

R1 DIAGONAL. (PART 2) – TORSO IN CYLINDER. OCT 11 2017

- 1.** On back BK - Stool & Table observe bent knees tilt all the way toward end range, each side. Notice cervical, thoracic and lumbar restrictions. Can pelvis and chest differentiate and elongate away from each other?) How is pathway up to head? Stool follows once with fingertips on knees to feel the barriers (and table will feel them more.) Do not let the feet slide out of their bent knee place. They can roll in place. Choose more functional side.
- 2.** A) Table bends knees -tilts to chosen side- lengthens out leg leg closer to table- **releases ceiling knee completely down toward long leg/ lengthening the knee/ without letting the foot slide on the table. It can roll in place.**

B) Stool has one hand on the Table's knee and one hand on hip and follows as table repeats this move. **This downward inward spiral is the functional move we will be upgrading the whole lesson. Rest.**
- 3. TILT KNEES TO CHOSEN SIDE.**(For entire lesson feet do not slide, just roll in place.) **Support a lot under the side of each knee as needed with roller and towels.** Table should feel no work in holding that tilt– a complete surrender to the supports.

Stool Gently Traction bent ceiling leg - holding above kneecap and one hand on thigh - adding a slight inward and downward spiral - to recreate and slightly enhance the same linkage inward and downward that Table and Stool just experienced. Observe kinematic linkage upper body. Rest. Long legs on roller.

4. TILT KNEES WITH SUPPORT. (Differentiate in hip)

- a. Remove middle support. Raise ceiling leg, **one hand holding sole of foot and the other hand supporting knee. Explore releasing femur head laterally. Then add the same inward and downward spiral that engages the pelvis** Only this time the leg is raised. **What is happening in sternum, R1s, cervicals, lumbar?** Release lifted knee. Rest legs long on roller
- b. Tilt knees. Support. **ENHANCE INWARD DOWNWARD SPIRAL– LOOKING FOR LINKAGE PULLING ON STERNUM, R1S, CERVICALS, LUMBAR BY:**

- 1) One hand finger pads behind PSIS, one hand at knee

- 2) One hand finger pads behind femur head, one hand at knee
- 3) One hand behind whole hip, one hand at knee
- 4) One hand finger tips top rim of posterior pelvic ear, one hand at knee. Rest.

5. TILT KNEES. SUPPORT.

- a) One hand fingertips into the spinal groove of the lumbar at the lifted hips side. Sit at side - Increase rotation toward the table hip side. Use your free hand to tilt ceiling knee away from you to enhance rotation.
- b) Return knee to ceiling - **pushing SG fingertips deeper**. Then return knee to tilt, following in the spinal groove, increasing the rotation towards the tilted knees side.
- c) Release tissue other side SG /from table hips side /other hand pulls ribs towards you.
- d) Both hands lifted hip side SG - increase extension and rotation in lumbar and lower ribs increasing the inward downward spiral. Rest.

6. TILT KNEES. SUPPORT. SIT AT HEAD

Soften ribs / sternum - increase rotation and flexion and extension - to enhance tilt.

- A) Explore local “2 hands-knuckles compression toward each other” creating side bending- in the anterior ribs, the lateral ribs, the ribs and sternum.
- B) Explore compressing R1 or clavicle or sternum downward and diagonal. Then explore moving an area of compressed together ribs toward diagonal hip.
EACH MOVE TO ENHANCE THE FUNCTION OF THE INWARD AND DOWNWARD SPIRAL. Rest

7. NON-DIFFERENTIATED EVERYTHING ROLLING TO SIDE OF TILTED KNEES.

- a. tilt knees supported (**standing at table hip side**), lift arm (same side as ceiling knee)
Anterior and medial, as though around a cylinder (use your lumbar's to mirror the

move). Gentle traction that engages the whole rib cage.. Explore directions that begin lateral and move all the way toward Table diagonal hip. (Free hand below/ above bony elbow at first. Eventually your outside hand goes underneath shoulder to invite a large roll toward the tilted knees side. Your other hand at elbow

- b. **(at the head)** Table places same-side-arm-as-lifted hip on the opposite shoulder. Stool places one hand under the lifted shoulder and one hand on top of Table's elbow that is pointed toward the ceiling and repeats the last non differentiated roll of the rib cage, increasing the inward downward spiral
- c. (at the table hip side) (Table arm or hand rest across chest), one hand on hip, one hand on ribs - roll towards you (non differentiated)
- d. stabilize hip - roll ribs (differentiated) / then stabilize ribs - roll hip
- e. lightly stabilize hip - roll ribs **from tractioning the arm**
- f. Roll ribs, both hands, toward you.

8. Sitting at head - compressing ribs by:

- A. R1 compression. Single. then both. Toward each hip then both. **Keep creating inward downward spiral..**
- B. Retest **7 a.** This arm traction should now create the KL through shoulder, scapula, sternum, ribs to pelvis, around a cylinder. to the table-side hip. Rest

9. NOW CONTRALATERAL- DIFFERENTIATED ROLLING OF UPPER BODY OPPOSITE LOWER.

- a) tilt knees supported (**standing at lifted-hip side**), lift arm (same side as table-hip) Anterior and medial, as though around a cylinder (use your pelvis to mirror the move). Gentle traction that engages the whole rib cage.. Explore directions that begin lateral and move all the way toward Table diagonal hip. (Free hand on bony elbow at first. Eventually that hand goes underneath shoulder to invite a large roll toward the lifted hip side.

- b) **(at the head)** Table places same-side-arm-as-table hip on the opposite shoulder. Stool places one hand under the lifted shoulder and one hand on top of Table's elbow that is pointed toward the ceiling and repeats the last roll of the rib cage.
 - c) **(at the lifted hip side, Table arm across chest), roll ribs from tractioning the arm toward you and eventually toward the diagonal hip.**
 - d) roll ribs from both hands toward you.
 - e) Then retest arm traction to ceiling-side hip. Contralateral.
 - f.) then retest non-differentiated rolling to side of tilted knees using arm traction rest
- 10. a) Bend knees. No support. Table tilts knees as stool enhances downward and inward spiral. From the two knees, from lower body, from lower ribs, from sternum, R1, arm, clavicle, etc. Rest**
- b). **Bend knees. Table Slowly tilts knees. repeats downward inward spiral. Stool and table noticing and feeling every single joints in the body that is now engaged downward. What does head and neck want to do? Where more movement now along kinematic linkage?**
- 11. Table straightens original long leg and tilts ceiling knee, as in the beginning, inward and downward, noticing the differences. Repeat with Stool hands-on enhancing the traction. Rest**
- 12. Table bends knees, tilts to same side, then slowly tilts to non-worked side. Careful to stop at first barrier. Compare. Notice what is not engaged in rest of. body Second time, Stool travels with, touching tips of the knees, feeling first barrier on nonworked side.**
- 13. Table lies flat - compares 2 sides. TRANSFER. P.L.**
- 14. Table bends knees, slowly alternates tilt, first the worked side. Then Stool follows, hands on tips of knees. (can enhance slightly) Then stool enhances from both R1s.**
- 15. Compare both sides lying 16. Head integration. Table walking. Seated integrations.**
- 17. Stand shift weight.-walking integrations.**

