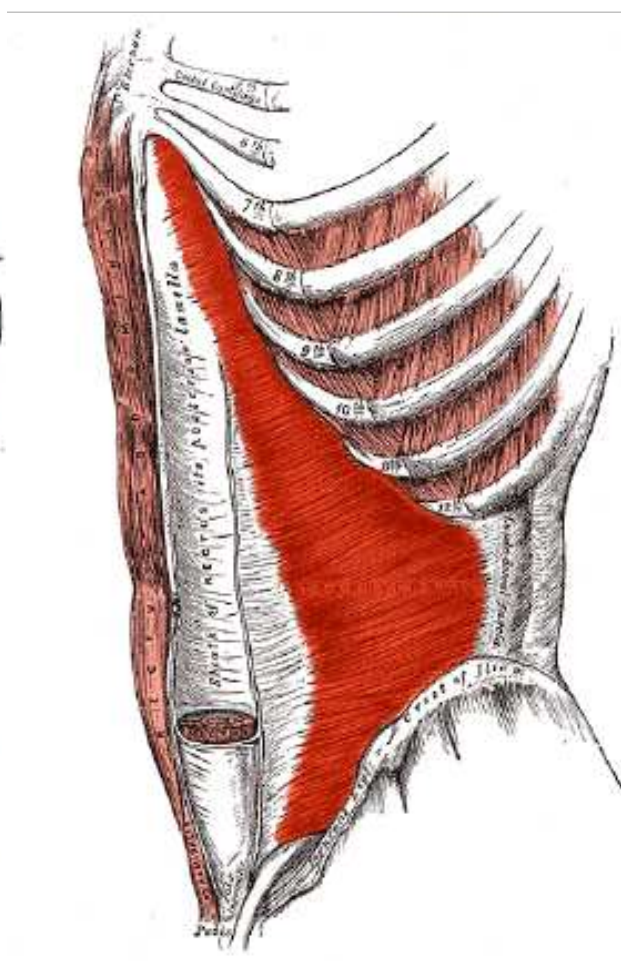
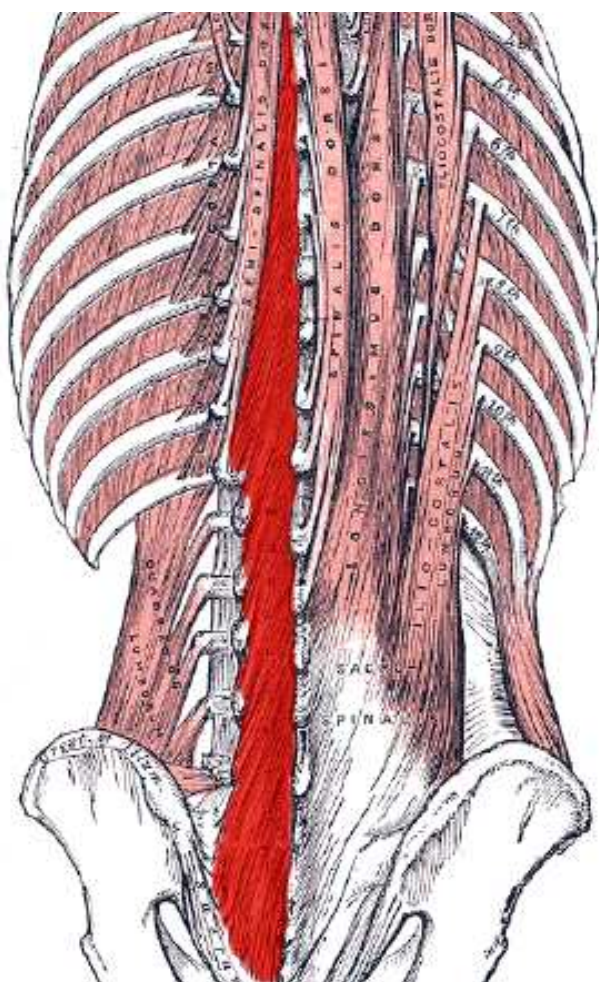
[www.pedrodealcantara.com/forward-and-up/](http://www.pedrodealcantara.com/forward-and-up/)

7. Frank K., McHose, How life moves. Berkeley: North Atlantic Press; 2007

8. Bernard A, Steinmüller W, Stricker, U. Ideokinesis: a creative approach to human movement and body alignment. Berkeley: North Atlantic Press, 2007

4. Juhan, D. Job's body. New York: Station Hill Press; 1987

*Michael Stanborough, M.A. is the author of Direct Release Myofascial techniques Book and DVDs. He has practiced Structural Integration Rolfing® for the past 20 years and is a full instructor at the Rolf® Institute in Boulder, Colorado. He is the first Australian to be certified to teach by the Rolf® Institute. Michael is also a certified Rolfing® Movement Practitioner. Michael has practiced and taught body therapies for over 23 years. For more information on his workshop throughout Australia, visit <http://www.myofascial.com.au>*

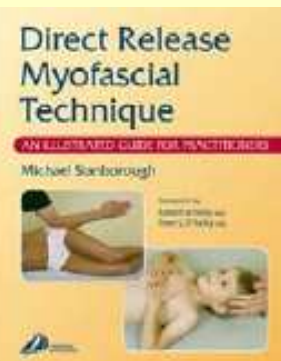


Drawings from Gray's Anatomy

# Direct Release Myofascial Technique

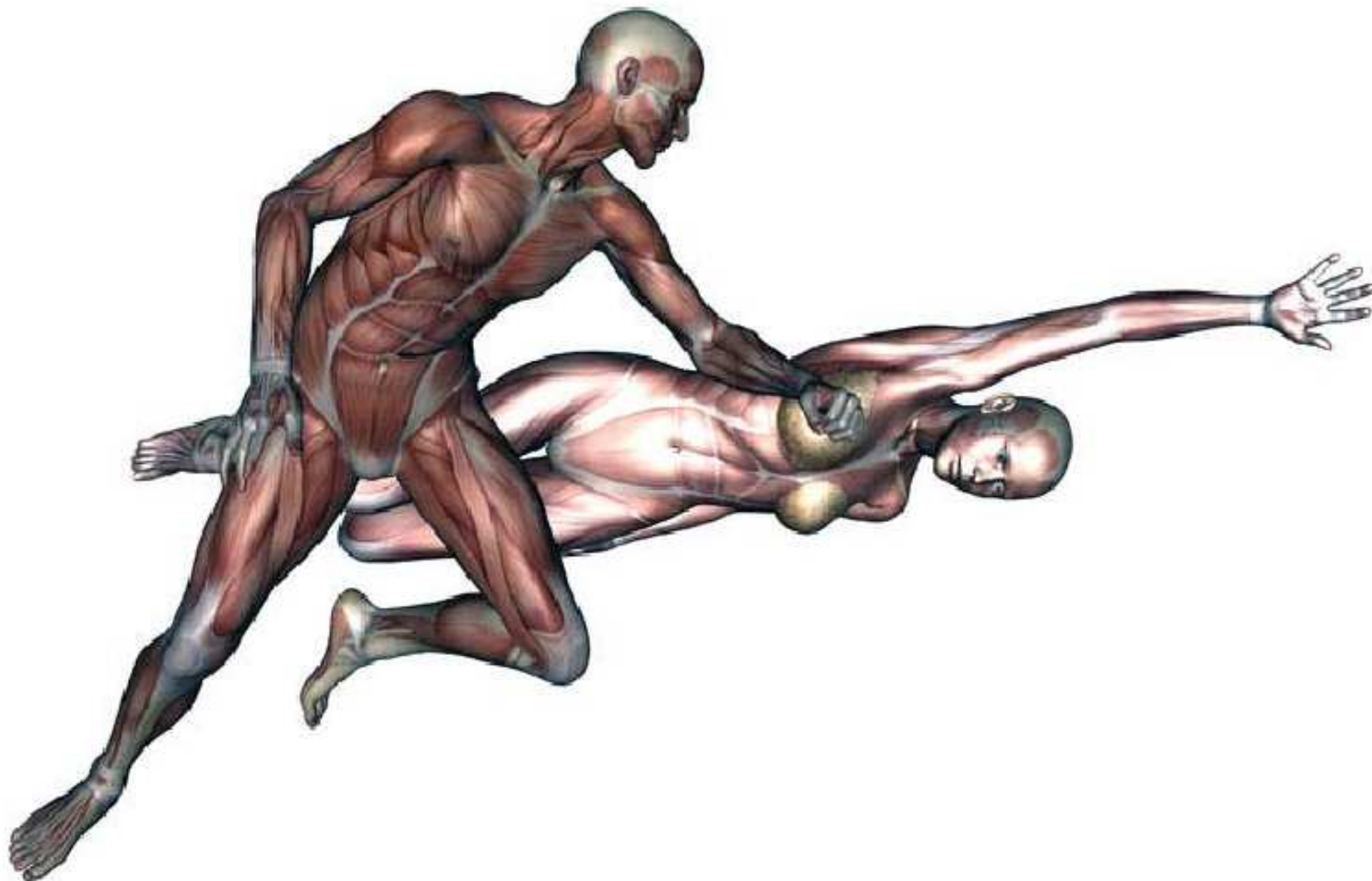
## by Michael Stanborough

Any manual therapist with an interest in effective soft tissue mobilization as either a primary or secondary goal of therapy will find this text highly relevant to their practice. This book provides a highly illustrated guide to direct release myofascial techniques and their application in clinical practice. This book strips away the surrounding theories and philosophies and focuses on the safe and appropriate use of the techniques themselves. Numerous photographs supplement the detailed, step-by-step coverage of techniques. Available from: <http://www.myo-fascial.com.au>



Watch over Michael's shoulder as he demonstrates, technique by technique, all of the material in his book. These are no ordinary training videos. Extreme measures were made to assure the quality and content was top-notch in every respect, that they are user-friendly. The DVD titles include: The Lower Extremities, The Thigh, The Pelvis, The Cervical Region, The Trunk - Posterior, The Trunk - Lateral/Anterior, Intra Oral, Head & Face, and The Upper Extremities.

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# ***The Dorn Method***

## ***for treating painful ailments of the structural system***

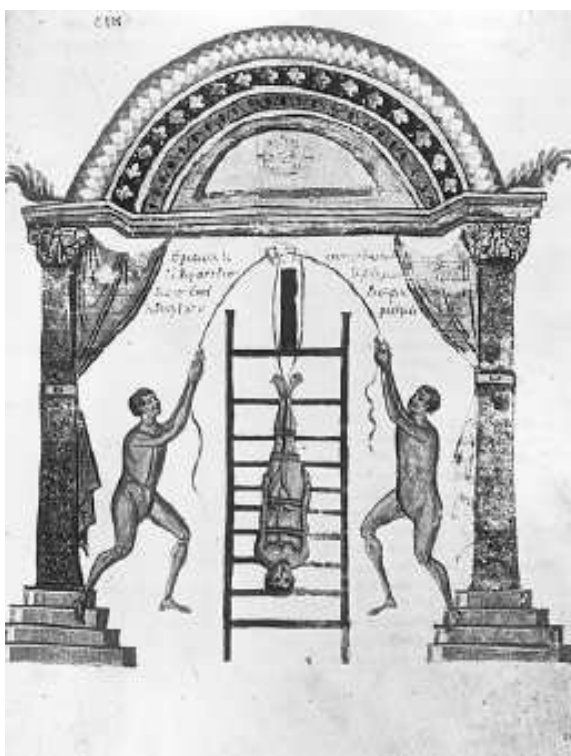


**THOMAS ZUDRELL**

### **Treatment Methods for Spinal problems**

The treatment through the spine for disturbances of the structural system or for functional diseases of inner organs has a more than 4000 years old tradition. The oldest reports in Medical history about treatments of the spine are from Mesopotamia from a time around 2000 B.C.

Also from India, Asia, and Egypt we have plenty of reports that date before our time calculations. From around 460 B.C. Hippocrates learned many techniques of treating the spine, which are brought through the roman medicine and the medicine of medieval times right into our modern world. Many tools and machines were invented – mostly based on Hippocrates - for



the traction and correction of misaligned vertebrae. This apparatuses looked more like torture methods rather than a caring medical treatment. The still used Glisson-Traction device is such an invention from the time around 1650.

Spine Treatments on a larger scale were only done in the 19th century. In the USA there was the start of schools in Osteopathy and Chiropractic. From 1870 on Dr. Anrew Taylor Still developed the wholistic oriented Osteopathy, that treated pain at the spine as well as the therapy on inner organs. Parallel to this Chiropractic developed as a more spiritual oriented therapy under the lay healer David Daniel Palmer. Misaligned vertebrae were corrected by the use of the hands. One variation was treating all disruptions at the first vertebra. In England there are 'bone-setter' as lay healers until today.

In Germany this development only started in the 50's, when influences from the American schools were apparent there and local Orthopedics were trained by "Lay Practitioners". Since the 80's manual therapy is widely used also in Healing Practitioners and Physical Therapist's circles. Many Orthopedics specialized in Chiropractic.

### **The Role of Manual Medicine on Spine-disorders**

Since the costs of the health systems has to be watched closely there are feasibility studies made in the industrial nations. Studied was the effectiveness of different forms of therapy for Back Pain in comparison. The analysis shows that, the treatment success, regardless the methods, scientifically seen are more or less the same. Independent from the diagnosis all methods had about the same result. Also within the diagnosis the affectivity was roughly the same.

The only form of therapy, that always showed a slight advantage in combination with other protocols, was the chiro-therapy or manual therapy, und this regardless what chiro-therapy method was used. Within chiro-therapy there are, worldwide, partly large differences in the method. However, all variations show a similar effectiveness with comparable success rates, differences are mostly apparent in the side effects.

So if this success cannot be addressed towards one specific chiropractic form, there has to be a common factor of all this manual therapies regardless the technique: Chiro-therapy or a related form can only be done by someone who engages on a deep level of physical contact with the patient, who checks the case accurately, and who treats the patient with love with any therapy he assumes a most appropriate.

In the end the success of chiro-therapy is founded on that. One can also say: what heals is the energy of love. The disadvantage of this method is that it can lead to serious complications, especially in the cervical spine area – either with a bad technique or with therapists who treat too fast, too hard and without love. In my more than 20 yrs of medical work, all people who needed surgery at the cervical spine, received chiro-therapeutic treatments before.

## **Causes for ailments at the spine**

The spine is a combination of a straight and flexible bendable column. Outer influences are not cause of ailments at the spine they are just occasion. Shock- and Stress experiences lead to energy flow disturbances in the body which then manifest on the organic level. The 'posture' is here a crucial factor. Posture is an outer picture and it mirrors at the same time the inner attitude and state of the mind, soul. Posture always has a double meaning: mental, spiritual and physical. Degenerative changes develop only when through a wrong 'posture' (attitude) the strain increases so much that it exceeds the ability to cope.

A permanent successful treatment of the spine is only possible after the patient realizes his blockages, because only the knowing of the inner 'posture' can influence the outer 'posture' on the long term. Physical Therapy exercises alone, to change the posture, are not effective as long as the inner 'Misalignment' is still dominant. Fury, anger, aggression, worry, fear and depression are changing the outer 'posture' and influencing the spine. This inner

'posture' manifests itself in the outer 'posture' if uncorrected. The muscular structure is changing and leads to degenerative changes at the bone structure.

## **Diagnosis of the ailment**

Before each therapy a diagnosis has to be worked out. Only if the therapist understands the underlying conflict and is able to explain it to the patient a permanent improvement is possible. Consciousness is the key for being in health.

## **Decoding of the unconscious levels with the help of the therapist**

If the patient has sufficient time to express his problems first impressions will appear showing the underlying conflict. After directed questioning this can be confirmed or dismissed. What is the patient missing? What is the cause of the 'hurting'?

Sickness is a state that points to the fact that the person is no longer in balance or harmony in his consciousness. Therefore a symptom develops in the body and shows us: Something is missing.

To integrate the 'missing' leads to healing. It is important to always consider the inner causes of the sickness in order not to suppress them because our soul (mind) will then look for another 'valve'.

## **What is the Pain 'message' for the patient?**

We decode the message of the body, by using the symbolic of language and psychosomatic. Almost always, through questioning the life circumstances, we find a condition that alerts the patient and where he find

himself.

## **Function and Symbolic of the Spine**

The Spine is in the middle of our body and the 'posture' (attitude) is an expression of the spiritual (mental) – and physical (body) wholeness of the personality. We talk about people being without stability (insecure), they bend down, crawl or show a stiff posture (attitude) or they are straight and 'honest'.

Interpretation succeeds often when we recognize the function of the individual parts. With the upper head joints we look at the 'sky' above.

Often the blockage is rooted that the person don't want that. Through a rotating movement of the atlas on top of the axis one can see the horizon, and also nod the head as to say 'NO'.

With the lower cervical spine be look at the earth (ground) in front of us and we can also look over our shoulder and onto our 'shadow' sides behind us. To aspire is stretching and humility is to bow. Through bending of the lower cervical spine we leave this level and that means saying 'YES' to what is. When stretching humility and saying 'YES' is not possible. So one can conclude that existing disturbances in this area point to underlying causes and disruptions there.

Some people are 'stiff' in the neck (stubborn), do things 'head over heels' or want to go with their head through the wall. Is the patient in a posture if a victim then either fear or someone else is sitting in his neck, he feels the fist in his neck, gets then punches in his neck or he 'shoulders too much'.

## THE DORN METHOD

The Thoracic spine protects the heart and lung as most important organs. There in the upper back (heart chakra) it is about love, heart issues, self love and the feeling of being loved. Many ailments in this area are the result of people not being able or don't want to forgive. Ideally we are 'straight' (honest) in this area; we stand for something with a broad shoulder (strong back). When we are in a victim state the world around us sees us in a victim role, we appear bended, bowing down, with the back against the wall, or hump-backed.

The Symbolic of the Lumbar spine is in the standpoint for oneself. Back problems always are connected with a lack of 'support'. Either we have someone 'backing' us up or not. In this case we have to do it yourself. In the development of the infant this 'backing' of the mother plays an important role. When learning to walk, the hand of the mother is physical support to gain stability, so one doesn't fall, and at the same time spiritual (mental) support: being held serves as support for the development of self confidence and for security. In the further development the straight spine mirrors the degree of self-determination and the strive for individualism. However, the whole life, one unconsciously wishes support and this contradicts with the striving for self-determination and for standing 'firm and straight'.

On 60 percent of all herniated disc cases one find some sort of prior 'insult' at the workplace or a loss of work with the following lack of support. Out of many examinations we know that the only reliable prediction of spine health is the contentment at work and with insults at the workplace or 'mobbing' the inner



posture is changing and strongly affects the static of the spine. In other words: The mind forms the matter.

In corporate life one is expected to show ability to take stress. Yet only through recognition this ability is provided and guaranteed: when someone is standing 'behind' us. Recognition of work and praise expresses support. This shows that our spine is under increased mechanical stress in times of mental (inner) pressure, and that the state of the soul (mind) can never be separated from the physical circumstances – like when we carry a cross, crawl, see ourselves in a victims role or we feel that someone broke our 'back'.

What is the 'benefit' of sickness for a patient? Sickness fulfills the demand for getting support, attention, care and security – all are desires that a healthy person usually don't ask for. Such secondary sickness-gains worsen the treatment success. Therefore this circumstance has to be discussed before.

### Treatment

Back Problems are improved in about 80 percent through the

'wrong' therapy or despite the 'right' therapy - if we like it or not. 20 percent produce problems and cannot be improved by a single form of therapy. Only through a combination treatment taking into account the whole personality of body, mind and spirit there is a chance of healing. Healing is always a loving acceptance of destiny in combination with a loving treatment.

Pain in the structural system can only be healed through integration of the whole person, to look at him, understanding and feeling what is missing; and a following loving treatment adds what is missing and leads out of a seemingly desperation onto his own path. The Dorn Method is a rewarding possibility to guide a patient out of his dilemma. It combines a loving physical start with a solution integrating a mind and spirit background. It conforms with fundamental aspects from anatomy, physiology, neurology and biomechanics of the spine. The Dorn Method, especially because it doesn't have its roots in the medical chiro-therapy, goes a totally new and timely, contemporary path.

The Dorn Method follows the nature of the spine and movement. The patient stands or sits upright and moves freely and voluntarily with rhythmic actions. The therapist stands lovingly next to him and gently presses the patient at the spot where he is out of balance. The treating thumb is hereby exerting a gentle pressure only. The impulse begins, so to say, in the head of the therapist, who tells the bone at the area where he presses: How would you like to be in that position? No manipulation, it is a gentle and dynamic pressure. Hereby the miracle can take place. The body likes it in his center (middle) and when we

## THE DORN METHOD

recognized the mental and spiritual background for the 'out of the center state' and expressed it to the patient, it stays like that.

The time of manipulations at our patients, who came to look for help, is over – regardless at what level and with what method. Treatment is the inter-action between someone looking for help and someone who has the ability to recognize what the patient is missing. In the past patients were not asked: What problem do you have but: what is missing? Our responsibility is to give the patient what is missing. Mostly this is Love, Energy and Respect. One cannot give this through manipulation, but through acceptance of the patient in his state of being.

A loving advice at the end: Only treat the one that wants to be

treated. Beware of manipulations with this wonderful method. Give to the patient what he is missing, but never, something you think he might well need. What is another advantage in my opinion: The Method is in its original form free of complications and dangers. With this gentle method no damage of the sensitive structures can be done, because the forces used with the correct technique are by far below the daily stresses. To miss a step on a stairway is far higher impact. As well are the forces exerted through a forceful breaking of a car from 30kph to a standstill, much higher than the manual adjustments in the correct applied Dorn Method. Although I have seen some 'improvements' of the Method that let to a rise of my hair (from therapists with a 'I know it better atti-

tude').

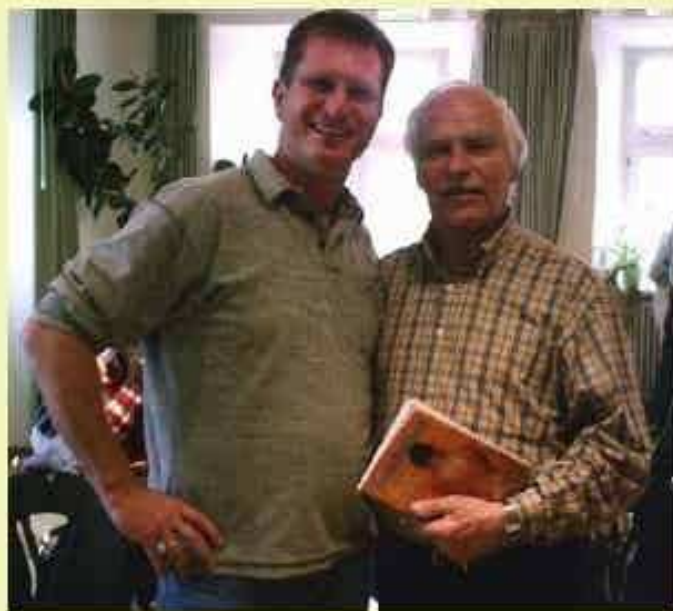
From the above mentioned explanations result that for the treatment of the spine following The Dorn Method, love and empathy are essential ingredients. May these thoughts contribute towards the fast distribution of this wonderful method the way it deserves.

*Thomas Zudrell is the author of the first English book on Dorn Method. He works since 2003 fulltime as a Healer and Consultant. He currently resides in Germany and teaches around the world. He teaches the Dorn Method around the world. His book and DVDs on the Dorn method are available from: [www.terrarosa.com.au](http://www.terrarosa.com.au)*

### Dieter Dorn

The Dorn method was developed in the 1970s by Dieter Dorn. Dieter Dorn was born in 1938 in South Germany, he was a sawmill owner. About 30 years ago, he suffered Lumbago and sciatica pain after lifting a heavy log. His pain was relieved by an old farmer with some fast and simple movements. He asked the Healer how he did it, the old man told him "You already know it!" The Healer soon passed away, so Dorn had to learn it by himself, and applied it to cure his and his family members' vertebral problems. Soon after, Dieter Dorn helped many people by correcting their leg length and aligning their joints. He then met Dr. Thomas Hansen M.D., and learned more about anatomy and physiology and, together, they explored the potentials of this new method. Some years later, Dieter Dorn decided that it was time to teach other people this wonderful method, and started to give seminars. Many learned from him and are now following in his foot steps with equal success. Early students of Dorn, like Helmuth Koch (who coined the name Dornmethode), Hildegard Steinhauser, Harald Fleig and others, started to teach the method in the 1990s, enabling its use to spread through Germany, Austria and Switzerland. According to its founder's wish, the Dorn method should become a kind of folk medicine, free from trademark or copyright so that anyone may access it.

Using the hands, the body is checked for misalignments and with gentle pressure on the spinous process of the vertebrae while the patient is doing simple movements the misaligned bones are guided back into their proper position.



Thomas Zudrell and Dieter Dorn



# ***Fascia Congress 2007***

**ALI RUBIE**

I was fortunate to have been able to view the replay of the Fascia Research Congress held on Oct 4-5 2007 at the Harvard Medical School in Boston. This was the first International Conference gathering the world leaders in fascial research together with practitioners and body workers from different modalities to share their knowledge. The unique opportunity presented in this conference was the integration of the ever increasing body of knowledge gained by the diverse range of scientists who had been working individually, and in teams, on fascia research from the cellular level through to topics like research on the response of fascia in the lumbopelvic region during pregnancy and delivery.

An enthusiastic audience of pre-eminent clinicians participated in the question and answer panels after the presentations which gave the scientists a greater awareness of the practical applications and relevance of their research, learning from the clinical experience and hands-on knowledge of the body workers. I loved the fact that one molecular level researcher had only since hearing about the congress made

the connection between his own research and what actually occurred in his body during the remedial massages that he enjoyed regularly.

The importance of the role of fascia in the human body as an organ of internal support has often been either neglected or sometimes misunderstood until recent times. As a student of anatomy and physiology, the wet lab dissections I saw had the fascia removed from the underlying muscles, organs, bones and nerve fibres that it would normally surround. Viewing the Fascia Congress gave me a much better understanding of the multitude of roles that fascia plays in the body. I was fascinated by the visual images provided by Helene Langevin of collagen fibres curling around an acupuncture needle during acupuncture treatment. She discussed the signal transmission from the pulling of loose connective tissue collagen fibres causing mechanical stretching of the matrix which in turn changed the connective tissue tension through the cell mediation of the signal from fibroblasts (the cells primarily responsible for collagen

synthesis and remodelling) in the matrix. She observed that a similar change in cells occurred i.e. cell body expansion, by manually stretching tissue, as by the rotation of an acupuncture needle.

Other speakers explored the effects of compression on cartilage, and how fibroblasts function as mechanosensors in the connective tissue. The process of wound healing and contracture was discussed focussing on the involvement of a special sort of fibroblast – a myofibroblast. I suspect that we massage therapists will be hearing a lot more about these cells in the future! The main take home point for me here was that wound contraction produces isometric tension and loss of volume in the tissues – and it is necessary as a bodyworker to reduce this mechanical tension caused by the myofibroblasts to inhibit fibrotic conditions developing. Interestingly, myofibroblasts can be found in other parts of the body like the lungs and heart and are now known to be not only involved in wounds and burns, but also conditions like asthma, diabetes, cancer, aging etc.



Another fascinating presentation looked at the role fascia plays in force transmission, and depending on the stiffness of the path provided by fascia in the body, the force exerted is not always transmitted to the muscle's own tendon and hence load at the origin and insertion of that muscle may be unequal. This would appear to me to have direct applications for athletes. Andry Vleeming took this point further in looking at the large amounts of strain energy that can be stored in fascia and how it is just as possible to train fascia as it is to train muscles.

Joint stability is of course one of the main roles of fascia, and I

learnt more about the balance of compressive forces and joint loading. Hence, stability is achieved by combining and coordinating muscular, fascial, ligamental and neural forces to produce effective joint reaction forces under changing conditions and with compression from gravity, e.g. the role of Transverse Abdominus combined with the medial layer of fascia effects force closure through the thoracolumbar pillar and is therefore so important for proper motor control being a large myofascial unit close to the centre of the body with high compressive ability.

Many other equally enlightening

presentations followed, and I now view fascia in terms of functional anatomy – much more aware of the many roles it plays in the body, and the complexity of its responses to the forces placed on it.

I can't wait for the next Congress, which is scheduled to be held in Amsterdam in 2009.

Ali Rubie – Remedial Massage Therapist, Energy Balance Natural Therapies.



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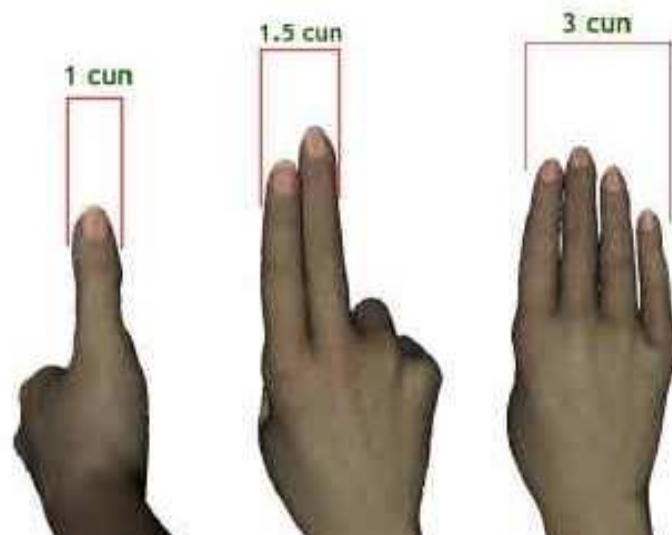
# 10 Effective Acupressure Points

Acupressure can be thought as a blend between acupuncture and pressure, is a traditional Chinese medicine technique where pressure is applied to acupuncture points (or acupoints) by the thumb, elbow, or others.

The acupuncture points lie along the meridians of the body where Qi, the vital energy, flows. The classical acupuncture points are located on the Principal Meridians, but there are also a large number of clinically important points that are not located on the principal meridians. It has been postulated that over thousands of years of clinical experience, specific tender points in different regions of the body were commonly found in people with similar illnesses. Treatment directed at those points consistently improved the symptoms.

Acupressure points can be located easily via anatomical landmarks that either lie underneath major muscle groups or near a bony structure. Points are located by proportional measurements called a “cun” — one cun is approximately equal to one thumb’s width. In order to assure accuracy, the width of the recipient’s thumb is the best determination of this measurement.

After locating the point, the therapist stimulates it by pressing directly on the muscular knot of tension or directly into the hollow or indentation near the bone with the thumb or the fin-



gers. Points that are painful when pressed are considered to be areas where excessive energy has accumulated. Points that welcome touch are considered to be areas of energy deficiency. Points are typically addressed bilaterally.

John Hickey, author of the Clinical Shiatsu DVD and Shiatsu Anma Therapy, gives the following instruction for applying specific pressing techniques to acupressure points:

“Ordinary pressure is considered tonifying to the point and can be used in excess or deficient energy conditions. Locate the point and with moderate pressure, gradually press directly into the point with the thumb at a 90-degree angle from the surface of the skin, hold for a few seconds and then release, gradually. To address points that feel painful or excessive, perform a stronger more dispersing technique using the tip of the thumb and applying a deeper, stronger pressure to break up the excessive and stagnant energy in the point. Hold the point until the excess energy is released. To address

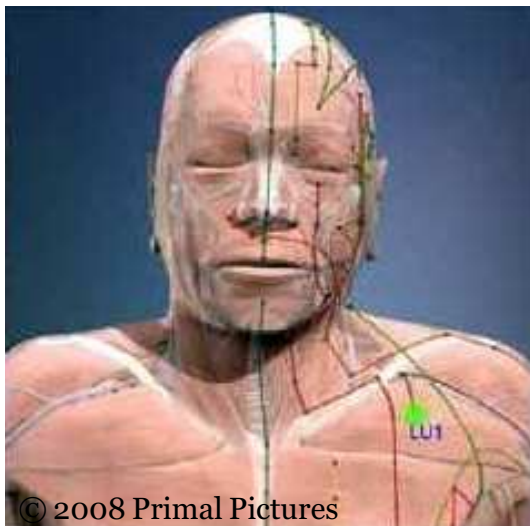
energy deficient points, and to encourage more Qi and blood to the area, use the flat part of the thumb, relax the hands, and use moderate pressure on the point to draw energy into the area.”

The Chinese names (translated into English) assigned to the acupressure points on the meridians can serve as a powerful meditation tool and can help establish the intention of your work. By pressing a point, silently repeating its name, breathing deeply and visualizing the point’s benefit, both you and your client can realize the full potential power held in each point.

There are hundreds of effective acupressure points that influence the functioning of the body. Ten of the most common and useful points to facilitate health are described as follows on the next page.

The best way to learn more about these points is to begin practicing on yourself. Daily practice will result in noticing a slight pulse at the point. This pulsation is a good sign that circulation has increased. Start adding some of these highly effective points in with your massage routine, explaining to your clients what you are doing and why. Take care to avoid those points that are contraindicated during pregnancy on an expectant mother. The body’s vital energies concentrate inward during a treatment, so to maximize healing, be sure to keep your clients warm and advise them to

# EFFECTIVE ACUPRESSURE POINTS



## 1. Lung 1, “Central Treasury”

*Location: On the chest, 6 cun lateral from the midline, at the level of the first intercostal space, 1 cun below the lateral extremity of the clavicle.*

This is the collecting point for all the energy of the lungs.

- Helps the lung Qi to descend downward in the body to connect with the kidneys.
- Supports the lungs.
- Addresses acute coughs, asthma and a tight chest.
- Alleviates pain in the shoulder and upper back.



## 2. Large Intestine 4, “Union Valley”

*Location: In the dorsal web space, between the first and second metacarpal bones, approximately level with the midpoint of the second metacarpal bone. Also – on the highest point of the bulge formed when the thumb is adducted.*

- This is the command point for the face, mouth and head.
- Treats sinus congestion, allergies, headaches, sore throat, fever and tooth-aches.
- Strengthens the body’s defensive Qi and is helpful for colds, sneezing, runny nose and sore eyes.
- Alleviates pain in the shoulder and arm.
- **Contraindicated during pregnancy.**



## 3. Kidney 1, “Gushing Spring”

*Location: On the sole of the foot, between the second and third metatarsal bones, one-third the distance from the webs of the toes to the heel.*

- This is a very important point for grounding, connecting with the earth and rooting the energy downward.
- Helpful to calm someone who is in a disturbed state of restlessness or shock.
- Useful for headaches, anxiety, hypertension, diarrhea and insomnia.



## 4. Bladder 23, “Back Shu Point of the Kidney” or “Sea of Vitality”

*Location: 1.5 cun lateral to the lower border of the spinous process of the second lumbar vertebrae, on the quadratus lumborum muscle.*

- This point is a powerful place to strengthen both the yin and yang kidney energy.
- Helps strengthen the lower back and knees.
- Builds core energy.
- Helps the body replenish during times of personal transformation.
- Alleviates low back pain and fatigue.
- Fortifies the digestive organs and the immune system.

All pictures © 2008 Primal Pictures, used with permission.

## EFFECTIVE ACUPRESSURE POINTS



### 5. Liver 3, “Great Surge”

*Location: On the dorsum of the foot, between the first and second metatarsal bones, approximately 2 cun superior to the web margin.*

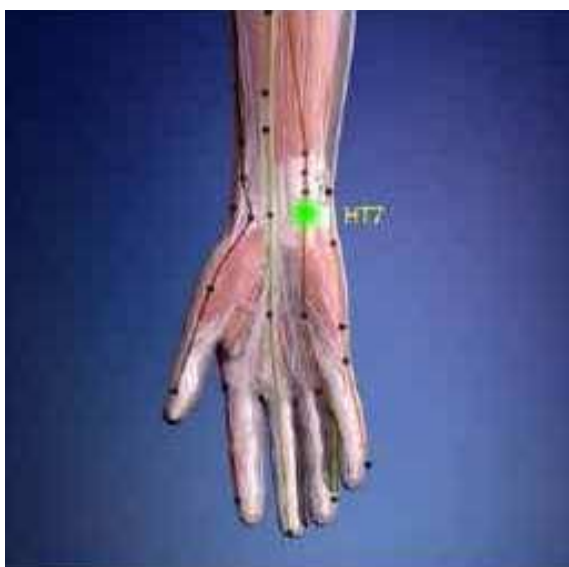
- This point is the source point of the liver meridian.
- This is a thoroughfare for Qi activity.
- Releases pent up energy that causes anxiety, anger, irritability, tension headaches, depression and PMS.
- Liberates energy that is caged.
- Smooths energy that is aggressive and edgy.
- Nourishes tendons and ligaments by alleviating tightness, tension and spasms.



### 6. Gallbladder 30, “Jumping Circle” or “Jumping Round”

*Location: In the gluteal region, 1/3 the way along a line drawn from the greater trochanter to the inferior end of the sacrum.*

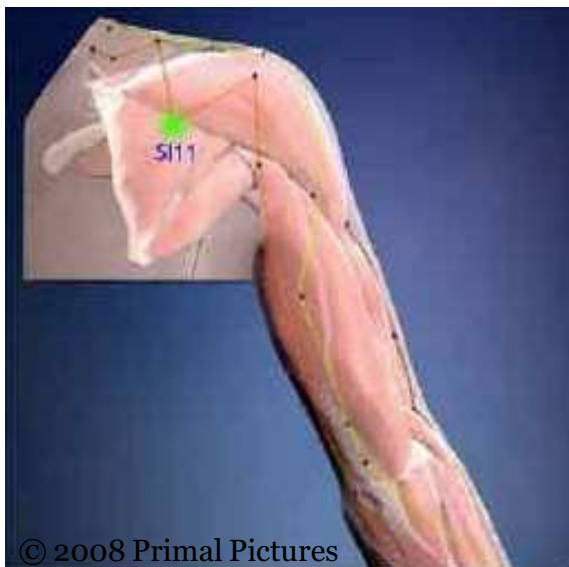
- Benefits the low back and all leg joints.
- Strengthens and comforts the low back and leg.
- Alleviates sciatic pain, hip pain and rheumatism.
- Relaxes tendons and restores joint mobility.



### 7. Heart 7, “Spirit Gate” or “Mind Door”

*Location: On the transverse crease of the wrist, in the depression on the radial side of the insertion of the tendon of flexor carpi ulnaris into the pisiform bone.*

- Calms the mind when overactive thinking is the culprit.
- Relieves insomnia due to overexcitement.
- Relaxes and eases anxiety.
- Reduces heart palpitations by regulating the heart and strengthening the spirit.



### 8. Small Intestine 11, “Celestial Gathering”

*Location: In the depression of the scapula half way between the left and right borders of the scapula and 1/3 the distance down from the spine of the scapula and the inferior angle of the scapula.*

- Alleviates soreness of the shoulder and back.
- Reduces rigidity of the neck.
- Helps pain and numbness in the arm.
- Helps gather scattered or manic Qi in the body
- Sorts the real from the dream and the authentic from the inauthentic.

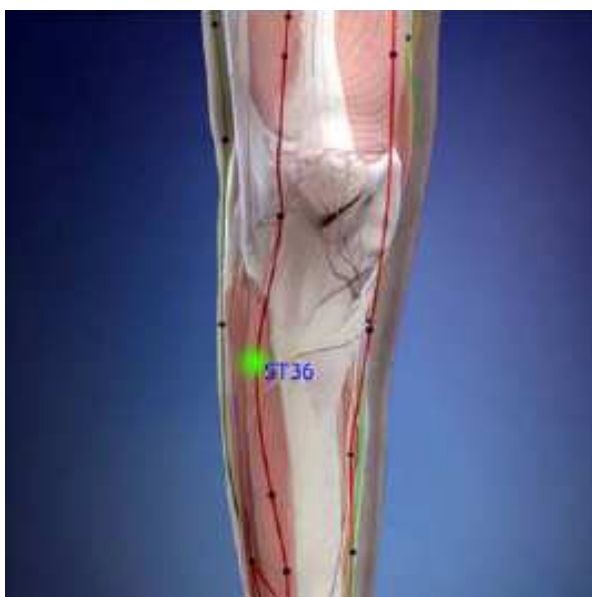
## EFFECTIVE ACUPRESSURE POINTS



### 9. Spleen 6, “Three Yin Intersection”

*Location: Three cun directly above the tip of the medial malleolus, less than a finger’s width posterior to the border of the tibia.*

- This is the meeting point of the three yin channels (spleen, kidney and liver).
- Important for treatment of all gynecological, sexual, urinary, digestive and emotional imbalances.
- Nourishes and builds the blood.
- Use in the treatment of anxiety, insomnia, headaches, menstrual cramps, abdominal distention/pain and diabetes.
- **Contraindicated during pregnancy.**

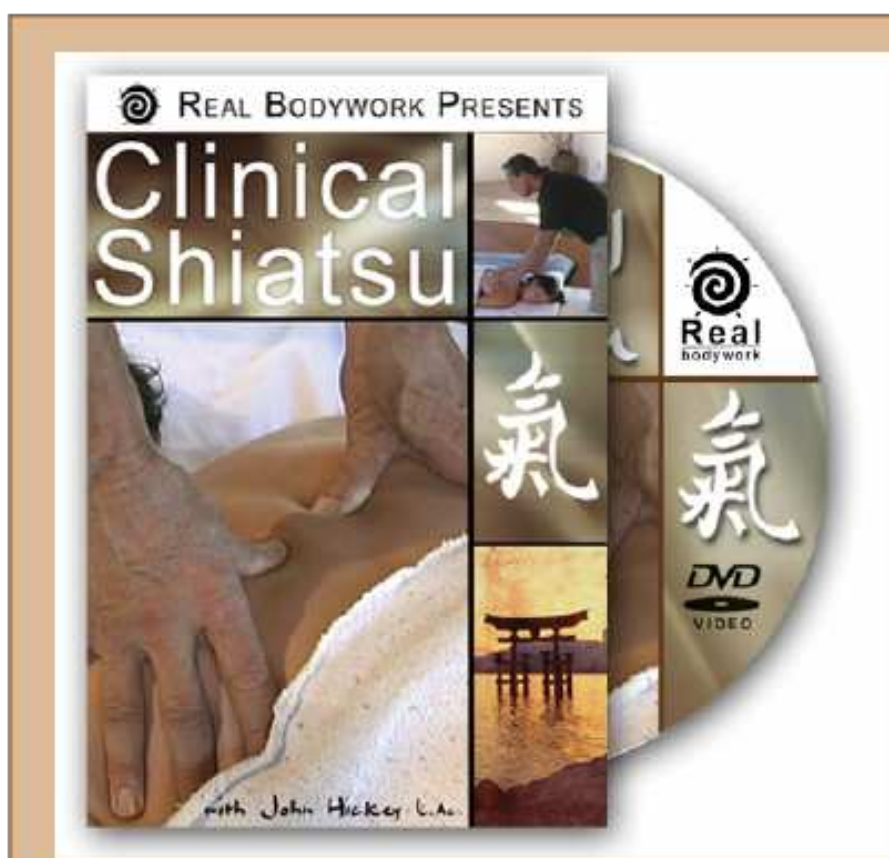


### 10. Stomach 36, “Leg Three Miles”

*Location: Three cun below the inferior border of the patella, one finger width lateral to the edge of the tibia. There is a small notch next to the tibia at this point.*

- Ancient physicians said working on this point could treat all diseases.
- Chinese foot soldiers used to halt every three miles and massage Stomach 36 for renewed energy.
- Restores and builds energy in the stomach and spleen.
- Strengthens the stomach and improves digestion.
- Indicated for all digestive disturbances including gas, bloating, nausea, diarrhea and constipation.

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This DVD will show you how to use Shiatsu to treat back and neck pain, with advanced assessment tools and meridian pairing techniques. This comprehensive DVD covers the majority of the primary meridians, and includes multiple sequences that you can use to vary your work on each client. It also includes Back-shu Points, Ashi points, evaluation in terms of excessive or deficient, chi or blood stagnation, a meridian review and much more. The most advanced Shiatsu DVD available!



Instructor John Hickey L.Ac. is a licensed acupuncturist, he has been teaching and practicing shiatsu and Oriental Medicine for over 20 years. He practices a specific style of Shiatsu called Shiatsu Anma. John teaches shiatsu in Carpinteria, California.

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Master Zhang Hao



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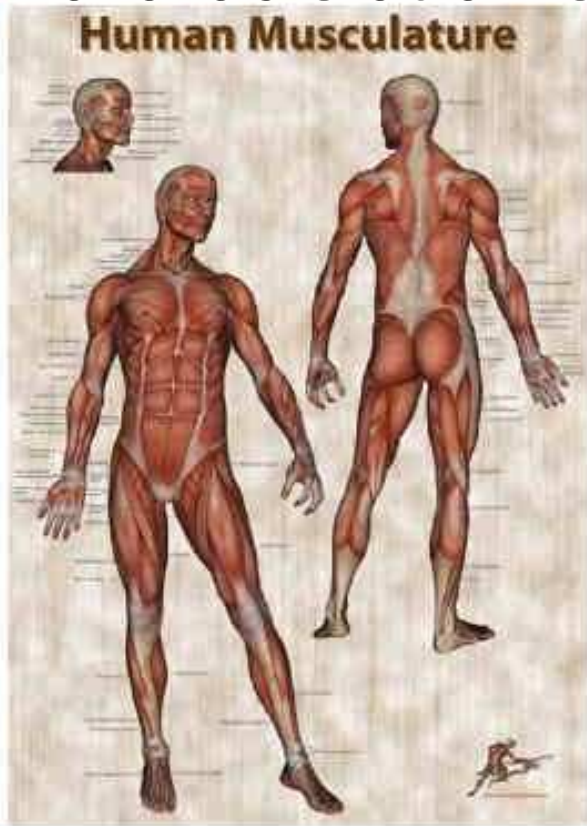
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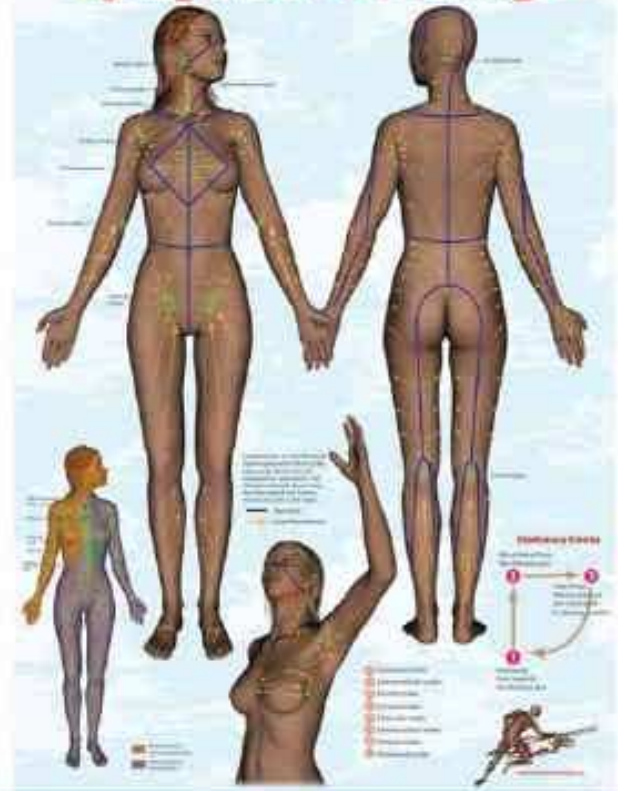
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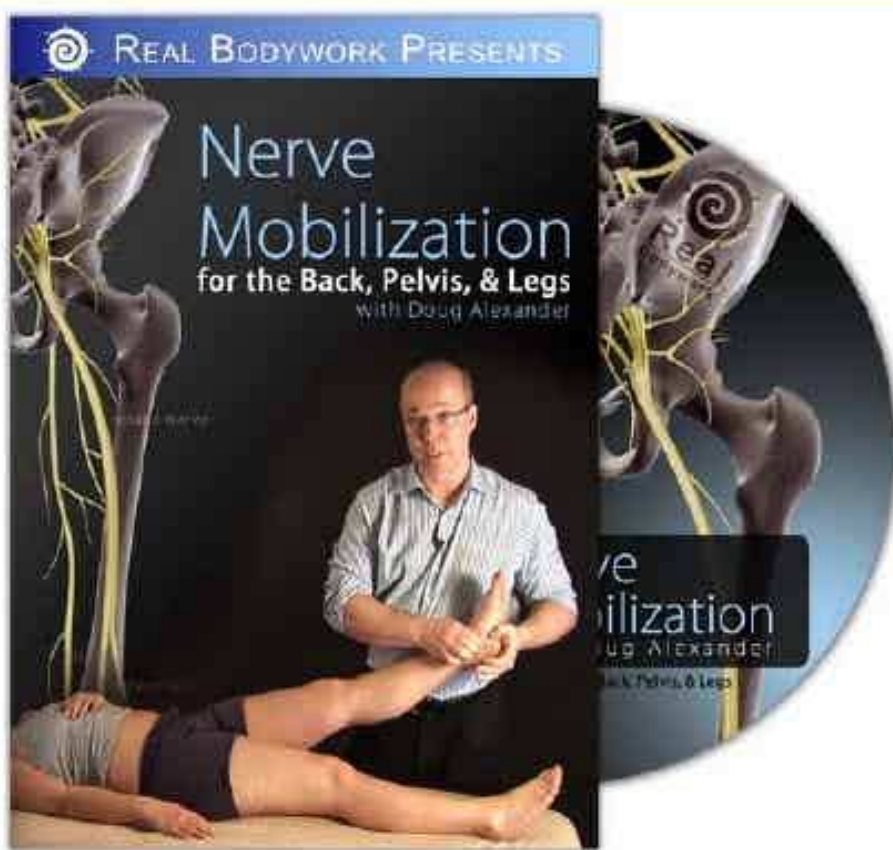
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### Lymphatic Drainage



New DVD coming in July 2008 from Real Bodywork



Continuing from the best-selling Nerve Mobilization DVD ... Doug Alexander presents a new four hour DVD that covers 21 assessment techniques for the nerves and surrounding structures of the back, pelvis, and legs. The advanced nerve tension tests will allow the therapist to precisely evaluate the sciatic, tibial, peroneal, and sural nerves to discover exactly where they are impinged. Doug Alexander, will lead you through over 32 techniques to release the structures involved. These include myofascial release techniques, fluid (lymphatic) techniques, and muscle release techniques as well as direct nerve gliding and stretching. Each technique is designed to free restrictions along the path of the nerve and normalize tissue function from the hip to the foot. Finally Doug shows 12 home care exercises that the client can do to help support their recovery. Available in July 2008 from: [www.terrарosa.com.au](http://www.terrарosa.com.au)

# ***A Note on Forward Head Posture***

Forward Head Posture is a common problem in today's society. It can be simply described as carrying the head forward of the center of the shoulder. Probably this is the most common conditions massage therapists treat.

Increased forward head angle caused muscle imbalance. Fortunately the late Prof. Vladimir Janda has formulated a recipe for treating these muscular dysfunction.

Janda was interested in the functional role of muscles, and from testing his patients with surface electromyography, he demonstrated certain muscle behaved in a predictable pattern when stressed. In 1979, he identified crossed syndromes of muscle imbalance for the upper and lower extremities based on his research and clinical observations. He found that sustained misalignments result in some muscles becoming shortened while others are overstretched.

Janda classified muscles as postural and phasic. Postural muscles have a tendency to increased tone (hypertonicity) and become tight. Meanwhile phasic muscles have a tendency to decreased tone and become weak and inhibited.

The upper crossed syndrome is defined as tightness (muscles are facilitated, hypertonic,

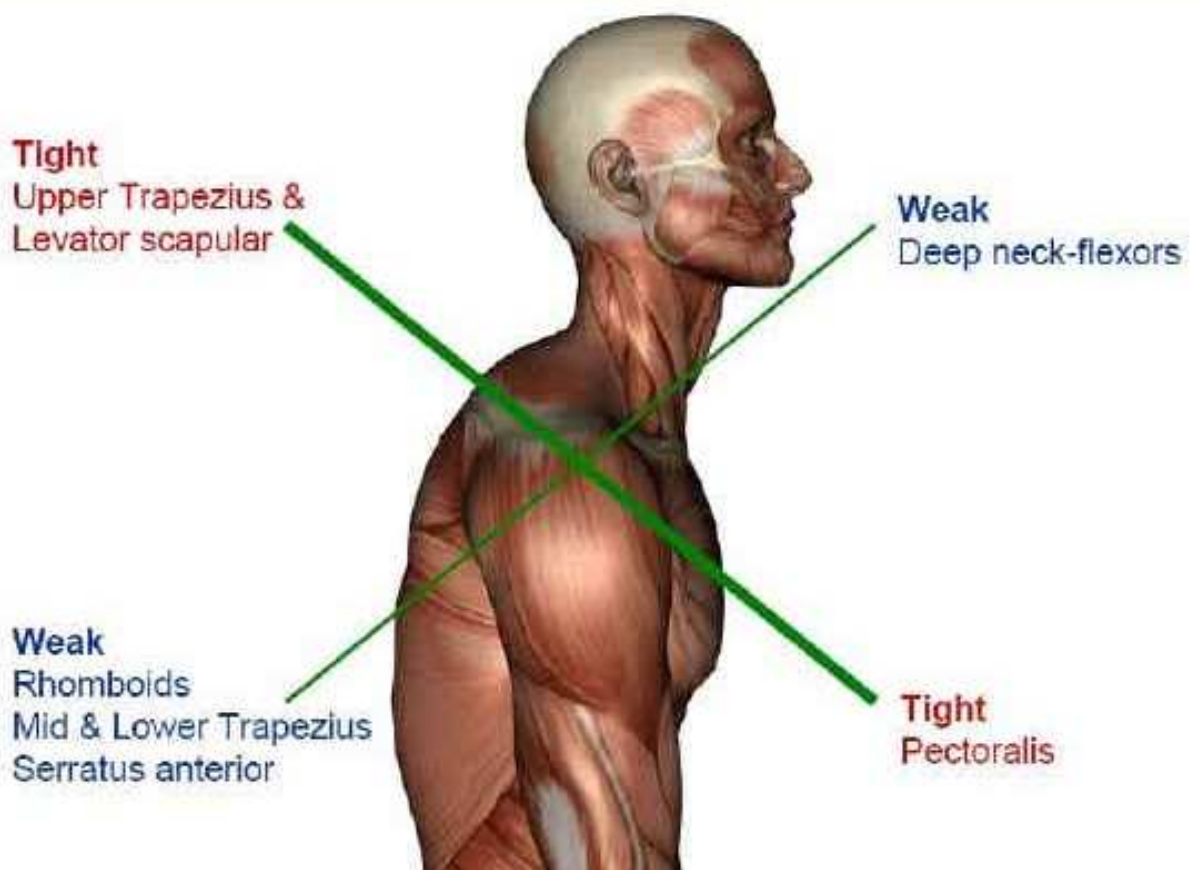
overactive, shortened) of the upper trapezius, pectoralis major, and levator scapulae and weakness (inhibited, atrophic) of the rhomboids, serratus anterior, middle and lower trapezius, and the deep neck flexors, the scalene muscles. Janda named this syndrome "Upper Crossed" because when the weakened and shortened muscles are connected in the upper body, they form a cross (see figure below).

Postural muscles when stressed are shortened and developed into muscle tightness. The tight muscles are short at rest, causing decrease in range of motion.

These muscles dysfunction can cause more trouble. Sustained hypercontraction in the overactive muscles can cause elevation

and protraction of the shoulders, winging of the scapula, and protraction of the head. This in turn can cause compromised function at cervical and thoracic spine, acromioclavicular, sternoclavicular, and glenohumeral joints, as well as coordination of upper extremity.

According to the review by Moore (2004) this posture produces overstress of the cervical-cranial junction, the C4-5 and T4 segments, and the shoulder due to altered motion of the glenohumeral joint. As the head moves forward, the stress on the cervical spine increases. Colombini et al. (1985) found that the load on the C6/C7 vertebra was increased significantly when the head was inclined forward.



# Flexion Addict

Erik Dalton, an advanced Rolfer® and bodywork author and instructor, has described our society as a culture of “flexion addicts”. He notes, “The last century has witnessed a dramatic acceleration in our culture’s flexion addiction. This pervasive and insidious condition is primarily due to the population’s generational transition from an active group of movers to a sedentary bunch of sitters.”

It seems that Flexion Addict has become part of our daily life, that even mannequins are now being made with forward head and unbalanced posture.



Excessive stress on the T4 segment can occasionally cause chest pain. The change of direction of the axis of the glenoid fossa will cause rotation and abduction of the shoulder blades. This will cause the levator scapulae and the upper trapezius to have additional muscle activity to stabilize the head of the humerus. This will be accompanied by increased and constant activity of the supraspinatus, causing early degeneration of the muscle (Moore, 2004).

To manage the upper crossed syndrome, we go back to Janda’s theory and formulate that: we should lengthen and inhibit the tight (shortened) and hypertonic muscles, and activate the weakened (lengthened) muscles.

First is to inhibit & lengthen the: levator scapula, upper trapezius, and SCM. This can be done with neuromuscular therapy or stretching, muscle energy techniques, or myofascial release.

The second part is to activate

and strengthen the weakened muscles. For example to activate the deep cervical flexors we can use the chin tuck (pull the chin in and straight back). Various authors have their own unique way.

Erik Dalton has his Dirty dozen to treat forward head posture, including the fiber activation technique to ‘waken-up’ the weak muscles.

Michael Stanbororough has exceptional techniques to work on the deep posterior myofasciae and activating the deep neck flexors via segmental pressure with coordinated movement.

See also Kit Laughlin’s contract-relax technique for stretching and strengthening the necks, shoulder and pectoralis.

Finally we need to integrate all muscle back into functional synergy. This can be done with home exercises such as using exercise balls, yoga and stretching.

We note that this is a generalization, and each individual can have different conditions and response. Unfortunately there is no general recipe that can be applied to everyone.

### References:

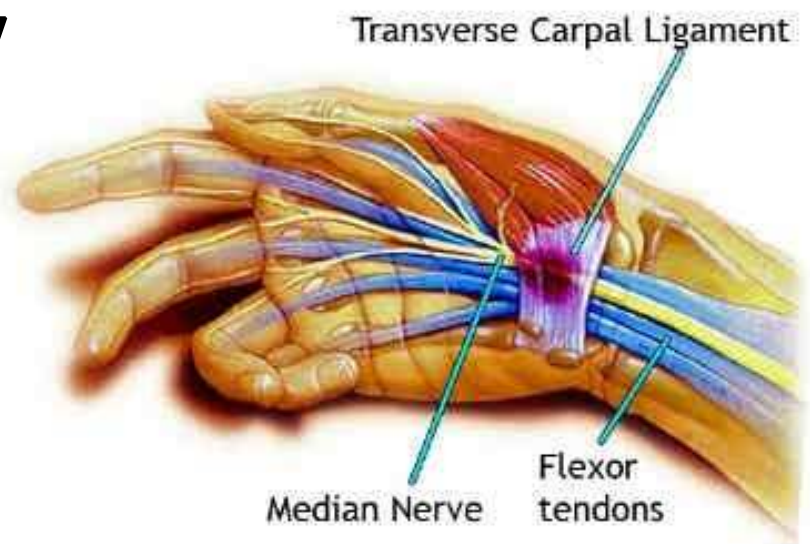
D. Colombini et al., 1985. Biomechanical, Electromyographical and Radiological Study of Seated Postures 1985. Ergonomics of Working Postures. Taylor & Francis, London.

Warren I. Hammer. 2006. Functional Soft Tissue Examination and Treatment by Manual Methods. Jones & Bartlett. <http://books.google.com.au/books?id=HVXORrTa5poC&dq>

Michele K. Moore. 2004. Upper crossed syndrome and its relationship to cervicogenic headache. Journal of Manipulative and Physiological Therapeutics 27, 414-420.

# ***Carpal Tunnel Syndrome***

***with Sean Riehl,***



It seems that when anyone has pain in the wrist or hand, they immediately cry "carpal tunnel syndrome". First let us discuss the true carpal tunnel syndrome, then we'll talk about other causes of wrist pain, and finally a solution from the perspective of massage.

## **TRUE CARPAL TUNNEL SYNDROME**

True carpal tunnel syndrome is characterized by median nerve entrapment, which causes pain, weakness or tingling in all fingers excluding the little finger,

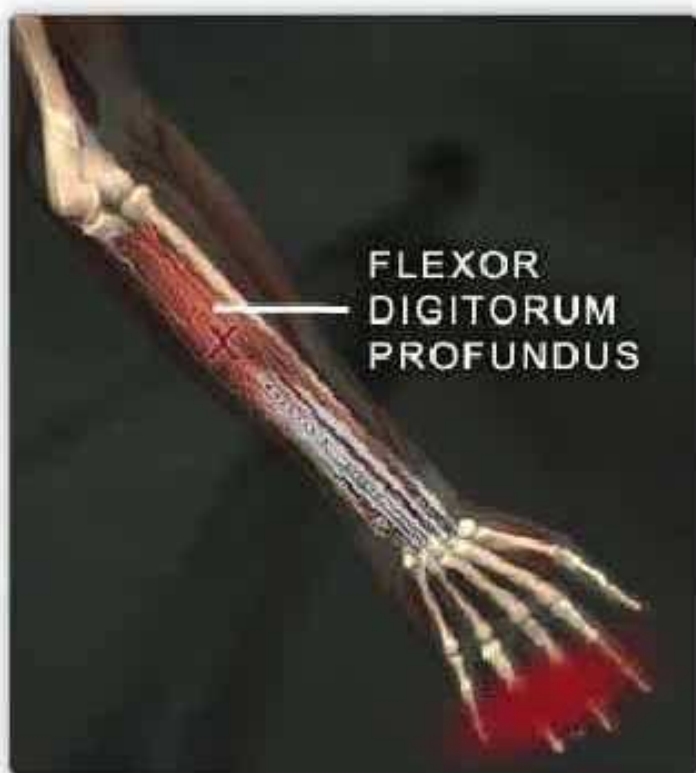
and only half of the ring finger.

The reason that the median nerve becomes entrapped is because the finger flexor tendons swell, decreasing the space that the nerve has to go through. The standard medical treatment is to immobilize the wrist using some kind of support, hoping the tendons will return to their normal size. The next option is to perform surgery where the transverse carpal ligament is cut, and left that way. This is designed to open space in the carpal tunnel and stop impinging on the nerve.

and inflamed, referring pain down into the hand. Further up the line the pectoralis minor might be pinching nerves in the shoulder that go down into the hand. Even higher up, the scalene muscle in the neck can also impinge on these same nerves, causing pain in the wrist and hand.

## **EVALUATION**

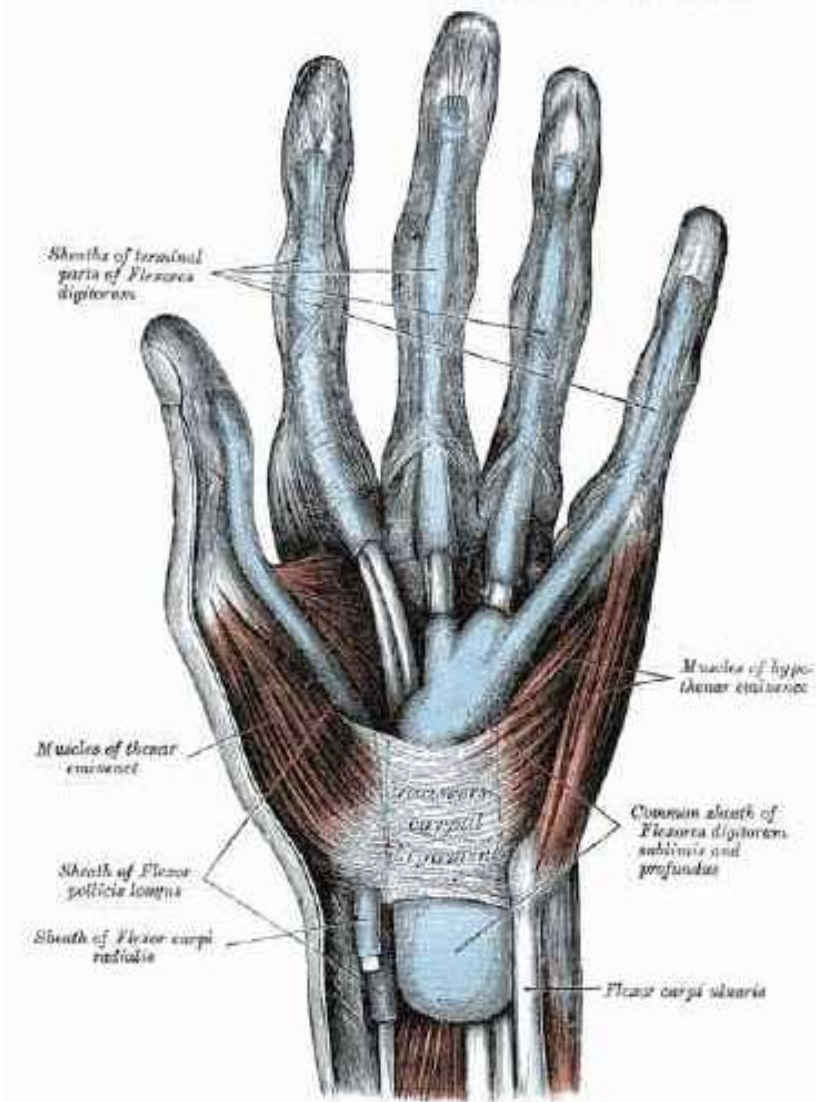
A good massage therapist should be able to clearly distinguish the different pain patterns and be able to assess what is going on. (See the article on Manual testing for CTS). Passive range of motion tests are used to test the ligaments, while active resisted tests are designed to test the muscle tendon unit. Check if the pectoralis minor is tight, see if the muscle is impinging on any arteries or nerves (see Nerve Mobilization DVD for detailed nerve tension tests in this region with precise treatments application). The scalene tests are similar- check for tightness, restricted range of motion and for any nerve impingement.



## **OTHER CAUSES**

There are many causes of wrist pain that are not carpal tunnel syndrome. The tendons of the two flexor digitorum muscles may be inflamed, creating pain, without pinching the nerve. Also the ligaments in the wrist might be injured, causing pain. The forearm muscle might be tight

# CARPAL TUNNEL SYNDROME



flexor muscles of the forearm. Even when people have true carpal tunnel syndrome, I ask myself -why are the tendons tight in the first place? The standard answer is that repetitive motion causes the tension, but it seems to me that our bodies were designed to perform repetitive motion. The real cause is the mounting tension that doesn't let up. People should be able to perform

repetitive motion, and then heal at night. If the muscles are always tight, and never get a chance to relax, then they will never heal. Massage can release the muscular tension which will take the pressure off the tendons.

Once the tendons get some rest, the inflammation will be reduced and they will shrink, giving the nerve more room.

## MASSAGE

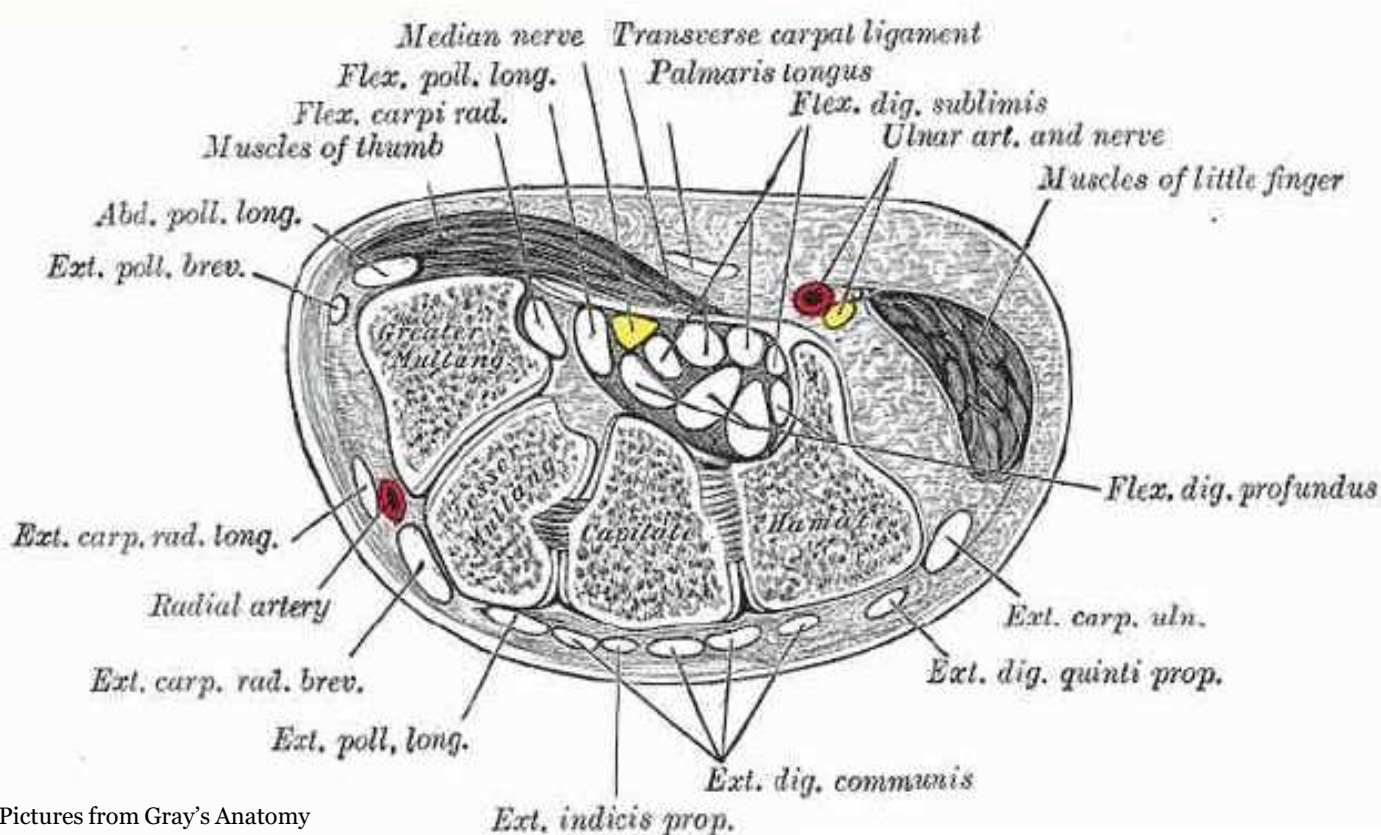
Because the root cause is usually muscular, massage can help tremendously. In just a few sessions most pain can be significantly reduced. Remember to work both the flexors and the extensors, and include the brachioradialis. At the end of the session all the muscle groups should be of equal tone- relaxed. You must know your anatomy to be able to accurately release the two flexor digitorum muscles. When working with people with acute pain, be sensitive to the tissue, too much stimulation will cause increased inflammation. Use ice after the session to help cool the area down.

For more information on how to tell the difference between ligament, tendon and muscle pain,

pectoralis minor entrapment and other conditions, consult the DVD Deep Tissue and Neuromuscular Therapy, The Extremities by Sean Riehl.

## ROOT CAUSE

In my experience, the most common cause of wrist and hand pain is prolonged tension in the



Pictures from Gray's Anatomy



# Keyboard use is not a risk factor for CTS

A common belief is that Carpal Tunnel Syndrome (CTS) can be caused by overuse of keyboard & computer. However many research studies contradicted this popular belief.

A recent study from Sweden published in the November 2007 issue of *Arthritis & Rheumatism* found that people with heavy computer keyboard use have lower risk of carpal tunnel syndrome. The study was conducted using a health status questionnaire, mailed to 2,465 persons of working age (25-65 years) who were randomly selected from the general population of a representative region of Sweden. The questionnaire required the subjects to provide information about the presence and severity of pain, numbness and tingling in each body region, employment history, and work activities, including average time spent using a keyboard during a usual working day. Those reporting recurrent hand numbness or tingling in the median nerve distribution were asked to undergo a physical examination and nerve conduction testing. The prevalence of CTS, defined as symptoms plus abnormal results on nerve conduction tests, was compared between groups of subjects that differed in their intensity of keyboard use, adjusting

for age, sex, body mass index, and smoking status.

The results showed that persons who had reported intensive keyboard use were significantly less likely to be diagnosed as having CTS than were those who had reported little keyboard use, with a prevalence that increased from 2.6% in the highest keyboard use group (>4 hours/day), to 2.9% in the moderate use group (1 to <4 hours/day), 4.9% in the low use group (<1 hour/day), and 5.2% in the no keyboard use at work group.

The researchers concluded that intensive keyboard use appears to be associated with a lower risk of CTS??

This work seems to be in accordance with other studies:

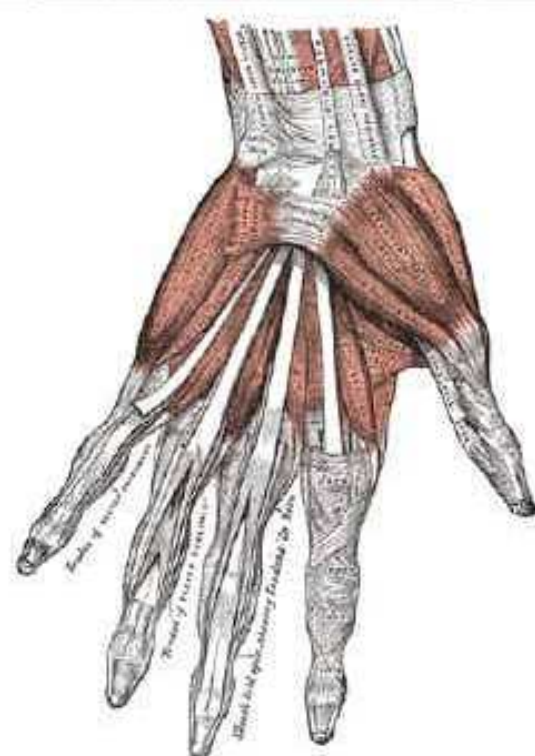
- A study conducted in 2001 at a medical facility in the US (Mayo Clinic) among 257 employees described as frequent computer users (mean of 6 hours/day at a keyboard) found the prevalence of CTS to be similar to the prevalence previously reported in general population studies, suggesting that intensive computer use was not associated with a higher frequency of CTS.

- A Danish study that examined the relationship between CTS (3 different case definitions) and computer use among 7,000

workers from various workplaces showed that the association with keyboard use was not statistically significant.

- A Swedish study used median nerve conduction tests to compare a group of computer users (82 secretaries) with a group of non-users (35 nurses) and found no difference in nerve conduction parameters ; however, the study population was small, with only 5 persons having symptoms related to CTS.

-A British population-based study found no association between numbness and tingling in the arm, based on questionnaire response only, and keyboard use (>4 hours in an average working day) among non-manual workers .



# ***Carpal Tunnel Syndrome***

## ***Manual Testing***



There are various manual tests that you can perform to conform or test for median nerve compression on carpal tunnel syndrome. Whitley Lowe recently in an article published at Journal of Bodywork and Movement Therapies suggested various tests that increased its sensitivity for identifying median nerve compression. Here are summary for some of the tests (after Lowe, 2008).

(1) **Phalen's Test** or Phalen Maneuver is the most common orthopedic test for evaluating CTS. It was discovered by an American orthopedist George S. Phalen. The patients holds their wrist in complete and forced flexion for 30–60 seconds. This maneuver moderately increases the pressure in the carpal tunnel and has the effect of pinching the median nerve between the proximal edge of the transverse carpal ligament and the anterior border of the distal end of the radius. By compressing the median nerve within the carpal tunnel, the presence of neurological symptoms (such as tingling or numb

sensation over the thumb, index, middle and ring fingers) within about a minute, conveys a positive test result for median nerve compression in carpal tunnel syndrome.

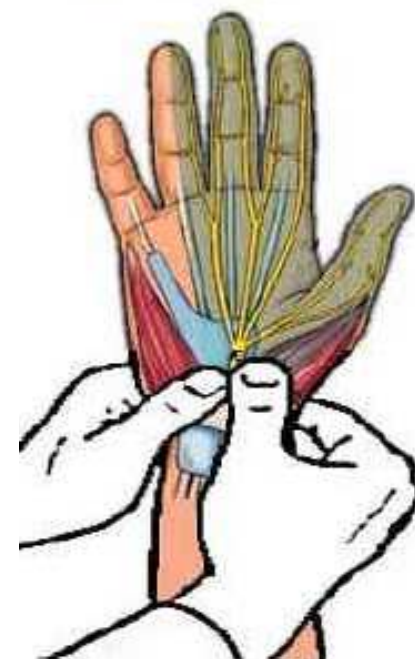
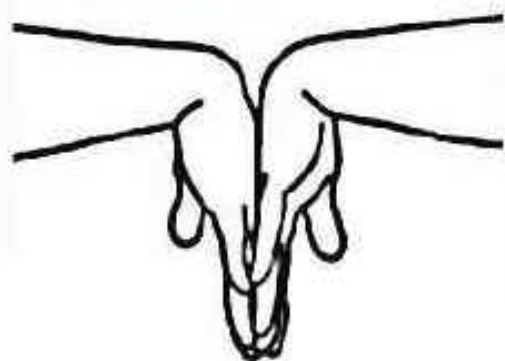
### **(2) Modified Phalen Test**

Greater sensitivity can be enhanced for Phalen's test if the upper extremity was held in a position that increases neural tension on the remainder of the median nerve. This test is performed unilaterally, this involves and shoulder abduction, elbow extension, wrist flexion, lateral flexion of the neck to the opposite side.



### **(3) Carpal compression test.**

Also called Durkan test, this involves applying a moderate amount of direct pressure to the median nerve at the carpal tunnel with both thumbs is called the carpal compression. If neurological symptoms arise within about 20–30 s the test is considered positive for median nerve



compression.

### **(4) Pressure proactive test.**

The test includes elbow extension, forearm supination and about 60 degrees of wrist flexion along with pressure over the carpal tunnel. The pressure provocative test could be enhanced with increased tension on the median nerve by stretching the median nerve at the upper extremity. The position includes lateral neck flexion to the opposite side, shoulder abduction, elbow extension, forearm supi-



## CTS TESTING

nation, and partial wrist flexion. Pressure is then be applied to the carpal tunnel with the arm is in this position .

(5) **Hand elevation test.** This involves holding the hand overhead as high as comfortably possible. If neurological symptoms

in the median nerve distribution of the hand are present within a minute, the test is considered positive.

(6) **Modified hand elevation test.** Neural tension in the median nerve can be added to the hand elevation test. Holding the

arm overhead, the neck is laterally flexed to the opposite side. Additional tension on the median nerve is added by putting the wrist in extension.

### References

Whitney Lowe. 2008. Suggested variations on standard carpal tunnel syndrome assessment tests. *Journal of Bodywork and Movement Therapies*. Volume 12, Issue 2, pages 151-157.

Whitney Lowe. 2003. *Orthopedic Massage, Theory and Technique*. Mosby, Elsevier.

Phalen's Maneuver. <http://en.wikipedia.org/wiki/>



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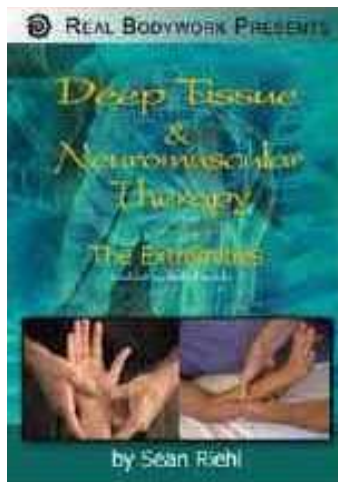
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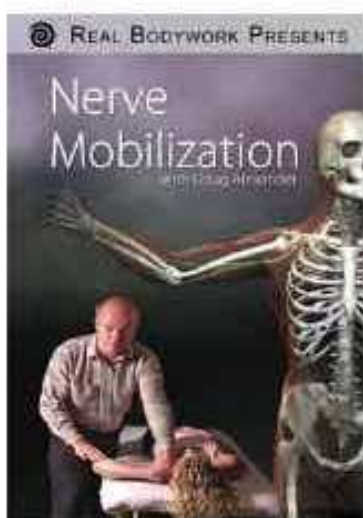
## DVDs AND BOOKS COVERING CTS TREATMENT

Deep Tissue & Neuromuscular Therapy, The Extremities DVD with Sean Riehl



This DVD covers the rotator cuff, elbow, wrist, fingers, thumb, ankle & knee. This DVD shows 47 effective neuromuscular techniques with a 3-dimensional view of the muscles and trigger point referral overlays. It also includes functional assessment work, working on the tendons, ligaments and muscles with effective neuromuscular and deep tissue strokes, and stretches. Running Time: 55 mins. Comes with a 22 pages booklet

Nerve Mobilization DVD with Doug Alexander.



This DVD covers the topic of nerve tension tests for the median, ulna and radial nerves. The location of each nerve, the areas affected by the nerve, and the problems that can be encountered due to the nerve. Different tests and how each test is performed, what areas to treat after receiving feedback from the tests, and the amount of time to spend on the massage work. The DVD covers more than 65 techniques. Running time: 127 mins.

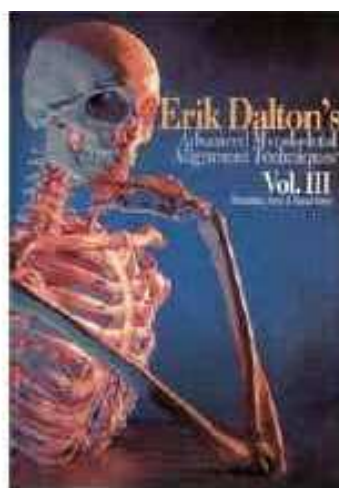
Overcome RSI DVD by Kit Laughlin

Kit Laughlin covers exercises and stretches that have found to be effective



in both treating and preventing RSI. This DVD shows effective ways to gently and safely stretch for: scalene, pec major, pec minor, biceps, wrist flexion & extension, finger & thumbs, wrist rotation, aileron, brachialis and others.

Erik Dalton's Myoskeletal Alignment Techniques, Vol. III DVD



This Advanced DVD introduces 65 deep tissue techniques for shoulder, arm & wrist. Covers: Frozen Shoulder, Thoracic Outlet Syndrome, Acromioclavicular Pain, Rotator Cuff Injuries, Tennis/Golfers Elbow, Carpal Tunnel, De Quervain Syndrome, and Trigger Fingers.

Direct Release Myofascial Technique - The Upper Extremity DVD with Michael Stanborough



This DVD covers direct MFR, working with the soft tissue as an essential component of working with carpal tunnel and all peripheral neuropathies. Starts at the axilla

and progresses distally through all of the major sites where compression and restrictions can occur. There is detailed work for the hand including the palmar fascia and the flexor retinaculum.

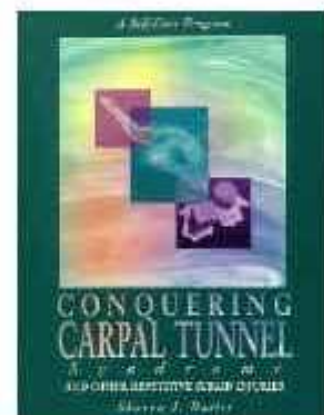
Heal your wrist pain with Sean Riehl



This DVD is a basic handbook for a therapist or client seeking to understand the hand's structure and massage techniques for treating its problems. In this lively and informative program you will learn how to tell if your muscles, tendons, ligaments or nerves are the cause of your pain.

Once you know where your pain is coming from, then you will learn simple and effective techniques that you can use to heal yourself. Presented in a clear and concise manner, this video is a must-see for anyone with occasional or chronic hand pain, Carpal Tunnel syndrome, or anyone working in a hand-intensive occupation.

Conquering Carpal Tunnel Syndrome and Other Repetitive Strain Injuries A Self-Care Program By: Sharon J. Butler



This book offers a complete self-care program for those at risk and those already suffering from one of the most common and most debilitating occupational injuries. Guided by symptom charts, you select the best exercises for the movement patterns required by your work and learn how to restore the range of motion to overworked hands and arms. 176 pages

# Massage Lowers Stress for Babies and Moms

A study from University of Warwick, UK, found that gentle massage reduces the level of stress hormones in babies under a year old, helping them sleep better and cry less. But better than that, it also appears to help mothers suffering from postnatal depression. Massage is a bonding experience for parents and babies alike. And it says the massage method is easy for new parents (and grandparents) to learn. "Given the apparent effect of infant massage on stress hormones, it is not surprising to find some evidence of an effect on sleep and crying," said Angela Underdown.

Angela searched through various databases for studies in which babies under the age of six-months were studied, she combined the results of nine unrelated studies on babies in Asia, Europe, Israel and North America.

The study concluded that massaged babies aren't any healthier than other children, but they do seem happier, less fretful, and less likely to wake up during the night. In particular, babies who had regular massages had lower

levels of cortisol, a hormone the body produces when it is stressed.

One study found massage could affect the release of melatonin, a hormone known to help sleep patterns. "Given the apparent effect of infant massage on stress hormones, it is not surprising to find some evidence of an effect on sleep and crying," Angela Underdown said.

Another study suggested mothers with postnatal depression could have stronger bonds with their babies after they had been massaged but more research was needed.

One other study indicated that massage, eye contact and talking had a significant effect on growth and a significant reduction in illnesses and clinic visits for infants receiving little tactile stimulation in an orphanage but this was an unusual set of circumstances and the other studies, where infants were receiving normal levels of tactile stimulation, found no effect on growth.

The amount of massage varies a lot. "Parents just go by what their babies suggest, some babies like a massage after their bath, but really, parents take their lead from what the baby lets them know." She recommends parents take a series of classes. It's an all-over massage, moving from one body part to another, sometimes us-

ing massage oil, and lasting for a few minutes each time. Typically, parents gently touch the baby's body, from head to toes, and look into the child's eyes. The pressure should be very gentle and range from simple touching to gentle movement of the muscles under the skin. Since she was examining the results of studies from China, North America, Israel, Korea and Britain, not all the parents followed the same style. Some babies got a massage only twice a week, while others got one or two massages every day. "Really, our review found we needed more research" on the benefits to these mothers, said Underdown.

The review titled "Massage Intervention for promoting mental and physical health in infants under six months (Review)" appears in The Cochrane Library. You can read the full article here: [http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005038/pdf\\_fs.html](http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005038/pdf_fs.html)





## Research Highlight

### Massage therapists have high prevalence of hand dermatitis

Massage therapists who frequently use essential oils involved in aromatherapy treatments, have higher rates of hand dermatitis than the general population, according to an article published in *The Archives of Dermatology*, August 2007. Hand dermatitis (also known as hand eczema) is a skin disorder that causes the hands to develop a rash and become dry and cracked. Hand dermatitis can interfere with social activities and can cause permanent disfigurement, the article states.

Many massage therapists are exposed to multiple factors known to increase the risk of hand dermatitis, including frequent hand washing, contact with fragrances, dyes, detergents, latex and other irritants and allergens found in massage oils, creams and lotions. The essential oils used in aromatherapy can also cause hand dermatitis.

Glen H. Crawford, M.D., of the University of Pennsylvania Medical Center, Philadelphia, and colleagues investigated the prevalence of hand dermatitis over a 12-month period among 350 massage therapists practicing in Philadelphia. The researchers used a mailed survey that included questions about use of essential oils, lotions, and other products, history of diagnosis of hand dermatitis, and symptoms of hand dermatitis.

The researchers found that the

12-month prevalence of hand dermatitis among the survey respondents was 15 percent by self-reported criteria (respondent had been diagnosed with hand dermatitis) and 23 percent according to symptoms reported. Those who reported using aromatherapy products, massage oils, lotions, or creams, were more than three times as likely to have hand dermatitis, and respondents with a history of dermatitis were more than eight times as likely to have hand dermatitis.

### Massage May Help Ease Pain And Anxiety After Surgery

A 20-minute evening back massage may help relieve pain and reduce anxiety following major surgery when given in addition to pain medications, according to a new report.

Many patients still experience pain following major surgery despite the availability of pain-relieving medications, according to background information in the article. Pain may be undertreated because patients fear becoming dependent on medications, are concerned about side effects, believe that they should endure pain without complaining or worry about bothering nurses. Physicians and nurses may administer ineffective doses of pain relievers because of personal biases, cultural attitudes or a lack of knowledge.

Allison R. Mitchinson, of the Department of Veterans Affairs, Ann Arbor, Mich., and col-

leagues conducted a randomized controlled trial involving 605 veterans (average age 64) undergoing major surgery (chest or abdominal operations) between 2003 and 2005. Patients were randomly assigned to one of three groups for the five days following surgery: 203 received routine care; 200 received a daily 20-minute back massage; and 202 received 20 minutes of individual attention each day from a massage therapist, but no massage.

Compared with the control group, patients in the massage group experienced short-term (preintervention vs. postintervention) decreases in pain intensity, pain unpleasantness and anxiety. In addition, patients in the massage group experienced a faster rate of decrease in pain intensity and unpleasantness during the first four postoperative days compared with the control group. There were no differences in long-term anxiety, length of hospital stay or the amount of pain-relieving medications used among the three groups.

The effectiveness of massage in reducing both the intensity and unpleasantness of pain suggests that it may act through more than one mechanism. Massage may ameliorate suffering by helping to relieve the anxiety that so effectively synergizes with pain to create distress. It could also generate mood-boosting endorphins or create a competing sensation that blocks pain. *Arch Surg.* 2007;142(12):1158-1167.

## Virtual massage can relieve amputees' phantom limb pain

Amputees can feel relief from phantom limb pain just by watching someone else performing "virtual" massage. The treatment appears to fool the brain that it is their missing hand being massaged, California researchers say.

New Scientist magazine reports that it harnesses nerve cells in the brain which become active when watching someone else carry out an action. UK experts said this kind of therapy may help amputees, as long as they can go along with the illusion. Mirror neurons in the brain fire up when a person performs an intentional action, such as waving, and also when they observe someone else performing the same action.

They are thought to help predict the intentions of others by simulating the action in the mind. Similar cells exist for touch, and become active both when a person is being touched and when they watch someone else being touched.

Researchers at the University of California, San Diego, say the reason people do not constantly feel what they observe happening to others is that a person's sensory cells do not give the right signals, so they know it is not happening to them.

In the study, Vilayanur Ramachandran tested the therapy on ex-soldiers. His first test used a device called a mirror box, which he developed. An amputee puts their remaining limb, in this case their hand, in front of the mirror and their brain is tricked into thinking the mirror image is actually another working limb.

Two amputees had their normal hand touched while using the mirror box, and felt the sensation of being touched on their missing hand. In a second experiment, when amputees watched a volunteer's hand being stroked, they also began to experience a stroking sensation arising from their missing limb. One even said their pain disappeared for between 10 and 15 minutes.

Dr Ramachandran suggested the amputees "felt" the actions of others because their missing limb provided no feedback to prevent their mirror neurons being stimulated, and therefore not telling them they were not "literally" being touched. "If an amputee experiences pain in their missing limb, they could watch a friend or partner rub their hand to get rid of it." But Dr Ramachandran said there could be other uses for the therapy, including helping people who have had strokes. "If performed early enough, it may also be used to help stroke patients regain movements by watching others perform their lost actions."

<http://news.bbc.co.uk/2/hi/health/7305207.stm>

## Massage is still the best for neck pain

It might just be that the most effective solutions to a pain in the neck are the simplest. According to a University of Alberta-led task force assigned the job of finding the best way to take the sting out of neck pain, the often debilitating ailment's best treatment is still massage than anything the advancements of modern medicine have to offer.

The Bone and Joint Decade  
2000-2010 Task Force on Neck  
Pain and its Associated Disorders

reports that some alternative therapies such as acupuncture, neck manipulation and massage are better choices for managing most common neck pain than many current practices. Also included in the short-list of best options for relief are exercise, education, low-level laser therapy and pain relievers.

"The evidence shows there are a relatively small number of therapies that provide some relief for a while, but there is no one best option for everyone," said Linda Carroll, U of A professor of epidemiology and task-force principal investigator. "Everything works a little, everything seems to work the same, and different things work for different people."

"People have to understand that pain relief from these interventions is often modest and often short lived," said Carroll. The task force's studies found that some forms of treatment should be avoided, such as neck collars, ultrasound and electrical muscle stimulation. Corticosteroid injections and surgery should only be considered if there is associated pain, weakness or numbness in the arm, fracture or serious disease.

# 6 Questions to Bodyworkers

## 1. When and how did you decide to become a bodyworker?

I decided to go to massage school in 1991. I had gotten the book "Hands of Light" and discovered energy work. I realized I should get some certification to be able to do energy work on people and charge them money. I didn't really expect to learn much in massage school- I just wanted to practice what I had learned in the book. After the first class, I realized I had a so much to learn. After a few classes I became interested in anatomy and injury work from a very clinical, technical perspective. This was exactly the opposite of why I had entered massage school. I feel that the combination of anatomically accurate massage and the energy work perspective make the most perfect blend to helping clients find healing and recovery from injuries.

## 2. What do you find most exciting about bodywork therapy?

I enjoy the fact that each client is unique, and that as a practitioner, I can keep learning throughout my practice.

## 3. What is your most favourite bodywork book?

Kendall and Kendall's Muscles Testing and Function. This book is about 40 years old, but shows all the tests for each muscle group and detailed postural evaluation. It is intended for physical therapists, but when combined with massage, really helps the practitioner to work the correct area of the body.

## 4. Which part of the body do you find the most challenging to work on?

Knees and ankles can be difficult since they are weight bearing. Even if you release the tissues, the clients are constantly using the muscles, so they take longer to heal. Shoulder and neck injuries seem to heal the fastest because the muscles are not constantly under strain, and the effects of the bodywork in those areas seems to last longer.

## 5. What advise you can give to fresh massage therapists who wish to make a career out of it?

Remember that you are communicating to the body be-

low the level of the persons mind. The body's language is one of movement, pressure, stretch and resistance. Your bodywork session is a conversation with the body using this language. Really slow, steady and rhythmical styles of bodywork communicate healing the best. i.e.- go really slow during your session. If you are doing fast strokes- you are trying to talk to the body using your mind- you can't force it. Do the work really slow. Static, sustained pressure and an attitude of patience will allow the body to heal the best. When working on clients with injuries, you should learn to test the area, work and re-test before the session is over. That way you can see if the "conversation" that you are having with the body is working.

## 6. How do you see the future of massage therapy?

There is a trend toward more education and more clinical training and anatomical knowledge, which is great. Unfortunately, if it is not coupled with patience, presence and a sense of compassion, we may have a lot of bodywork "technicians" instead of wholistic practitioners. I see some schools forgetting to nurture the presence of the practitioner as a healing modality. I am hopeful that the people that advocate the body-mind connection and teach energy bodywork and the connection between emotions and physical injuries can learn to articulate their healing models in a way that is less air-fairy, and more practical to a main-stream audience.



Sean Riehl is the founder of Real Bodywork that produces high quality massage techniques DVD. Sean graduated with a Bachelor of Arts in Religious studies & Studio Art from University of California at Santa Barbara. Sean believes that it is the information, not the instructor, that is important- and therefore he tries to keep a low profile. Sean has produced and authored many massage techniques DVD, among them are Deep Tissue Massage & NMT, Myofascial Release, Lymphatic Drainage Massage, and Massage Therapy for Fibromyalgia.

# 6 Questions to Bodyworkers

## 1. When and how did you decide to become a bodyworker?

I was Rolfed in 1986 and felt better about my body and had less pain from old athletic injuries than in 20 years. I was in a transitional time in my life and decided that, although it was frightening, I would go with my heart and study Roling in hopes of giving the same benefits to others.

## 2. What do you find most exciting about bodywork therapy?

I don't know if I would call it "exciting," but I receive the most gratification from the diverse people I meet and the depth of the relationships that include not only the physical benefits they report, but also emotional relationships that develop. I feel lucky each day I work; in addition to the feeling of giving to clients, but also in the continuing growth I experience from being in a field that always stimulates learning on my part.

## 3. What is your most favourite bodywork book?

I wish I could answer that but as my practice evolves and my interests expand, I keep finding new favorites. I do think that it is important to keep looking for new material so as not to get entrenched into one way of looking at our work. It is crucial to keep up on anatomy and kinesiology, so have a favorite to continually refresh your knowledge, and also study other forms of bodywork that emphasize types of work you might not even be interested in performing. This will expand your views and keep you fresh and excited.

## 4. Which part of the body do you find the most challenging to work on?

I think it is important to not shy away from work that you find challenging. I find that low back pain is the most difficult to work with because of the multiplicity of issues involved, including nerve involvement, vertebral misalignment, muscular restrictions and weakness, and postural patterns that create the problems. Each client is an individual, and what works for one, may not work for another, so I always have to try to keep an open mind and play a bit of a chess game.

## 5. What advice you can give to fresh massage therapists who wish to make a career out of it?

Stay fresh and work towards having your own private practice where there are far better financial and emotional rewards. Never give cookie cutter routine bodywork and look at each client as a unique challenge. Emphasize the personal aspect of your work rather than just performing specific protocols. I see students with a limited picture of bodywork (often from their initial bodywork training) and try to fit their personality into this picture rather than molding their practice around their strengths and uniqueness.

## 6. How do you see the future of massage therapy?

I see tremendous growth as the population realizes the benefits of bodywork. We seem to be moving more and more towards the Western model of isolated specialization and more impersonal treatment of specific complaints. I hope that the pendulum swings back a bit towards more holistic views with proper credit to the nurturing aspects of massage. It is disturbing to hear therapists proudly saying that they don't do "relaxation" massage anymore, just because they have learned specific skills. Much healing can come from relaxing the central nervous system.



Art Riggs is a Certified Advanced Rolfer® and massage therapist who has been teaching bodywork since 1988. He is the author of bestselling Myofascial release DVDs and manuals worldwide. A lifetime of hard physical activity and high level athletic pursuits including ultra-marathons led him to bodywork, first as a grateful recipient, and later as a student. The fulfillment he experienced in both receiving and performing bodywork led him away from his graduate studies in Exercise Physiology at the University of California, Berkeley to a full time career as a Rolfer® and teacher of Deep Tissue Massage.

## TERRA ROSA DVD LIST

| Title  | Author / Producer                    | Running Time               |
|--|--------------------------------------|----------------------------|
| Anatomy  |                                      |                            |
| Anatomy & Pathology for Bodyworkers                        | Real Bodywork (Sean Riehl)           | DVD (1 hr 14 mins)         |
| Anatomy for Beginners                                      | Gunther von Hagens                   | 2 DVDs (3 hr 20 mins)      |
| Autopsy  | Gunther von Hagens                   | DVD (3 hrs)                |
| Trail Guide to the Body DVD                                | Andrew Biel                          | 3 DVDs (4 hours)           |
| Kinesiology  | Joseph Muscolino                     | Book + DVD                 |
| Bodywork   |                                      |                            |
| Deep Tissue & Neuromuscular Therapy: the Ex-<br>tremities  | Real Bodywork (Sean Riehl)           | DVD (55 mins)              |
| Deep Tissue & Neuromuscular Therapy: the Torso             | Real Bodywork (Sean Riehl)           | DVD (1 hr 17 mins)         |
| Nerve Mobilization   | Real Bodywork (Doug Alexander)       | DVD (2 hrs 7 mins)         |
| Sports Massage   | Molly Verschingel                    | DVD (2 hrs)                |
| Lymphatic Drainage Massage                                 | Real Bodywork (Sean Riehl)           | DVD (1hr 30 mins)          |
| Dorn Method  | Thomas Zudrell                       | DVD                        |
| Positional Release   | Real Bodywork (Diana Haynes)         | DVD (3 hrs)                |
| Introduction to Ortho-Bionomy                              | Massage Conference (Bruce Stark)     | DVD (2 Hrs)                |
| Undulation Exercises                                       | Anita Boser                          | Audio CD (4 CDs 4.5 Hrs)   |
| Orthopedic Massage 1: Lower Extremity                      | James Waslaski                       | DVD (1 hr)                 |
| Orthopedic Massage 2: Upper Extremity                      | James Waslaski                       | DVD (1 hr)                 |
| Orthopedic Massage 3: Lower Back Pain                      | James Waslaski                       | DVD (1 hr)                 |
| Orthopedic Massage 4: Thoracic Outlet & Frozen<br>Shoulder | James Waslaski                       | DVD (1 hr)                 |
| Orthopedic Massage 5: Cervical Conditions                  | James Waslaski                       | DVD (1 hr)                 |
| Orthopedic Massage 6: Isolated Stretching                  | James Waslaski                       | DVD (1 hr)                 |
| Techniques for Specific Condition                          |                                      |                            |
| Frozen Shoulder Syndrome                                   | Elaine Calenda                       | DVD (65 mins)              |
| Massage Therapy for Fibromyalgia                           | Real Bodywork (Sean Riehl)           | DVD (2 hrs)                |
| SI Joint Dysfunction                                       | Massage Conference (Steve Goldstein) | DVD (2 hrs)                |
| Tension Headache & Neck Pain                               | Massage Conference (Steve Goldstein) | DVD (2 hrs)                |
| Assessment & Treatment of Fibromyalgia                     | Massage Conference (Steve Goldstein) | DVD (2 hrs)                |
| Overcome Back Pain   | Kit Laughlin                         | DVD (1 Hr)                 |
| Overcome Neck & Shoulder Pain                              | Kit Laughlin                         | DVD (1 Hr)                 |
| Overcome RSI   | Kit Laughlin                         | DVD (1 Hr)                 |
| Myofascial Release   |                                      |                            |
| Deep Tissue Massage & Myofascial Release                   | Art Riggs                            | 7 DVDs set (11 hours)      |
| Advanced Myofascial: Arm & Shoulder                        | Til Luchau                           | 2 DVDs (2 Hrs) +<br>wkbook |
| Advanced Myofascial: Legs, knee & Feet                     | Til Luchau                           | 2 DVDs (2 Hrs) +<br>wkbook |
| Advanced Myofascial: Neck, Jaw & Head                      | Til Luchau                           | 2 DVDs (2 Hrs) +<br>wkbook |
| Advanced Myofascial: Pelvis, Hip & Sacrum                  | Til Luchau                           | 2 DVDs (2 Hrs) +<br>wkbook |
| Advanced Myofascial: Spine & Lower Back                    | Til Luchau                           | 2 DVDs (2 Hrs) +<br>wkbook |

## TERRA ROSA DVD LIST

| Title  | Author / Producer                  | Running Time        |
|--|------------------------------------|---------------------|
| Myofascial Release: Intra-oral, Head & Face            | Michael Stanborough                | DVD (45 mins)       |
| Myofascial Release: The Cervical                       | Michael Stanborough                | DVD (60 mins)       |
| Myofascial Release: The Lower Extremity                | Michael Stanborough                | DVD (45 mins)       |
| Myofascial Release: The Pelvis                         | Michael Stanborough                | DVD (55 mins)       |
| Myofascial Release: The Thigh                          | Michael Stanborough                | DVD (50 mins)       |
| Myofascial Release: The Trunk                          | Michael Stanborough                | 2 DVDs (155 mins)   |
| Myofascial Release: The Upper Extremity                | Michael Stanborough                | DVD (66 mins)       |
| Pattern Recognition                                    | Jan Sultan                         | Audio CD (5 Hrs)    |
| Structural Biomechanics                                | Jan Sultan                         | Audio CD (5 Hrs)    |
|  |                                    |                     |
| Indirect Myofascial Release                            |                                    |                     |
| Beginning Myofascial Release                           | Real Bodywork (Sean Riehl)         | DVD (1 hr 15 mins)  |
| Advanced Myofascial Release                            | Real Bodywork (Sean Riehl)         | DVD (1 hr 17 mins)  |
|  |                                    |                     |
| Myoskeletal Alignment Techniques                       |                                    |                     |
| Advanced MAT: Head & Neck                              | Erik Dalton                        | 2 DVDs (3 Hours)    |
| Advanced MAT: Shoulder, Elbow, Wrist & Hand            | Erik Dalton                        | 2 DVDs (3 Hours)    |
|  |                                    |                     |
| Cranial & Energy Therapy                               |                                    |                     |
| Cranial Sacral Therapy                                 | Real Bodywork (Mary Sullivan)      | DVD (1 hr 17 mins)  |
| Visceral Manipulation: DVD                             | Jean-Pierre Barral                 | DVD (2 hrs 20 mins) |
| Polarity Therapy : 5 Elements & 3 Principles           | Real Bodywork (Mary Sullivan)      | DVD (2 hrs)         |
| Five Elements Theory Evaluation                        | John Beaulieu                      | DVD (1 Hr 45 mins)  |
|  |                                    |                     |
| Pregnancy & Infant                                     |                                    |                     |
| Mastering Pregnancy Massage                            | Real Bodywork (Leslie Stager)      | DVD (3 hrs 13 mins) |
| It's Baby Time   | Real Bodywork (Jenny Wilmer)       | DVD (47 mins)       |
|  |                                    |                     |
| Massage Essentials                                     |                                    |                     |
| Chair Massage  | Diana Hayes                        | DVD (90 mins)       |
| Head, Neck & Shoulder                                  | Sherry Galloway                    | DVD (40 mins)       |
| Heal your wrist pain naturally                         | Real Bodywork (Sean Riehl)         | DVD (30 mins)       |
| Esalen Massage   | Esalen Institute                   | DVD (1 hr, 45 mins) |
| Integrative Massage: Earth                             | Real Bodywork (Jenny Wilmer)       | DVD (1 hr 13 mins)  |
| Integrative Massage: Fire                              | Real Bodywork (Jenny Wilmer)       | DVD (1 hr 27 mins)  |
| Integrative Massage: Spirit                            | Real Bodywork (Jenny Wilmer)       | DVD (1 hr 21 mins)  |
| Swedish Massage  | Meade Steadman                     | DVD (2 hrs)         |
| Therapeutic Massage                                    | Real Bodywork (Donna Sunday)       | DVD (1 hr 20 mins)  |
| The Ultimate Face, Scalp, Neck & Shoulder Mas-<br>sage | Meade Steadman                     | DVD (78 mins)       |
|  |                                    |                     |
| Spa Massage  |                                    |                     |
| Ayurvedic Face Massage & Shirodara                     | Real Bodywork (KP Khalsa Singh)    | DVD (49 mins)       |
| Ayurvedic Spa Treatments                               | Real Bodywork (KP Khalsa Singh)    | DVD (1 hr 30 mins)  |
| Healing Stone Massage 1                                | Real Bodywork (Carollane Crichton) | DVD (1 hr 20 mins)  |
| Healing Stone Massage 2                                | Real Bodywork (Carollane Crichton) | DVD (1 hr 10 mins)  |
| Art & Practice of Stone Massage                        | Meade Steadman                     | DVD (104 mins)      |
| Couples Massage  | Judy Rupel                         | DVD (2 hrs)         |
|  |                                    |                     |
| Reflexology  |                                    |                     |
| Reflexology & Massage: The Feet                        | Meade Steadman                     | DVD (90 Mins)       |
| Reflexology & Massage: The Hands                       | Meade Steadman                     | DVD (110 Mins)      |
| Reflexology for the Feet & Hands                       | Real Bodywork (Geri Riehl)         | DVD (40 mins)       |
|  |                                    |                     |

## TERRA ROSA DVD LIST

| Title                             | Author / Producer              | Running Time       |
|-----------------------------------|--------------------------------|--------------------|
| Equine Massage                    | Real Bodywork (Jim Masterson)  | DVD (1 hr 15 mins) |
| Lomi Lomi                         |                                |                    |
| Forearm Dance                     | Val Guin                       | DVD (3 Hrs)        |
| Lomi Lomi Massage Level 1         | Carrie Rowell                  | DVD (65 Mins)      |
| Lomi Lomi Massage Level 2         | Carrie Rowell                  | DVD (65 Mins)      |
| Oriental Bodywork                 |                                |                    |
| Acupressure massage               | Master Zhang Hao               | DVD (70 mins)      |
| The Art of Acupuncture            | Ikeda Masakazu                 | DVD                |
| Qi Gong Massage                   | Dr. Yang Jwing Ming            | DVD (3 Hrs)        |
| Clinical Shiatsu                  | Real Bodywork (John Hickey)    | DVD (2 hrs)        |
| Thai Massage                      | Richard Gold                   | Book + DVD (1 hr)  |
| Thai Yoga Massage                 | Kam Thye Chow                  | DVD and Book       |
| Tai Chi                           |                                |                    |
| Tai Chi: Stillness Through Motion | Real Bodywork (Chao Pangl)     | DVD (3 Hrs)        |
| Sunrise Tai Chi                   | Ramel Rones                    | DVD                |
| Chen Style Tai Chi                | Ren GuangYi                    | DVD (1.5 Hours)    |
| Simplified Tai Chi                | Liang Shou Yu                  | DVD                |
| Yoga                              |                                |                    |
| Gentle Practice                   | Real Bodywork (Zyrka Landwijt) | DVD (3 Hrs)        |
| Vinyasa Gentle Flow               | Real Bodywork (Zyrka Landwijt) | DVD (3 Hrs)        |
| Spirit of Vinyasa Flow            | Real Bodywork (Deb Dobbin)     | DVD (3 Hrs)        |

# TERRA ROSA BOOK LIST

## History

History of Massage (Noah Calvert)

## Anatomy & Palpation

Anatomy of Movement (Calais-Germain)

Anatomy of Breathing (Calais-Germain)

The Female Pelvis (Calais-Germain)

Anatomy of Stretching (Brad Walker)

Job's Body (Deane Juhan)

Trail Guide to the Body (Andrew Biel)

The Concise Book of Muscles (Chris Jarmey)

The Concise Book of the Moving Body (Chris Jarmey, Thomas Myers)

Palpation & Assessment Skills (Leon Chaitow)

## Ayurveda & Yoga

The Encyclopedia of Ayurvedic Massage (Douillard)

Anatomy and Asana (Susi Hatley Aldous)

Yoga for the Core (Suzette O'Byrne)

## Carpal Tunnel Syndrome

Conquering Carpal Tunnel Syndrome (Sharon Butler)

Overcoming Repetitive Motion Injuries the Rossiter Way (Richard Rossiter)

## Craniosacral Therapy

Craniosacral Therapy (John Upledger)

Craniosacral Therapy II: Beyond the Dura (John Upledger)

Cranial Manipulation: Theory & Practice (Leon Chaitow)

Atlas of Manipulative Techniques for the Cranium & Face (Alain Gehin)

An Introduction to Craniosacral Therapy (Don Cohen)

The Heart of Listening, A Visionary Approach to Craniosacral work . Vol.1: Origins, Destinations, Unfoldment (Hugh Milne)

The Heart of Listening, Vol.2 : Anatomy, Technique, Transcendence (Hugh Milne)

Craniosacral Biodynamics 1 (Franklyn Sills)

Craniosacral Biodynamics 2 (Franklyn Sills)

Biodynamic Craniosacral (Michael Shea)

Craniosacral Therapy & The Energetic Body (Roger Gilchrist)

Wisdom in the Body: The Craniosacral Approach to Essential Health (Michael Kern)

Taking Control of TMJ by Robert O. Uppgaard, DDS

## Dorn Method

Dorn Method eBook (Thomas Zudrell)

## Healing Trauma

Waking the Tiger, Healing Trauma (Peter Levine)

## Kinesiology

Kinesiology: The Skeletal System and Muscle Function (Muscolino)

Applied Kinesiology (Robert Frost)

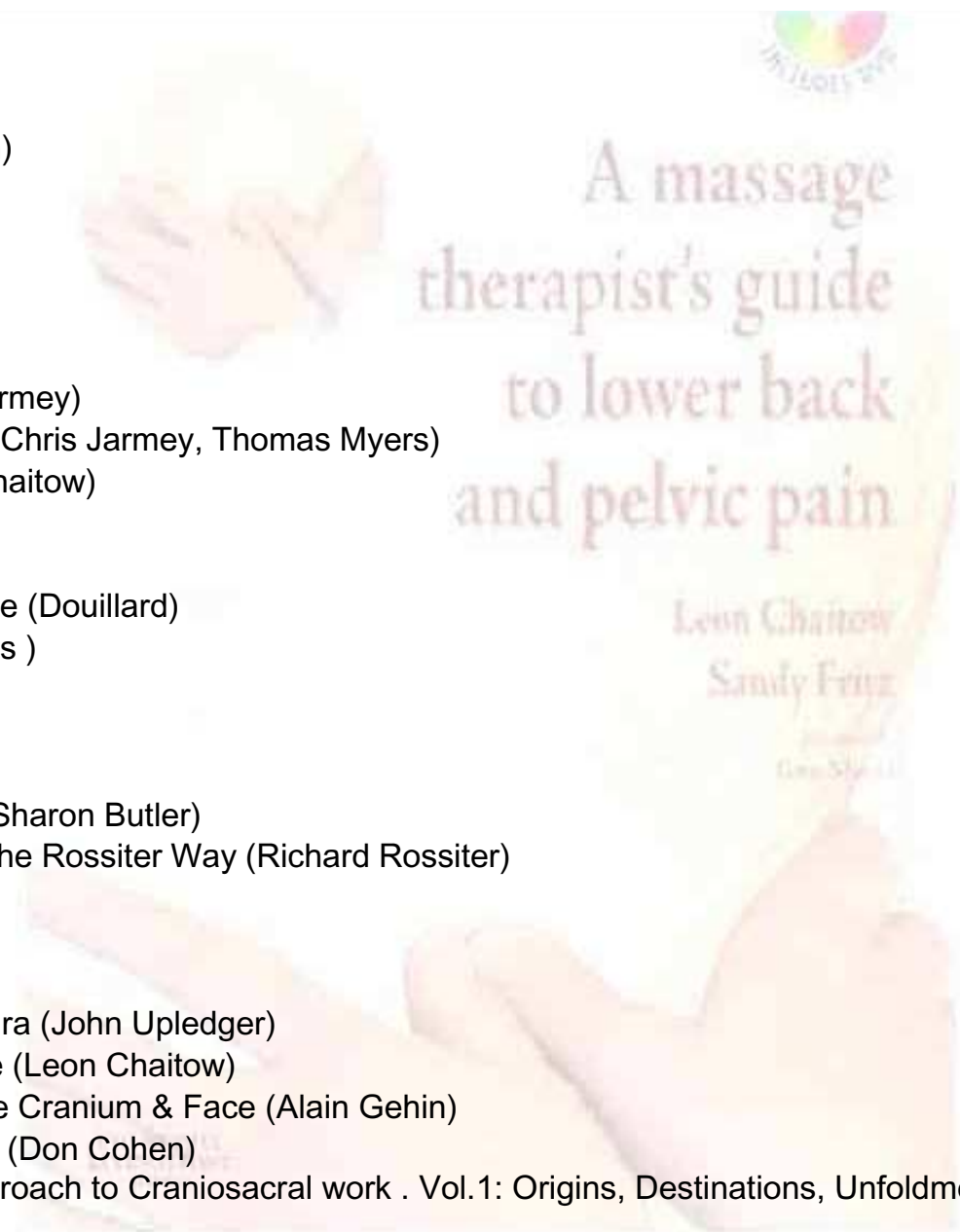
## Lower Back Pain

Overcome Neck & Back Pain (Kit Laughlin)

Massage Therapist's Guide to Lower back & Pelvic Pain (Leon Chaitow)

Multifidus Back Pain Solution (Jim Johnson)

Therapeutic Exercise for Lumbopelvic Stabilization (Carolyn Richardson, Paul W. Hodges, Julie Hides)



## TERRA ROSA BOOK LIST

Muscle energy Techniques & Stretching  
Muscle Energy Techniques (3rd Ed) Leon Chaitow  
Stretching & Flexibility (Kit Laughlin)  
Overcome Neck & Back Pain (Kit Laughlin)

Orthopedic Massage  
Orthopedic Massage: Theory & Technique Whitney Lowe  
Advanced Myoskeletal Techniques Erik Dalton  
The Matrix Repatterning Program for Pain Relief by Dr. George C. Roth

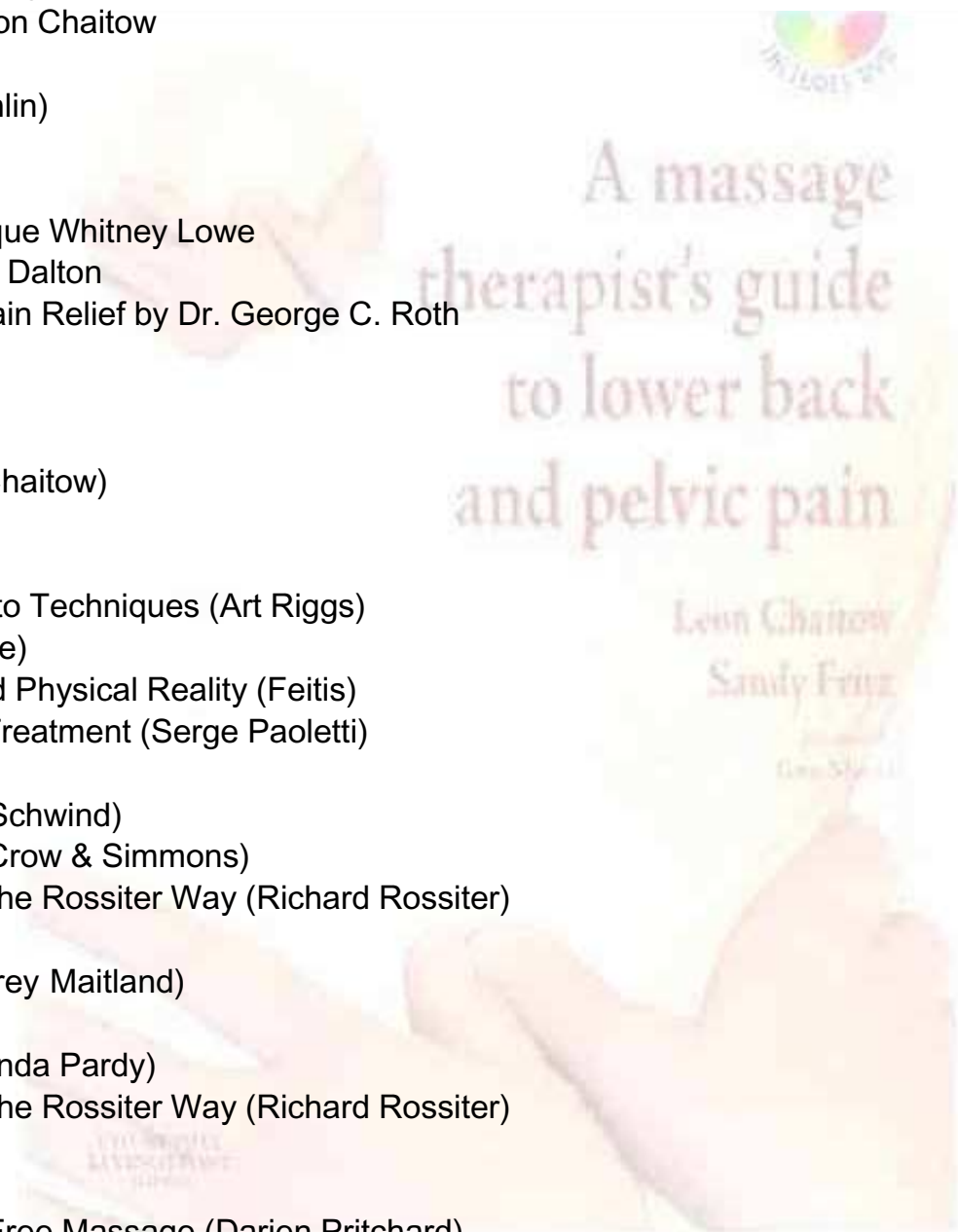
Ortho-Bionomy & Positional Release  
Ortho-Bionomy (Kathy Kain)  
Positional Release Techniques (Leon Chaitow)

Fascia & Myofascial Release  
Deep Tissue Massage. A Visual Guide to Techniques (Art Riggs)  
Deep Tissue Sculpting (Carole Osborne)  
The Endless Web: Fascial Anatomy and Physical Reality (Feitis)  
The Fasciae: Anatomy, Dysfunction & Treatment (Serge Paoletti)  
Fascial Manipulation (Stecco)  
Fascia & Membrane Technique (Peter Schwind)  
Ligamentous Articular Strain (Speece, Crow & Simmons)  
Overcoming Repetitive Motion Injuries the Rossiter Way (Richard Rossiter)  
Spacious Body (Jeffery Maitland)  
Spinal Manipulation Made Simple (Jeffrey Maitland)  
Structural Bodywork (John Smith)  
Myofascial Stretching (Jill Morton & Brenda Parady)  
Overcoming Repetitive Motion Injuries the Rossiter Way (Richard Rossiter)

Posture & Movement  
Dynamic Bodyuse for Effective, Strain-Free Massage (Darien Pritchard)  
How Life Moves (McHose & Frank)  
The New Rules of Posture (Mary Bond)  
Undulation (Anita Boser)

Oriental Bodywork  
The Foundations of Shiatsu (Chris Jarmey)  
Qi Gong Massage Book (Dr. Yang Jwing-Ming)  
Dr. Wu's Head Massage (Dr. Wu)  
Cupping Therapy (Ilkay Chirali)  
Thai Massage (Richard Gold)  
Thai Yoga Massage (Kam Thye Chow)  
Seated Acupressure Bodywork (Andrew Parfitt)

TCM & Acupuncture  
Healing With Whole Foods. Asian Traditions and Modern Nutrition by Paul Pitchford  
Currents of Tradition in Chinese Medicine 1626 to 2006 by Dr. Volker Scheid  
Atlas of Chinese Tongue Diagnosis by Barbara Kirschbaum  
Chinese Pulse Diagnosis: A Contemporary Approach (Revised Edition) by Leon I. Hammer  
Finding Effective Acupuncture Points



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Esoteric Anatomy (Bruce Burger)  
The Polarity Workbook (John Beualieu)  
The Polarity Process (Franklyn Sills)

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Quantum Touch (Richard Gordon)  
Supercharging Quantum Touch (Alain Herriott)

Reflexology  
Father Josef's Foot Reflexology  
The Rwo Shur Health Method - A Self-Study Book on Foot Reflexology

Sports Massage  
Sports and Remedial Massage (Mel Cash)  
Soft Tissue Release (Mary Sanderson)  
Anatomy of Sports Injuries (Brad Walker)  
Anatomy of Stretching (Brad Walker)

Trigger Points/ Deep Tissue / Neuromuscular Therapy  
The Concise Book of Trigger Points (Simeon Niel-Asher)  
The Concise Book of NeuroMuscular Therapy (John Sharkey)  
The Trigger Point Therapy Workbook (Claire Davies)  
The Frozen Shoulder Workbook (Claire Davies)  
Trigger Point Therapy for for Headaches & Migraines (Valerie DeLaune)  
Massage Therapist's Guide to Locating & Treating Myofascial Trigger Points (Leon Chaitow)

Visceral manipulation  
Visceral Manipulation (2006 Edition) Jean-Pierre Barral  
Visceral Manipulation II (2007 Edition) Jean-Pierre Barral  
Manual Therapy for Peripheral Nerves Jean-Pierre Barral  
Fascia & Membrane Technique (Peter Schwind)  
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