



integrative  
fascial  
release

**INTERMEDIATE WORKSHOP**  
**SYLLABUS**

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# IFR INTERMEDIATE WORKSHOP

## SYLLABUS

\*ALL DESCRIPTIONS OF TECHNIQUES ARE DESCRIBED IN GREATER DETAIL WITHIN THE MANUAL

### DAY FOUR

#### MODULE 16 SIXTEEN

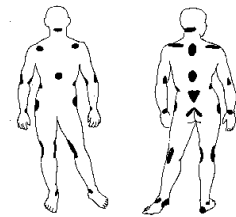
#### REVIEW OF DAY THREE MATERIAL

- Review Cardinal Lines of Myofascial Tension
- Review Two-Point Protocol
- Review Static Compressions
- Review Long & Short Leverage Compressions
- Review Two Legged SI Balance Technique

#### SEQUENCE 5

##### **BILATERAL RELEASE REVIEW : MFR + JOINT**

- Bilateral concepts applied from side lying position
- Stacked Medial/Lateral Sleeve (Adductor/ITB) with
  - Inferior Greater Trochanter/Upper ITB
  - Mid ITB
- Intercostals/Thoracic Rib Cage
  - External Rotated Position
  - Internal Rotated Position
- Rolling Motion Releases
- Shoulder/Greater Trochanter Combination



##### **BILATERAL MIDLINE RELEASES: MFR**

- *Illicostalis Line Release*
- *Adductor Sleeve-C7 Release*

#### REVIEW TWO POINT & ARM LEVER SEQUENCES (IF NECESSARY)

Capsular Adhesions Information & Applied Technique  
Humeral Sleeve Assessment

#### SEQUENCE 7 SUPINE AUTONOMIC

##### **TWO POINT FOR UPPER EXTREMITY**

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

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### SEQUENCE 8

**SUPINE POSITIONS**                      **AUTONOMIC & JOINT**

#### **PROTOCOL: HUMERAL LONG & SHORT LEVERS**

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

### SEQUENCE 9

**SIDE LYING POSITION**                      **AUTONOMIC & JOINT**

#### **PROTOCOL: HUMERAL SHORT LEVERS**

- Bring humerus to an abducted 30-45° position
- Assess crowding barrier
- Assess rotational barrier for neutral short lever
- Olecranon crowd into GH Joint
- "Corkscrew" assess rotational ease & bind
- Add rotational ease position
- Add rotational bind position
- Humeral Wave : stabilized humeral head with fast rotational movement

### SEQUENCE 10

#### **PROTOCOL: VERTICAL HUMERAL LONG LEVERS**

**SIDE LYING POSITIONS**                      **AUTONOMIC & JOINT**

- Elbow must in extended relaxed lock position
- No flexion whatsoever
- Use your forearm to lock elbow into extension
- 'Stir scapular complex around thorax'
- Utilize tensional component by 'verticalizing' lifting with traction or stretch the vertical long lever

## **MODULE 17 SEVENTEEN**

### **HORIZONTAL ADDUCTED HUMERAL LONG LEVERS**

**SEQUENCE 11A**   **SIDE LYING POSITION**                      **AUTONOMIC & JOINT**

#### **PROTOCOL : HORIZONTAL ADDUCTED HUMERAL LONG LEVERS**

- 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

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- 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

### SEQUENCE 11B

#### 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

### MODULE 18 EIGHTEEN

#### SEQUENCE 12 SIDE LYING POSITION

#### SCAPULAR COMPLEX-THORAX RELEASES

#### SEQUENCE 12A ROTATIONAL SLEEVE RELEASES: MFR

#### TWISTS IN THE SLEEVE

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

#### 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

#### ARM LIFT WITH LOW LOAD RESISTIVE: MFR + RESISTIVE

This is referred to as the 'teeter totter' technique Ask client to resist with 5% or less force by pulling down with client hand as practitioner pulls upward while holding medial brachial aspect of arm.

Upon release pull superiorly to break collagenous adhesions at axillary fold.

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### **SEQUENCE 12B**

#### **SIDELYING POSITION     MFR**

#### **BILATERAL THORAX/ UPPER EXTREMITY ROTATIONAL SLEEVE RELEASE**

- From sidelying position place arm comfortably on side of body in long lever position
- Extend and internal rotate UE so it is placed slightly behind thorax in long lever position.(straight arm)
- Place positioned limb in bilateral hand positions. That is rotated limb is engaged simultaneously with thorax on the top while bottom hand is placed the same as in intercostal bilateral position

### **SEQUENCE 12C     MFR**

#### **SELECTED SPIRAL LINE RELEASES: SCAPULAR 'X'**

- Palpation of the Spiral Line High Leverage Points
- Tracing the Spiral Line
- Organize applied technique to restrictions of this line
- Splenius Capitis/Serratus Anterior compression for Rhombo/Serratus Post release
- Scapular X

### **SEQUENCE 12D**

#### **SIDELYING POSITION**

#### **HUMERAL THORACIC SPINE LONG LEVERS: AUTONOMIC + RESISTIVE**

- Apply paired resistive 5% or less in the following planes of motion:
- flexion/extension
- SB/Rotation
- Scapular abduction/adduction

#### **STERNAL WEDGE FOR THORACIC SPINE:     JOINT**

- Block sternum with ulnar surface of hand
- Engage UE lever with slight 'tug' as you wedge sternum
- With release you will feel a clear and definite 'click' at scaphoid bone at the radius.
- If click does not occur, do not persist. Use other protocol and return to 'Wedge' later in sequence.

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### DAY FIVE

#### MODULE 19 NINETEEN

##### **REVIEW DAY FOUR MATERIAL**

- Horizontal Adducted Humeral Levers
- GH Joint Motion Fulcrum
- Humeral Inter-muscular Septums
- Scapular 'X' Spiral Line Release
- Low Load Resistive: Humeral Thoracic Spine Long Levers
- Low Load Resistive: Arm Lift
- Rotational Sleeve Releases: Sleeve Twists

#### **SEQUENCE 13**

##### **PRONE SCAPULAR COMPRESSIONS**

##### **SCAPULAR 'BOUNCE' MFR**

- Quick palmar application to scapular fossa with intent to break adhesion

##### **'RIB SPRINGING' MFR & JOINT**

- Quick palmer application to intercostals

##### **PRONE POSITION HUMERAL LEVERS: JOINT + AUTONOMIC**

- Sit next to client with humerus abducted in long lever position from 30°-45°
- Assess rotational sleeve restriction
- Roll radius/ulnar to assess pronation/supination
- Engage long lever humeral into scapular glenoid fossa
- Change vector and angle and engage ease or bind
- Lift slightly in an upward toward sky direction engaging bind

#### MODULE 20 TWENTY

##### **INTRODUCTION OF MYER'S DEEP FRONT LINE**

##### **LOWER EXTREMITY LEVERS: AUTONOMIC + RESISTIVE**

##### **SEQUENCE 14: JOINT RECEPTOR ENHANCEMENT FOR LUMBAR SPINE**

##### **SIDE LYING POSITION**

##### **FEMORAL SHORT LUMBAR SPINE LEVERS**

- Place in flexed knee & hip position at 45°
- Apply paired resistive 5% or less in the following planes of motion:
- flexion/extension
- SB/Rotation
- Hip abduction/adduction

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### SEQUENCE 14A

#### SIDE LYING PROTOCOL

#### ADDUCTOR SLEEVE RELEASE                      MFR

- C7 with adductor magnus at ramus

#### MEDIAL/LATERAL THIGH SLEEVE                      MFR

- Adductor/ ITB Sleeve Release
- Sartorius-G.T./Pes Anserine:  
    Pin & Twist

### SIDELYING

#### FEMORAL LONG LEVERS:                      JOINT + AUTONOMIC

- Long Lever Side-lying Neutral
- Long Lever Side-lying with Rotation
- Circumduct the hip while re-enforcing stability of SI Joint with practitioners side of hip

### SEQUENCE 14B

#### SIDE LYING

#### FEMORAL SHORT LEVERS:                      JOINT & AUTONOMIC

- Circumduct the hip while re-enforcing stability of SI Joint with practitioners side of hip

### SEQUENCE 14C                      RESISTIVE

#### SIDE LYING LOW LOAD RESISTIVE FEMORAL LONG LEVER

- Ask client to push through hip toward foot with 5% force
- Upon release, lengthen slightly
- Ask client to push through hip toward foot as you slightly compress hip with long lever.
- Upon release, lengthen slightly
- Now create a push-pull oscillatory motion to treat the pelvic obliquity motion

#### LOW LOAD RESISTIVE INNOMINATE UPSLIP/DOWNSLIP

- Use of Contract-Relax for *Ramic Innominate Downslip*

#### LOW LOAD RESISTIVE ASIS ROTATION

- Use of Contract-Relax for Innominate rotation

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### DAY SIX

#### REVIEW DAY FIVE MATERIAL

- Side Lying Femoral Long Levers
- Side Lying Femoral Short Levers
- Prone Position Scapular Bounce
- Prone Position Long Humeral Levers
- Adductor C7 Release
- Adductor ITB Sleeve Release

#### **MODULE 21 TWENTY-ONE**

##### **INTRODUCTION TO COMPRESSIONAL/TENSIONAL LEVERAGE & BALANCE**

##### **SEQUENCE 14 D**

##### **SIDELYING PAIRED EXTREMITY LEVERS:      JOINT + AUTONOMIC**

##### **Lower & Upper Extremity in paired leverage position**

- Paired sidelying levering to effect compressional/tensional interplay.
- Roll body comfortably to & fro
- Compress LE lever while traction UE lever
- Reverse Traction UE Compress LE
- Assess tensional relationship
- Use body roll to change position of tensional relationship
- Explore SI Joint/ Scapular Complex relationship
- Positional Release: Engage decided upon barrier. Await release.

#### **MODULE 22 TWENTY-TWO**

##### **INTRODUCTION TO BODY ROLLING RELEASES**

##### **SEQUENCE 15 CURL UPS:                      JOINT, MFR + AUTONOMIC**

##### **Roll from Side-lying to Supine Position**

- Make sure to use excellent body mechanics to perform these techniques.
- Face your client at an angle. Place your own ilium against the table to brace and support yourself and to create leverage for moving your client.
- Roll your client from side lying position to supine.
- Assess Hip flexion/extension
- Assess Pelvic Rotation
- Assess Pelvic Swivel
- Engage ease or bind barriers
- Await release

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### **MODULE 23 TWENTY-THREE:**

**SEQUENCE 16**                      **RESISTIVE & AUTONOMICS**

#### **JOINT RECEPTOR ENHANCEMENT FOR CERVICAL & THORACIC SPINE-TRAPEZIUS**

#### **BILATERAL PAIRED CROSSED BENT-ARM RESISTIVE**

Bring both client arms across their body with 45° elbow flexion

Put in crossed 'ease' position

Apply paired resistive 5% or less in the following planes of motion:

- flexion/extension
- Both arms left
- Both arms right
- Push elbows towards ceiling
- Lock elbows & ask for resistance into table

#### **UNI LATERAL PAIRED CROSSED BENT-ARM RESISTIVE**

Bring client's arm across their body with 45° elbow flexion

Apply resistive 5% or less in the following planes of motion:

- flexion/extension
- Bent arm left
- Bent arm right
- Push elbow towards ceiling
- Lift scapula with hand, ask for 'pull towards table'

Apply to opposite shoulder.

### **MODULE 24 TWENTY-FOUR:**

**SUPINE POSITION**                      **MFR & JOINT**

#### **'WEDGING' FOR ADDUCTORS & SI JOINT-PELVIC TORSION**

**SEQUENCE 17**                      **VERTICAL SI JOINT WEDGING**

Place practitioners bent knee under clients SI Joint & innominate

Circumduct bent knee flexed hip to ascertain ease & bind positions

Verticalize bent-knee into distraction or slight tension

Re-assess ROM of SI Joint and Adductor bind Opportunity to use position to treat psoas & iliacus musculature

Employ Fulcrum before applying psoas technique

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### **MODULE 25 TWENTY-FIVE**

#### **PRONE POSITIONING FOR PELVIS & HIP : SI JOINT DYSFUNCTION**

#### **SEQUENCE 18**

#### **PRONE POSITION LONG LEVERS: JOINT & AUTONOMIC**

#### ***PRONE HIP ABDUCTION-EXTENSIONS: FOR ANTERIOR HIP CAPSULE ADHESION***

- *Superior Forearm cradles under ASIS as a Wedge*
- *Inferior Hand &/or Forearm cradles under/around extended knee joint*
- *Prone Hip Neutral Femoral Long Lever Extend & Abducted*
- *Prone Hip Lateral Rotated Femoral Long Lever Extend & Abducted*
- *Prone Hip Medial Rotated Femoral Long Lever Extend & Abducted*

#### ***PRONE HIP SHORT LEVERS FOR SI JOINT***

- *Prone Hip Abduction Short Lever*
- *Superior Forearm cradles/wedges under ASIS*
- *Inferior Hand &/or Forearm abducts bent knee*
- *Assess for Ease & Bind*
- *Engage barrier-Await release*

### **MODULE 26 TWENTY-SIX**

#### **SUPINE POSITION**

#### **CROSS OVER LEVERS FOR LOWER EXTREMITY: JOINT, RESISTIVE & AUTONOMIC**

#### **SEQUENCE 19**

#### **CROSS OVER PROTOCOL FOR LOWER EXTREMITY**

#### **COMPRESSION-TENSIONAL: STAIR-STEPPING**

- *Innominate with alternate long leverage compression*
- *Combination of 'push-pull' for pelvic obliquity*
- *Alternating long levers*

#### **PAIRED LONG LEVER FOR LOWER EXTREMITY**

- *Assess which cross legged position is bind and which position is ease*
- *Lift both legs in this position and engage barrier-await release point*
- *Lift both legs in this position and engage pelvic rotation in ease*

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- Once release occurs, switch legs, the bind position should be more amenable for engaging compression.

### **PAIRED LONG LEVER (STRAIGHT LEG) WITH SHORT LEVER (BENT-KNEE) FOR LOWER EXTREMITY**

- Assess ease position and engage barrier
- Assess pelvic rotation

### **PAIRED SHORT LEVER (BENT-KNEE) FOR LOWER EXTREMITY**

- Cross one leg over the other and assess for which crossed-over leg is bind and which is ease.
- Engage the ease position and await release

### **FLEXED HIP SWIVEL OSCILLATION & RESISTIVE**

- Assess 'Swivel' of the sacrum by turning paired flexed knees together in a rotational manner
- Place in ease position barrier & apply downward compression to engage barrier
- Low load resistive is applied in both rotational directions