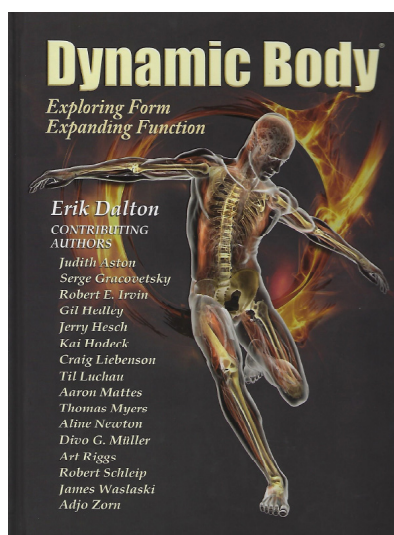




Dalton, E. Dynamic Body Exploring Form Expanding Function



zum Bestellen hier klicken

to order click here

by naturmed Fachbuchvertrieb

Aidenbachstr. 78, 81379 München

Tel.: + 49 89 7499-156, Fax: + 49 89 7499-157

Email: info@naturmed.de, Web: <http://www.naturmed.de>

TABLE OF CONTENTS

Art Riggs 1

Refine Your Touch

*Striking a Balance Between Relaxation
and Intense Therapeutic Bodywork*

Erik Dalton 12

May the Course be with You

Judith Aston 28

Aston Kinetics

*A 360° by 360° Perspective of the
Human Body*

Til Luchau 54

John Wayne, Marilyn Monroe, and Goldilocks

Assessing Pelvis Movement in Walking

Gil Hedley 62

Reconsidering "The Fuzz"

*Notes on Distinguishing Normal and
Abnormal Fascial Adhesions*

Craig Liebenson 74

A Rehabilitation Roadmap

Adjo Zorn / Kai Hodeck 96

Walk With Elastic Fascia

Use the Springs In Your Step!

Erik Dalton 124

Well-Heeled

Robert Schleip 136

Fascia As a Sensory Organ

A Target of Myofascial Manipulation

Thomas Myers 164

An Introduction to Anatomy Trains

Myofascial Meridians

Jerry Hesch 190

Sacral Torsion About an Oblique Axis

Erik Dalton 232

Vicious Cycle

Aline Newton 248

Stabilization: The Core and Beyond

James Waslaski 274

Treating Tendinosis Conditions

A Revolutionary 12 Step Approach

Serge Gracovetsky 308

The Coupled Motion of the Spine

*Bipedalism versus Human Gait &
Application to Sports Medicine*

Erik Dalton 330

Human Silly Putty

Robert E. Irvin 342

Enduring Relief of Chronic Pain

*Using Orthotics to Correct
Postural Imbalance*

Robert Schleip and

Divo Gitta Müller 366

Fascial Fitness

*Suggestions for a fascia-oriented training
approach in sports and movement therapies*

Erik Dalton 378

Weak in the Knees

Aaron Mattes 394

Active Isolated Stretching

The Mattes Method

Reconsidering "The Fuzz"

Notes on Distinguishing Normal and Abnormal Fascial Adhesions

Gil Hedley, Ph.D.

Introduction

Over the course of my career as a student and guide through what I call integral anatomy, I have been blessed with the opportunity to dissect many human forms. Dissection affords rare insights into the quality of relationships and continuities of the various tissue textures that compose the human body. My experience with dissection has been invaluable to me in establishing a better understanding of normal presentations. Literally, every body is different, and every body presents a unique expression of the embodiment of the human form. We are as unique on the inside as we are on the outside.

Having been said, there are patterns of tissue structures, relationships, and textures that reoccur in large measure, and each one of us manifests variations on principal themes. Dissection in the lab allows us to differentiate more readily among predominant "normal" presentations of tissue relations, usually but not anomalously, and pathological presentations. Such experience enables us to formulate, for different tissues, an answer to the question: "Is that supposed to be connected or not?"

Background

In my early years of my dissection studies, I was an active practitioner of structural integration. I believed that I could use hands to "differentiate" my clients' tissues, and help them to experience freedom of movement more fully. Therefore, it is not surprising that I approached cadavers similarly. I would attempt to use my hands to differentiate the different layers of tissue beneath the skin, sometimes with success and sometimes not. Some tissues yielded to fingertip pressure,

and I could create space between layers manually, whereas others required a scalpel to separate them.

I was continually surprised by the myriad connections and tissues in the body that were poorly described, or – more often – not accounted for at all by the anatomy flash cards and books. Tom Myers had made it clear to my classmates and me during

our Rolling® pre-training, back in 1991, that "the map is not the territory," and he was correct beyond my imaginings. Dissection was teaching me that the map was missing continents! Continuities that spanned regions, vast amounts and different types of fascia, as well as the transitional relationships between one tissue texture and another were in fact "all present," but simply not "accounted for."

I was continually surprised by the myriad connections and tissues in the body that were poorly described, or – more often – not accounted for at all by the anatomy flash cards and books.

Now, facing such a problem, one strategy would be simply to cut away all the tissue that isn't in the book, and focus on what's "supposed to be there." That is pretty much the strategy of dissection for medical students, who are not going to waste a lot of their severely over-taxed time fumbling with matters outside the curriculum. Make everything look clean and tidy, carve the book drawings out of the tissue, replicate the regional model of separate parts in the unsuspecting cadaver, and consider the resulting prosection a verification of the curriculum.

Lucky for me, I had no teacher in the lab but the cadaver, and I had no test, schedule, or curriculum to which I was beholden. The way I saw it, as a bodyworker and as a somanaut, I was touching the whole person, so I wanted to account for everything that was there materially.

doms, patterns, inflammations, intrusions, and intentional interventions, commonly manifest adhesions of one set or another.

With respect to those visceral adhesions, and with respect to any suboptimal inhibition of any tissues at all, these surfaces should be able to move relative to each other; there is also the potential for them not to move relative to each other. The trick is to learn enough anatomy to know when something is stuck by accident, as opposed to something that belongs attached, and what is the normal quality of the relationship, versus what "the hook" says.

Documenting this is a big project, which I've begun in the form of The Integral Anatomy Series, and which I've been exploring with others in my dissection workshops. I've spent the last 16 years learning how to tell the difference between a healthy relationship and a stuck relationship, and helping others do the same.



Arrows point to span of abnormal adhesion of loop of small intestine (right, flesh tone) to colon (left, green tone).

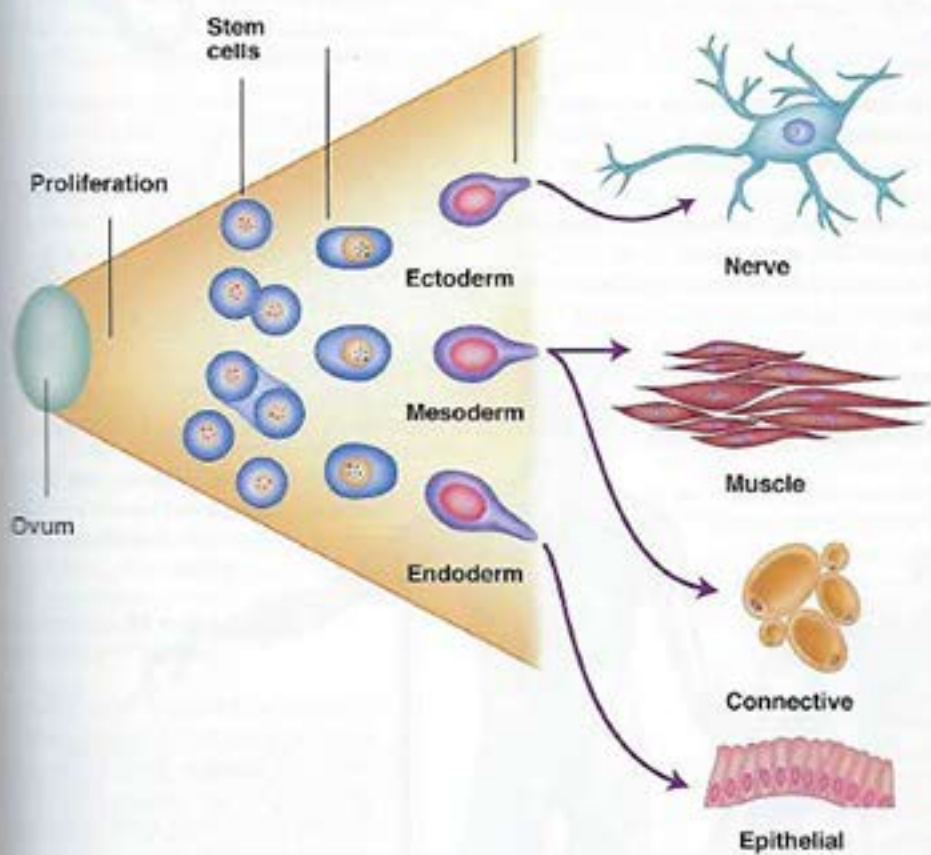


Figure 4: From the generalized ovum, cells proliferate, migrate, and differentiate into functionally specialized tissues.

The Connective Tissue

The system of the connective tissue matrix can be seen as our "organ of form." From the moment of the fertilization of the ovum, the intercellular matrix of connective tissue exists as a secreted glycosaminoglycans (mucous) gel that acts to glue the cells together. Around the end of the second week of embryological development, the first fibrous version of connective tissue appears, a web of basement membrane spun by specialized mesodermal cells on either side of the developing notochord (spine). This web is the origin of our basal web – our "meta-membrane" – the singular membrane that shapes our form and directs the flow of our biochemical processes (Fig. 10).

The ability of the connective tissue cells to alter and mix the three elements of the intercellular space – the water, the fibers, and the amorphous ground substance gel of glycosaminoglycans – produces on demand the wide spectrum of cellular building materials in the body. Bone, cartilage, ligament, tendon, areolar, and adipose networks are all examples of connective fabric. The connective tissue, the "organ of movement," are composed of extracellular matrices manufactured by the various connective tissue cells.

The predominant scientific view is that this extracellular matrix material is "non-living," but is this in fact an accurate description? The connective tissue fibrous network of collagen, elastin, and proteoglycans and the hydrophilic gelatinous ground substance are clearly extracellular. It is all manufactured by a connective tissue cell and then extruded out into the intercellular space, where it may lose all

contact with its original producing cell. The fiber-gel matrix remains, however, an immediate part of the environment of every cell, like cellulose in plants, or the coral's limestone apartment building.

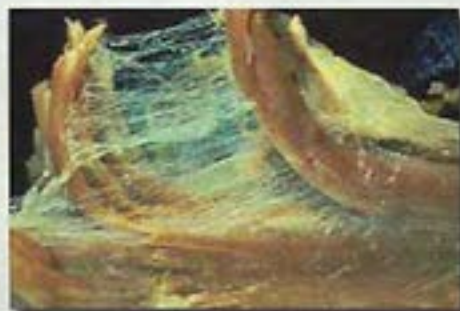


Figure 10: A magnification of myofascial tissue shows individual muscle fibers within the cottony mass of the perimysial fascia. Courtesy of Ron Thompson.

Given, however, that the animal (and human) extracellular matrix is so responsive to change – some in passive response to outside forces, some in active cellular response to damage or need – and given that the matrix is a liquid crystal capable of storing and transmitting information, and that it is so intimately married to the lives of our cells, I choose to think of

it as living. It is part of our adaptive response to the needs of practical continuance; it is part of the very fabric of our consciousness. Of course, the point is debatable, but for the rest of this chapter we take a mildly vitalistic stance that includes this extracellular matrix as belonging in and partaking of the field of the living being.

This extracellular matrix, taken as a whole, not only unites the various elements of the body, it unites the many branches of medicine. We leave

the description of its physiology and biochemistry to others more familiar with it. Here, we concentrate on two aspects of the matrix's spatial configuration: its "double bagging" arrangement and seeing the interplay of its elements in terms of tensegrity geometry.

The predominant scientific view is that this extracellular matrix material is "non-living," but is this in fact an accurate description?

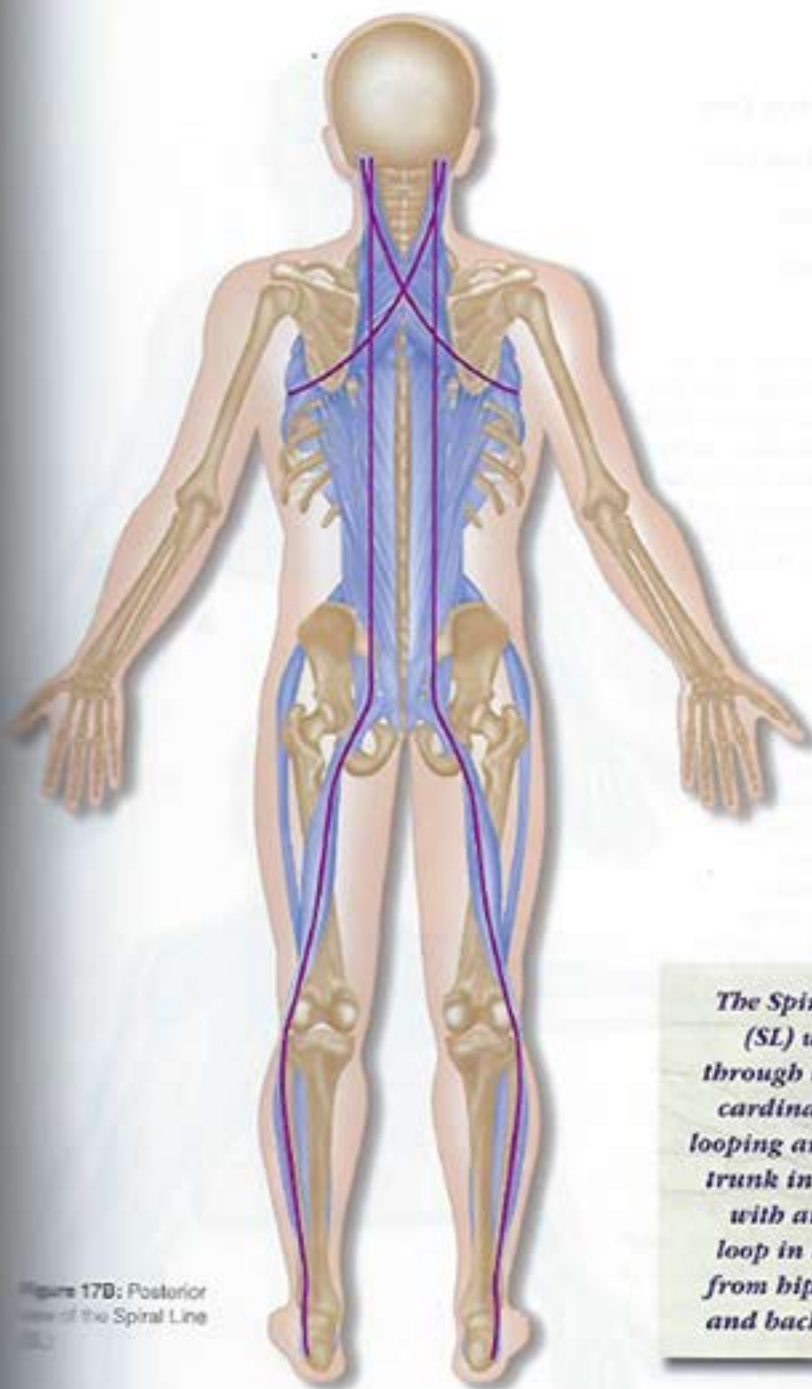


Figure 17B: Posterior view of the Spiral Line

The Spiral Line (SL) winds through the three cardinal lines, looping around the trunk in a helix, with another loop in the legs from hip to arch and back again.

Dynamic Body[®]

Exploring Form, Expanding Function

How do we develop a treatment approach that doesn't just address the health status of a small part of the body, but encompasses the structural, functional, and cognitive aspects?

Dynamic Body makes a bold leap into answering this question with provocative insights from some of the top thought leaders in our profession. The contributors to this book are change agents - imaginative and innovative thinkers. They will push you to see the body in an entirely new light.

Whether you choose to explore the chapters in sequence or wander through the various sections, you will discover a world of ideas that will forever change your practice.

- **Erik Dalton, Ph.D.**
Founder, *Function From Pain Institute*[®]
Developer of *Neurological Alignment Techniques*[®]

- **Judith Aston**
Developer of *Smart®* Exercises

- **Serge Gracovetsky, Ph.D.**
Emeritus professor at University of Toronto
author of *Spiral Engine*[®]

- **Robert E. Irvin, D.O.**
Musculoskeletal orthopedic physician and
physical orthopedics researcher

- **Gil Hedley, Ph.D.**
Founder of *Neuroscience Workshops*, professor of
Neural Anatomy Series[®]

- **Jerry Hesck, MHS, PT**
Developer of the *Heck Method of Manual Therapy*[®]

- **Kai Hodeck, Ph.D.**
Scientist at the Biodynamics Research Center, member
of the *Low Back Research Project team at The University*

- **Craig Liebenson, D.C.**
Director of *USA Sports and Spine*
Author of *Rehabilitation of the Spine*[®]

- **Til Luchau**
Director of *Advanced-embodiment.com*, faculty member
of the *Roll Institute*[®] of Structural Integration

- **Aaron L. Mattes, MS, RKT, LMT**
Creator of *Active Postural Integration*[®]

- **Thomas Myers**
Director of *Kinesio*[®], author of *Anatomy Trains*[®]

- **Aline Newton**
Certified Advanced Rolfer[®], developer of the
Physical Intelligence program at *RIIS*

- **Divo G. Müller**
Internationally published conference Movement[®] teacher

- **Art Riggs, LMT**
Certified Advanced Rolfer[®], author of *Deep Tissue
Massage - A Clinical Guide to Techniques*[®]

- **Robert Schleip, Ph.D.**
Director of the *Forma Research Project* at The University

- **James Waslaski, LMT, CPT**
Author of *Clinical Massage Therapy:
A Structural Approach to Pain Management*[®]

- **Adjo Zorn, Ph.D.**
Certified Advanced Rolfer[®], member of the *Forma
Research Project team at The University*



ISBN 978-0-615-27935-6



9 780615 279356



**Hat Ihnen das Buch von Dalton, E.
Dynamic Body
Exploring Form Expanding Function
gefallen?**

**Did you like the book of Dalton, E.
Dynamic Body
Exploring Form Expanding Function**

zum Bestellen hier klicken

to order click here

by naturmed Fachbuchvertrieb

Aidenbachstr. 78, 81379 München

Tel.: + 49 89 7499-156, Fax: + 49 89 7499-157

Email: info@naturmed.de, Web: <http://www.naturmed.de>