



integrative
fascial
release

FOUNDATIONS SYLLABUS

By

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Syllabus

FOUNDATIONS (DAYS 1-3) & LEVEL ONE (DAYS 1- 2)

DAY ONE

MODULE 1 ONE

INTRODUCTIONS & INFORMATION

Introductions and Information about Integrative Fascial Release

References:

The Fascia: Serge Paoletti

Myofascial Release Textbook Michael Shea

The Scientific Basis for Energetic Healing Movement & Bodywork James Oschman

The Endless Web, Fascial Anatomy & Physical Reality R.Louis Schultz

Anatomy Trains Thomas Myers

Neurobiology of Fascial Plasticity: Robert Schleip

Structural Bodywork: John Smith

Fascial & Membrane Technique: Peter Schwind

- MyoFascial Treatment Methods: Autonomic, Movement and Mechanical
- Properties of Connective Tissue-Fascial Anatomy
- The Nervous System: Conscious Control, Muscle Guarding, Unconscious Patterns of Muscular Holding / Movement
- Expressions of the Autonomic Nervous System and Autonomic Exhaustion
- Video clip of Myers Tensegrity
- Video clip of Headley's Superficial Fascia

MODULE 2 TWO

ASSESSMENTS AND DEVELOPMENT OF SKILL IN THE PALPATION OF FASCIA

- Fascial Palpation Exercises: Plastic Body Wrap
- Contra-Indications
- Visual Standing Assessment
- Visual Walking Assessment
- Skin and Joint Assessment
- Checklist for Palpating MyoFascial Restrictions

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MODULE 3 THREE

PALPATING AND LOCATING MYOFASCIAL RESTRICTIONS

Areas to which fascia adheres:

- Bony prominences
- Musculotendinous junctures
- Muscular boundaries and layers

PASSIVE TECHNIQUES FOR LOCATING SUPERFICIAL FASCIA:

- Use of the Two Point
- Three cardinal planes of skin motility to assess superficial fascia
- Schleip; High Leverage Points in the Myofascial Net
- Myers: Anatomy Trains
- Paoletti: Fascial Chains
- Schultz: Endless Web-Body Straps

MODULE 4 FOUR

SEQUENCE 1A TWO POINT TECHNIQUE FOR PASSIVE TRANSVERSE PLANE DIAPHRAGM RELEASES AUTONOMICS

- Two-Point Technique for Deep Transverse Planes of Fascia.
- Cranial Base
- Pelvic/Urogenital-Lumbar-Abdomen
- Respiratory-Solar Plexus
- Thoracic Outlet-Inlet
- Hyoid
- Cranial Base

MODULE 5 FIVE

SEQUENCE 2 SIDELYING STATICS FOR LATERAL LINE MFR

DIRECT TECHNIQUE: STATIC COMPRESSION FOR THE HIGH LEVERAGE POINTS

Sidelying Position

- Greater Trochanter
- Serratus Anterior
- Shoulder/Scapula/Thorax

SEQUENCE 4B SIDELYING SLEEVE RELEASE: SUPERFICIAL FRONT & BACK LINE

Sidelying Position

- Adductor Midline Release

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- Superficial Front Line Sleeve Release
- Superficial Back Line Sleeve Release

Lower Extremity Levers for Hip & Pelvis

SEQUENCE 3A LOW EXTREMITY LONG LEVERS JOINT + AUTONOMICS

Protocol

Long Levers-Straight Leg

- Femoral Long Lever Neutral
- Femoral Rotations
- Engage Ease position first
- Superficial 'Twists in the Sleeve'

DAY TWO

(FOUNDATIONS DAY 2) (LEVEL 1 DAY 2)

REVIEW DAY ONE MATERIAL

MODULE 6 SIX

SEQUENCE 1B

INTEGRATING TWO-POINTING FOR LOWER EXTREMITY JOINTS AUTONOMICS

Protocol

- Sacrum or Iliac Crest / Umbilical
- Sacrum / Ischial Tuberosity
- Inguinal Crease / Ischial Tuberosity
- Patella / Politeal Fossa
- Ankle / Calcaneal / Talus
- Ankle / Lateral & Medial Malleolus

Fascial Anatomy for Lower Extremity

- Pelvic restrictions: Rotational Releases
- Fascial Sleeves: Understanding twists and patterns of rotational restrictions within the sleeve
- 'Twist in the Sleeve'

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MODULE 7 SEVEN

Lower Extremity Levers for Hip & Pelvis

SEQUENCE 3B: LOW EXTREMITY SHORT LEVERS JOINT + AUTONOMICS

Protocol

***Short Levers-Bent Knee* Three Positions:**

- Foot on table walking leg/thigh through flexion, abduction & return to straight leg on table
- Foot on table, adding slight compression to foot on table through knee into SI Joint
- Foot on or off table, re-enforcing SI Joint with forearm.
- Foot off table, adding slight compression to foot on table through knee into SI Joint

Golgi Tendon Organ Release for Hamstrings & Rectus Femoris Musculature

SEQUENCE 3C:

Two Legged SI Joint Release JOINT + AUTONOMICS

- Pelvic Hip Balancer

MODULE 8 EIGHT

SEQUENCE 4

DIFFERENTIATE DIRECT MFR FROM INDIRECT 'FULCRUM' MFR + AUTONOMIC

Direct MFR: Engage Superficial Fascia with Static Compression

- Initiate parasympathetic effect with Two Point
- Engage downward compression barrier
- Assess direction of bind or ease
- Assess & engage superior/inferior bind or ease direction
- Assess & engage medial/lateral bind or ease direction
- Assess & engage rotational medial/lateral bind or ease direction

Stacking with the 3D Planar Fulcrum (Giammatteo) -Two Point

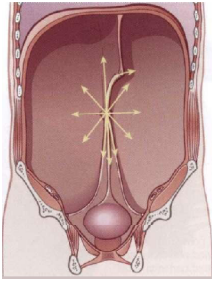
- 'Stacking': engaging multiple barriers in 3 planes/vectors through demonstration of technique.

FULCRUM

4 directions of compressive force are now occurring

- Engagement of superficial fascia
- Superior/inferior sagittal plane
- Coronal plane clockwise/counterclockwise

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- Transverse plane medial or lateral directions
- Do not release 'fulcrum', resist the urge to follow tissue.
- Maintain fulcrum

Application of fulcrum to:

- pubic symphysis
- umbilicus

MODULE 9 NINE

MIDLINE AXIAL & BILATERALS RELEASES MFR

Review

SEQUENCE 2A

SIDELYING SUPERFICIAL FRONT & BACK LINE RELEASES

Sidelying Sleeve Releases

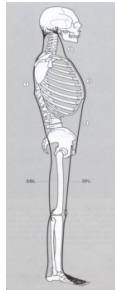
- Adductor Midline Release
- Superficial Front Line Sleeve Release
- Superficial Back Line Sleeve Release

SEQUENCE 4A SUPINE: AXIAL MID-LINE RELEASES

Myers Superficial Back Line Releases

These are underhand static compressions applied to:

- Thoracolumbar fascia
- Lower scapular area
- Upper scapular area



Myers Superficial Front Line Releases

- Fingertips re-enforced at Pubic Symphysis
- Palm at Sternum
- Palm at Pectoralis Major/Minor
- Combination of the two lines
- These SFL/SBL Sleeve precede Bilaterals

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MODULE 10 TEN

BILATERAL RELEASES MFR + JOINT

SEQUENCE 5

Side Lying Position

BILATERAL STATIC RELEASES

Bilateral concepts of 'Rolling' & Pivot'

Remember to have head & cervical spine follow the movement to ensure a 'neutral spine'

EXTERNAL ROTATED POSITION

Assess external rotated surface barriers

Apply from ease or bind external positioned barriers

- Inferior Greater Trochanter/Upper ITB
- Mid ITB
- Intercostals/Thoracic Rib Cage

INTERNAL ROTATED POSITION

Assess internal rotated surface barriers

Apply from ease or bind internal positioned barriers

With Intercostals remember to 'tuck the chin' slightly & neutral Cx spine in internal position.

- Inferior Greater Trochanter/Upper ITB
- Mid ITB
- Intercostals/Thoracic Rib Cage

BILATERAL MIDLINE RELEASES

- *Illicostalis Line Release*
 - *Assess & engage mid-illiocostalis thoracicis*
- *Adductor Sleeve-C7 Release*

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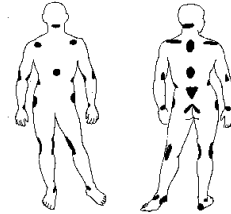
DAY THREE

(LEVEL 2 DAY 1)(FOUNDATIONS DAY 3)

MODULE 11 ELEVEN

REVIEW DAY TWO MATERIAL

- Two Point
- Fulcrum
- Static compression
- Long lever compression
- Short lever compression



BALANCE BETWEEN ANS & STRUCTURE:

THE EXPRESSION OF THE AUTOMOMIC NERVOUS SYSTEM-SHEA (1995)

- Shea's Postulates
- Expression of the ANS
- Tone Shifts
- Release versus Discharge
- Phenomena
- Integration
- Avoiding Autonomic Exhaustion

MODULE 12 TWELVE

INTRODUCTION TO LOW LOAD RESISTIVE

MET Muscle Energy Technique modification for chronic pain
JET Joint Energy Technique
Resistive utilized for Myofascial & Ligamentous structures
Apply to Scapular Complex
Use 5-10% directional resistive based on restriction to motion.
Apply in all directions.

INTRODUCTION OF LOW LOAD RESISTIVE: THORACIC SPINE LEVERS

SEQUENCE 6 VIEW VIDEO

JOINT RECEPTOR ENHANCEMENT FOR THE THORACIC SPINE

SIDELYING POSITION

Sternum & Thoracic Spine

Thoracic Spine Short Levers

Bent Arm Levers for Flexion/ Extension/SB & Rotation of Mid Thoracic Spine

Use 5-10% Resisted Force

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MODULE 13 THIRTEEN

INTRODUCTION TO UPPER EXTREMITY LEVERS-ARM LINE RELEASES (MYERS)

PALPATION OF SUPERFICIAL & DEEP FRONT & BACK ARM LINES

- Superficial Front Arm Line
- Superficial Back Arm Line
- Deep Front Arm Line
- Deep Back Arm Line

SEQUENCE 7

TWO POINT FOR UPPER EXTREMITY

AUTONOMIC

- Thoracic outlet
- Glenohumeral Joint
- Humeral Ulnar
- Proximal Radial-Ulnar
- Distal Radialcarpal

SEQUENCE 8

PROTOCOL: HUMERAL LONG & SHORT LEVERS

AUTONOMIC + JOINT

SUPINE POSITIONS

- Supine Bilateral Humeral Short Lever
- Supine Bilateral Humeral Long Lever
- Supine Unilateral Long Lever Sleeve Assessment
- Supine Unilateral Long Lever Humeral Compression

SEQUENCE 9

PROTOCOL: HUMERAL SHORT LEVERS

AUTONOMIC + JOINT

SIDELYING POSITION

- Olecranon crowd into GH Joint
- "Corkscrew"
- Add rotational ease position
- Add rotational bind position
- Engage shoulder low load resistive

SEQUENCE 10

PROTOCOL: HUMERAL VERTICAL LONG LEVERS

AUTONOMIC + JOINT

SIDELYING POSITIONS

- Elbow must in extended relaxed lock position
- No flexion whatsoever
- Use your forearm to lock elbow into extension

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- 'Stir scapular complex around thorax'
- Tensional Lift versus Compression
- Engage low load resistive all directions

SEQUENCE 11 A SIDE LYING POSITION

PROTOCOL : HORIZONTAL ADDUCTED HUMERAL LONG LEVERS

MFR + AUTONOMIC + JOINT

- Practitioner seated anterior to client with humerus placed in a horizontally adducted position with 90° flexion, which is also 90° between abduction and adduction of the shoulder.
- Assess sleeve rotational restrictions: Capsular, Brachial & Supination/Pronation of Radial/Ulnar
- Engage mid-posterior deltoid and assess for bind. Use a static compress to release GH capsule.
- Assess for rotational restriction and engage ease or bind once again.
- Then 'stir' the scapula to mobilize the shoulder complex.
- Engage low load resistive all directions

MODULE 14 FOURTEEN

APPLICATIONS FOR UPPER EXTREMITY LINKAGE: THE SHOULDER

SEQUENCE 11 B SIDE LYING POSITION AUTONOMIC + JOINT

INTRODUCTION TO MOTION FULCRUM APPLIED TO GLENOHUMERAL JOINT

Assess three planes of motion restriction from neutral horizontal adducted lever position.

- Assess elevation/depression
- Assess protraction/retraction- abduction/adduction
- Assess 'sleeve' rotation
- Assess internal/external rotation
- Engage three planes in 'ease'
- Await release
- Engage low load resistive all directions

SEQUENCE 12 BRACHIAL REGION

SEQUENCE 12A

ROTATIONAL SLEEVE RELEASES MFR

Static compression combined with rotational bind 'Twists in the Sleeve' & Humeral Compressions

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HUMERAL INTERMUSCULAR SEPTUMS MFR (*Refined palpation required*)

- Medial & Lateral Septums along Brachialis/Biceps & Triceps Lateral/Long head
- Slight flick &/or movement of the arteries, nerves & veins adhered to the humeral septums

MODULE 15 FIFTEEN **OPTIONAL**

WITH THREE DAY FOUNDATIONS FORMAT: CLINICAL PRACTICE SESSION

- Invited guest to practice and integrate material presented in three day Foundations course
- Setting up
- How to explain the delivery of IFR?