
ANATOMY TRAINS
EMAGAZINE
Next generation SI
GUEST ARTICLES BY
David Lesondak
AND ALSO FEATURING
Michael Polon

06
EDITION
EMAGAZINE

Welcome to our 6th Anatomy Trains E magazine. It's kicked off as always by an article by Tom Myers who has been on a global tour visiting Taiwan, Norway, Netherlands, Spain, Italy, Poland, Russia and finishing in England.

This E magazine was inspired by something I feel very passionately about and, after having the pleasure of attending the IASI conference in April in Vancouver Washington, I realised I was not alone. I love being a Structural Integration (SI) practitioner and I would love to see our industry work together and collaborate to keep raising the profile and professionalism of SI. The front cover reflects my thoughts on how we need the more senior SI practitioners to bring on the new generation.

We have great history and we should be very proud of our history but we also have to keep pushing forward and asking "why". We need new research and new thoughts on why SI works and "why" we see such great results in our practices.

It was a pleasure to talk to practitioners and teachers from different schools all wanting to pull together and collaborate on moving forward. In this E mag I have included articles by David Lesondak and Michael Polon who I feel are forging ahead with moving SI forward. There are many other great people who I met at the IASI conference who are doing great work and just too many to mention.

Included are my interviews with the very talented Alyssa Dodson and the wonderful Liz Stewart who is bringing much needed supervision to SI practitioners. You can feel very isolated in your practice as an SI practitioner, especially as a new graduate, and Liz is bridging this gap.

We have articles by our Canadian teacher, Sherri Leigh Iwaschuk, taking us through a movement assessment and case study and ATSI graduate Ron Coutts who has shared his journey since graduating from ATSI. We also have our very own Australian teacher Casey Gordon as our teacher in focus and research reviews from Holly Clemens.

For students just setting out on their ATSI journey I hope these articles inspire you and help you see where our industry is going, as well as the many different pathways you can follow.

If you would like to write an article for our E magazine please get in touch. I would also like to feature ATSI Practitioners from around the world so if you would like to feature in the next E magazine email me; julie@anatomytrainsaustralia.com

Thank you

Julie

We keep moving forward, opening new doors, and doing new things, because we're curious and curiosity keeps leading us down new paths.

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STRUCTURAL INTEGRATION 2.0

TOM MYERS

What is Structural Integration?

Structural Integration is a system of soft-tissue manipulation and movement education designed to:

• ***ease the standing body*** out of its accumulated inefficient structural patterning, working toward calm (unforced) alignment around the gravity line,

•***release fascial adhesions*** and restore normal glide between layers of connective tissue to promote responsive movement and strain-free tissue tone, and

•***restore full kinaesthesia*** so that the entire body has accurate spatial perception for accurate movement and interoceptive awareness for robust autonomic self-regulation

The techniques and strategies developed in Structural Integration are practiced one-to-one in a therapeutic setting.

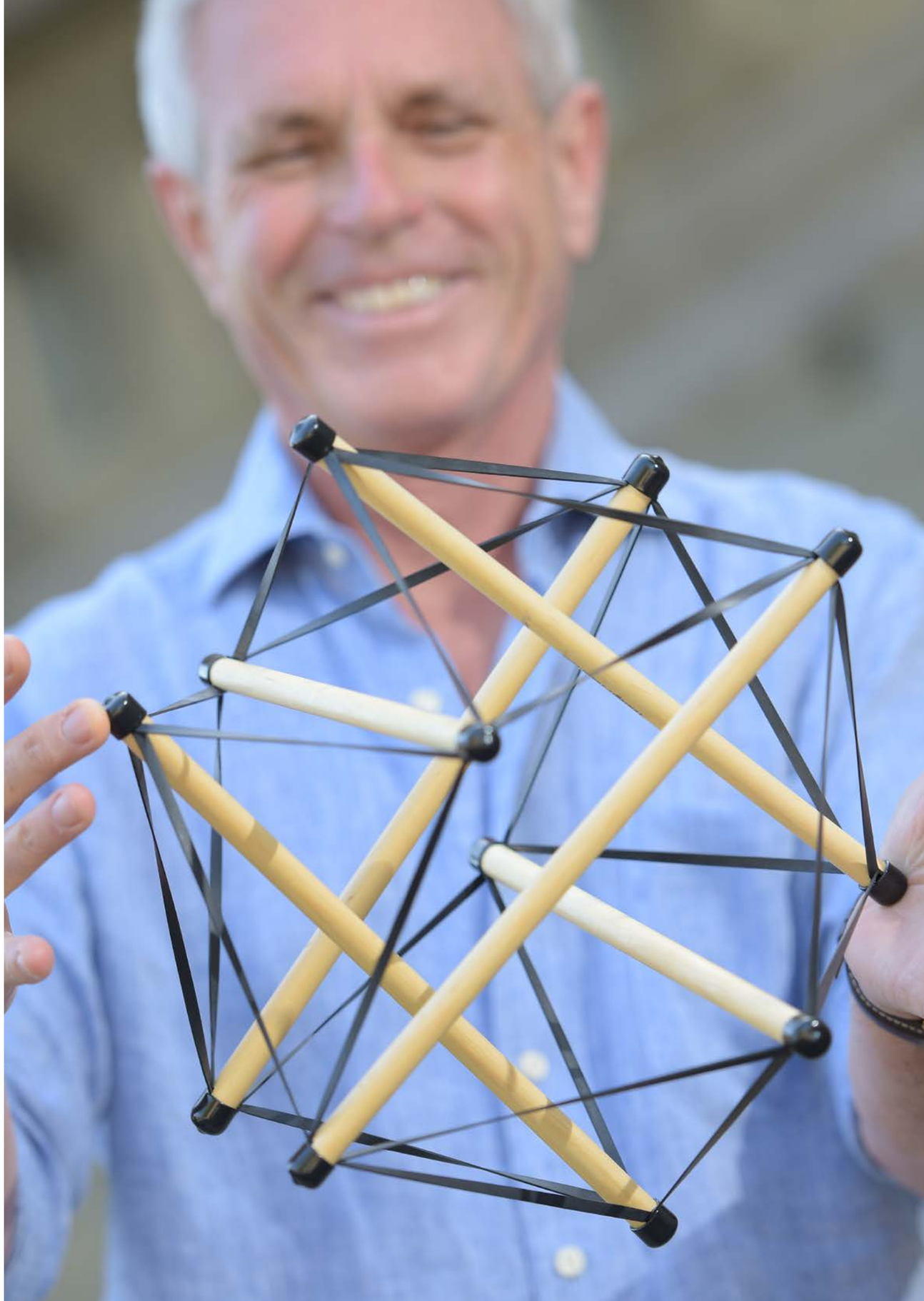
SI is applied in rehab and pre-hab, for non-specific musculoskeletal pain, to advance developmental issues, as injury prevention, to facilitate somato-emotional release and trauma resolution, to reduce stress in the autonomic system, as an anti-ageing tonic, or as an aid to enhance performance - either athletic or artistic.

At heart, however, Structural Integration is an educational process - an intensive course in your body's structure and your perception of it.

Common responses to SI include smoother movement, better alignment, decreased pain, increased available energy, more expressive communication, and a feeling of being at home in your body.

Structural Integration, as developed by Ida Rolf and her early teachers, was a multi-session protocol of direct and specific - and sometimes painful - manipulations designed to release the literal 'thorns in the flesh', to use her phrase - meaning the areas in our myofascial system that were too short or too stuck to move easily according to the body's design.

Dr. Ida P. Rolf was a biochemist who developed her ideas about body structure out of her own spinal problems in the 1920's and '30's. Her initial experience was with Yoga, though she was later influenced by Osteopathy and the Alexander Technique. After the war she developed her 10-session 'recipe', a protocol for a series of sessions which progressively cover the whole soft-tissue body. Teaching and applying this series through various schools continues to this day.



Central to her idea was that our bodies assume a pattern - due to accident, injury, imitation, or life circumstance - that is written into the mind, the muscles, and finally and deeply into the body's biological fabric - the fascia.

Fascia creates many versatile building materials - connective tissues construct your joints, your teeth, heart valves, the cornea of your eye, and glue and wrap all your 70,000,000,000,000 cells together during your next loaded squat.

In those early days, the multiple roles and significance of the fascial 'fabric' had been largely overlooked, and there was very little reliable information on the actual mechanics of myofascial force transmission. Now 'fascia' is coming into its own both as tissue and as a system. Only a few of us took up Rolf's 'flag' of fascia during the 70's. Since her passing in 1983, though, a flood of new research on the extra-cellular matrix, motor learning, and sensory systems has deepened our knowledge and expanded our technical library.

The properties of the nervous and cardiovascular systems have long been studied, now the overlooked system fascial system is getting its due attention.

The Fascia Research Congresses, begun in 2007, have done much to spread the word on fascia, and cross-link efforts from disparate areas of research - athletic performance, rehabilitation and the basic properties and responses of fascia in the lab. The Fascia Research Society has put forward working definitions of both fascia and the fascial system:

"A fascia is a sheath, a sheet, or any other dissectible aggregations of connective tissue that forms beneath the skin to attach, enclose, and separate muscles and other internal organs."

"THE FASCIAL SYSTEM consists of the three-dimensional continuum of soft, collagen-containing, loose and dense fibrous connective tissues that permeate the body.

It incorporates elements such as adipose tissue, adventitiae and neurovascular sheaths, aponeuroses, deep and superficial fasciae, epineurium, membranes, joint capsules, ligaments, meninges, myofascial expansions, periostea, retinaculae, septa, tendons, visceral fasciae, and all the intramuscular and intermuscular connective tissues including endo-/peri-/epimysium.

The fascial system interpenetrates and surrounds all organs, muscles, bones and nerve fibers, endowing the body with a functional structure, and providing an environment that enables all body systems to operate in an integrated manner."

The fascial system is so pervasive that no intervention - therapeutic or coaching - can safely ignore its effect on the fascial system. Every intervention surely affects neurons, muscles, epithelia, and connective tissues with their extra-cellular matrix - and many methods from dressage to Olympic lifting are finding that attention to the fascia improves their results.

What makes Structural Integration unique?

Structural Integration is embedded in history. It was drawn principally from yoga, osteopathy, and the Alexander Technique, and includes aspects from all these and more, including Else Gindler's core fundamentals expressed in her Gymnastik. The idea of greater length along the body's vertical axis is present in yoga, and central to Alexander. Stretching and releasing the tissue comes from yoga. SI's methods to do so manually are derived from Wilhelm Reich and the 'direct' library of the osteopathic approach, as well as Ida Rolf's original techniques. SI's ideas about breath come from yoga and the Gurdjieff work, methods concerning the 'use of the self' come from Alexander and (later) the fertile mind of Judith Aston.

Ida Rolf's grounding in science and anatomy meant that Structural Integration was an 'early adopter' in understanding the significance of fascia. Thus, though it is linked to the 20th Century Somatics and Human Potential movements, SI's coupling to fascial tissues gives it some unique characteristics:

• The central principle of the multi-session protocol (or, as she called it, 'recipe') means that ***SI is a project, with a beginning, a middle, and an end.*** Initial sessions deal with the superficial myofascial layers, the middle sessions with core myofascial layers, and the final series integrates both superficial and deep layers in movement.

This differentiates SI from much of massage, psychotherapy, chiropractic, and many forms of physio or rehab that can run continually, with no end or resolution in sight. Clients tend to keep rebooking until they run out of money or interest.

SI is unique in that it offers a discrete program, an intensive educational project. SI practitioners generally work no more than a few months with any individual client. Sure, come back for more, but after you have had six months or a year to let this deep work settle into an abiding pattern - hopefully a more functional pattern than what you arrived with initially.

SI recognises that fascial change works better with short periods of intense work interspersed with longer periods of absorption.

SI relies on visual assessment to individualise strategies. While having a history and doing palpatory or movement assessments is obviously valuable, SI uses visual assessment of the global body pattern of structure and habitual motion to determine strategies within the overall protocol of the 'recipe'.

The client's pain reports are of interest, but unreliable to give the practitioner solid information. A shoulder pain may be anchored in a 'pain-free' (as far as the client is concerned) hip, low back, or neck - we have to look to see what the client's pattern is and work accordingly. Especially in chronic cases, where the dysfunction has been around for months or longer, a visual 'bodyreading' is essential to determine where in the body the fascia is not functioning properly, regardless of where the pain is.

"Where you think it is, it ain't" was an oft-repeated saying of Dr Rolf's. Determining an assessment such as 'glenohumeral impingement' is not difficult. What is more difficult but also more germane, is to see where that pattern is anchored in the body, what's stopping it from functioning properly. Go get some freedom there - in the neck, in the mid back, where the ribs meet the spine - and suddenly the impingement unlocks and stays that way.

Chronic plantar fasciitis, for instance, is rarely relieved from the foot. It is far more often relieved by releasing densified layers in the lower leg between the soleus and the deep posterior compartment, or where the hamstrings attach to the pelvis, or even from the neck. Everything's connected - only by looking can we determine the particular connections in any individual client.

Although yoga can 'hurt so good', and other less invasive techniques such as Cranial Osteopathy can reach deeply into the system, ***SI reaches deeply into the body's tissues to release held patterns.*** Ida Rolf's work was the original 'deep tissue', and often deals with connective tissues in the more central muscles and close to the bone and joints.

Unearthing these forgotten areas can be 'sensationful', as we call it (painful, let's not be coy), for the client. The difference with the SI method is we re-integrate that sensation, which has often been 'locked out' of our perception - or in more metaphorical language, SI helps the pain leave the body, not add more pain into the body. The sensation of being touched - deeply, slowly, and sensitively, but with a strong intent to truly open tissue and create interior space - is one that is welcomed.

So, a) the depth of the actual manipulations, b) the generalised 'recipe' protocol which gives a definite arc of the SI process from start to finish, c) the attention to inter-relationships within the myofascial body as a whole in gravity - all these have made SI 1.0 unique.

So what additional can be counted in SI 2.0?

Properties of SI 2.0:

SI 2.0 is a compleat healing system

Forgive the Old English spelling, I do so consciously to distinguish it from a 'complete' healing system. Obviously, no system of healing is entirely complete, and SI certainly does not pretend to address all conditions or provide treatment for every illness. Nor is it always successful, nor is it often appropriate for acute injury.

But it is compleat in the sense that the fascial net reaches into every corner, every nook and cranny in the body. Not only does fascia invest every tissue with a supporting net, it also carries (or blocks) many different growth factors, enzymes, cytokines, and neuropeptides. Thus, fascial work can directly change local chemistry, and sometimes reach deep into the controlling or developmental chemistry of hormones.

"Fascia not only connects all parts of the body, it connects all the branches of medicine," says the osteopath Snyder, in one of those early forays into the science of fascia. Because the fascia is intimately connected to all the body systems, we routinely see changes in habit, neurology, or chemistry which we would not expect if the treatment were viewed from a 'musculo-skeletal' perspective. Who would have thought, for instance, that bodywork could help regulate women's monthly cycle? - yet it happens regularly.

Study of SI (and the larger field of 'Spatial Medicine') not only includes the anatomy and physiology of the fascia and its investing muscles and resulting joints, it requires familiarity with embryology, anthropology, psychology, kinesics, and whatever dim inklings we currently have concerning the brain's control of movement.

The original SI confined itself to the myofasciae - the biological sheets and strings of the musculoskeletal system - but SI 2.0 is concerned with the entire ECM. This collagenous network is found in a number of places (including the 'hard' tissues of cartilage and bone), each with its own approach, as in the chart below. A comprehensive approach to the ECM / fascial system would include them all. Getting all those methods into one's hands is aspirational for most SI practitioners - it takes years to assemble all these skills - but SI practitioners do take on some of these skills, or they know when to refer to get the client the most efficient path to ease.

FASCIAL STRUCTURES	LOCATION	METHOD(S)
Meningeal Layers Dura & pia mater Arachnoid layer Dural Tube	Dorsal cavity	Craniosacral Therapy Cranial Osteopathy Sacro-occipital technique (SOT)
Visceral ligaments Uterine ligaments Peritoneal expansions Mediastinum	Ventral cavity	Visceral Manipulation Asian abdominal massage
Joint surfaces & membranes Peri-articular ligaments Joint capsules	Articulations	HVLA adjustments Joint mobilisations Ligamentous release
Fascial tunics / adventitia Nerve, artery and vein sheaths	Neurovascular Bundles	Nerve flossing Artery work
Pannicular and subcutaneous fasciae	Skin and areolar layers	Skin rolling Shiatsu / tsubo work Gua sha / Graston Lymphatic drainage
Myofascial network Endomysium, perimysium Epimysium	Myofascial tissues	Structural integration Dry needling Deep tissue

The fascial network is one of the three all-body communicating networks and is thus a part of every human function. Understanding the health, patterning, and common dysfunctions of this system gives us a door into the whole body, the whole person, and the entire process of development, recovery, and kinaesthetic learning.

It is incumbent upon SI as a profession to pick up its game in this regard. We are just at the beginning of our learning about how fascia responds to different stimuli, what fascia's role is in morphogenesis and morphostasis and how to maximise its health for the many genetic types in various therapeutic needs. We should admit our lack of knowledge and set about filling it in.

Up until now, reports of the benefits of SI have been largely anecdotal. There is a pressing need for better documentation of case studies, as well as comparative studies to gauge the effectiveness and longevity of SI's results. We see the improvements, but they must be properly catalogued to be recognised by others.

One difficulty of documenting such results is the very ubiquity of fascia: a similar protocol applied to a similar 'condition' can render improvement in two individuals that may show up in very different ways. Squeeze the balloon in one spot and it could pop out in any of a number of places, depending on the individual configuration. The fascial net is a fractal that demonstrates 'sensitive dependence on initial conditions', and we who labor in its vineyard are still working out its strange pathways and less-predictable properties.

SI 2.0 employs newly elucidated fascial properties

Over the decades, Structural Integration has absorbed the research into fascial properties and how the neuromyofascial web so exquisitely manages global stability with local mobility. This has expanded the approach to Structural Integration and done much to put the traditional model of movement biomechanics into proper perspective.

While Ida Rolf was among the first to recognise the vital role of fascia as a system (Dr Andrew Taylor Still of Osteopathy, Emanuel Swedenborg, and various anatomists such as Scarpa and Ruffini were earlier lone voices in that wilderness), the recent plethora of research projects on fascia have revealed new structures, properties, responses, and connections within the fascial system from the organismic to the molecular. While new discoveries have mostly confirmed the original premise, the new picture requires some modification in our point-of-view and approach.

Long regarded as passive 'packing material', the fascial net has proven to be remarkably responsive. The fibroblasts and their cousins who create, maintain, and recycle the extra-cellular matrix (ECM) which is, like most body tissue, mainly water. That water is bound up in a system of many sorts of hydrophilic, sponge-like mucopolysaccharides (mucous-like gels) set in a body-wide network of hydrophobic proteinous fibers such as the many types of collagen, as well as elastin and reticulin.

Cellular and neuropeptide-modulated processes can alter the amount of water, the nature of the gels, and the orientation and disposition of the sinewy fibers. Through modification of these three elements, these cells - mostly fibroblasts and their cousins - manufacture and sustain all types of connective tissue from hard bone to viscous blood, including the cornea of the eye, the teeth, and heart valves - not to mention all the tissues in joints.

Viscosity

Ida Rolf emphasised fascia's plasticity - its ability to deform when subjected to certain types of stress, and its ability to reform when that stress is alleviated. We now know that the fascial system's viscosity - its non-Newtonian gel-like property, like Slime, Silly Putty, or oobleck made from corn starch - plays a vital role in protecting body tissues and bones from the effect of daily impact. What we don't know yet is what forms of treatment, training, or diet might alter the viscosity in a positive direction, depending on the subject's needs.

What we do know is: Clap your hands together hard and your bones do not break. It is the viscosity, the gel-like nature of the ECM that dampens those forces like a shock absorber and distributes them away from the bones. The synovial fluid - another gel - gets solid at the moment of impact - say, catching a line drive - to save damage to the joints.

These shocks go through the fascial system at the speed of sound, some three times faster than neural impulses, and therefore cannot be seen except in slow-motion films.

Elasticity

While the mechanisms are still being studied, we now know that fascial tissues store and release elastic energy in quick cyclic movements that elicit recoil. The implications for training, from explosive force to efficient long-distance running, are being busily explored. We already know that training can dramatically improve fascial energy storage and elastic recoil, and we all know that elasticity is a property we associate with youth.

If little Johnny falls down the stairs, there will likely be some tears but no broken bones. If Grandma falls down the stairs, the result may be more serious.

SI 2.0 adds cyclic movement to the mix to train the fascia into increased elasticity.

Plasticity (Viscoelasticity)

That fascia is plastic (deformable through combining viscosity with elasticity), can be readily observed and was Ida Rolf's main contribution to our understanding. The mechanism of exactly how it plasticly deforms under different strengths and velocities of mechanical tension is still under discussion, but the phenomenon is not.

THE BODY IS A ‘TENSION-DEPENDENT’ STRUCTURE

It appears that collagen fibers cannot actually elongate, but we may be able to melt the bonds cross-linking these fibers to allow them to slide along each other and reform to the longer span.

Or it may be that we are all wrong and that increased apparent length is simply in the mind - increasing ‘stretch tolerance’ through yoga or repeated athletic action - so that all the new length and movement in the body has nothing to do with fascia (passive receptacle again) and everything to do with the mind’s control of the muscles.

In this author’s experience, the plastic ‘give’ one feels in the fascial system when manipulating is inherent to that tissue and occurs a) in animals who are not subject to suggestion or placebo, and b) occurs regularly in humans in areas where muscle tissue is absent. So we are pretty sure that the ‘stretch tolerance’ argument, whatever its merits in assessing gains in yoga, does not tell the whole story on fascial plasticity.

Remodelling

Finally, we are becoming more familiar with the details of fascial ‘remodelling’. We are familiar with its actions in re-knitting a broken bone, or the natural process of granulation and tissue restoration in wound healing, but now we have come to realise that a) the system is constantly remodelling at differing rates in different people, and b) remodelling increases after ‘healthy loading’ - including exercise, a strong stretch session, or a deep bodywork session.

Fascial remodelling is an essential process to understand in strength conditioning, bodybuilding, and athletic skill-building. Differing genetic tendencies in the fascial system (a hard ‘Viking’ vs a soft ‘Temple Dancer’) produce different responses and thus require different training to avoid injury and build new tissue.

Enhancing the remodelling process is a lot of what is being covered today in the science of ‘recovery’ after the stimulus of training and exercise.

Building all four of the properties / processes into our SI 2.0 thinking will build a stronger and more effective and efficient approach to relieving body pain and enhancing performance.

Tensegrity design and the inclusion of muscle tonus

Tensegrity modelling was not available to Ida Rolf in her day. Much is now available on tensegrity, so we need not rehearse all those arguments here. Suffice to say that the standard view of anatomy posits a solid skeletal ‘frame’ on which are laid the 600 muscles, working from origin to insertion to move that frame around.

We now understand that the body is a ‘tension-dependent’ structure, where the bones rely on the balance of soft-tissue - muscle and fascia - to stay articulated and upright. In this way, the bones can be seen to ‘float’ within surrounding ‘sea’ of soft-tissue. Tensegrity engineering has changed the way we see the body and how we assess proper movement.

An entirely new line of study, pioneered and still led by Dr Donald Ingber, explores tensegrity at the cellular level, where it is absolutely clear that each cell is ‘Velcro’ed’ into the fascial net, that the transmembranous proteins that hook the cell to the matrix are also capable of carrying various meanings for the destiny and function of the cell, and that each cell not only responds to its chemical milieu, it responds as well to its mechanical surroundings.

SI 2.0 posits that the general improvements in health we see from SI come from numerous body cells finding themselves in their happy mechanical place and starting to function without excess tensional stress, more as originally intended.

While fascial tensegrity is a fascinating subject and a rewarding study, the muscles are imbedded in the fascia to function as adjustable guy-wires within the fascial net. Therefore SI 2.0 recognises the value in balancing muscle tone - increasing or decreasing it locally to promote an even tonal balance across the myofascial tissues of the whole body.


Element

In other words, the passive manipulation on the table that characterised the original iteration of SI is not enough, even with client participation, if the client does not change their movement patterns when they get off the table. This was recognised in the first iteration of SI when Ida Rolf 'hired' Judith Aston to develop a movement accompaniment to the hands-on work. Judith's work, and subsequent iterations within the SI community, emphasised bio-mechanically correct movement and full self-expression.

While these are laudable goals worthy of our attention, in these times of an 'inactivity crisis', sometimes the simple expedient of increased tone is needed - in other words, strengthening and coordinating exercise. SI 2.0 includes values from personal and athletic training, working hand in glove with whole body stretch methods like yoga, and whole body exercise methods such as martial arts and Pilates (among many) - including the specific tone-restoring training offered by physiotherapists.

The vital role that nourishing movement plays in our health, from deep epigenetic changes right on out to better communication, is being shown in study after study.

While no one practitioner can profess all the manipulation skills listed above, together with all the methods for increasing muscle tonus, nevertheless having knowledge of how they work, who to refer to, and when to apply them requires inclusion in the SI 2.0 curriculum. It is not enough to manipulate the tissues, with the hope that the normal movements of life will be enough to finish the job of correction. The temptation for the whole system - brain, muscles, and connective tissues - to fall back into its old ways is simply too strong if the client is not addressing some of the long-term muscle imbalances, weaknesses, and shortnesses that have plagued their system for years.

This line of inquiry will link SI to fitness training and rehabilitation.

Fascia as a sense organ: Interoception

Another line of research that has proceeded apace since Ida Rolf formed her theories: We now know that the fascia is the richest sensory organ in your body, with more nerve endings in it than are in the retina of your eye, for example. Your brain is intensely interested in what is happening in the fascial system and gets regular (and mostly below the conscious level) signals about the pressure and tension in the whole system.

These receptors inform the brain how the fascia is stretched, pressured, twisted, vibrated, sheared relative to nearby structures, and of course pain is also experienced through these sensory nerves. The source and progression of nociceptive signals is another area of intense study, with the bio-psychosocial model and other studies indicating increased roles for the central nervous system in pain processing.

As part of this study, we know that some of these receptors link to emotional centers in the brain, not just the movement centers. We thought these were just the receptors from the inner organs, but many nerves from that largest of all organs - the skin - head not for the parietal lobe but the amygdala and the limbic emotional processing system. The implications for touch therapy are obvious - a mother's soothing touch - but the precise ramifications are still to be explored.

While most of the sensory nerves (the ones going into the brain) in the myofascial-articular-skeletal system are located in the fascial part of this system, the motor nerves (the ones coming out of the brain or spinal cord) do not go to the fascia, but only to the muscles.

This produces a cycle: the brain listens to the fascial proprio- and intero-ceptors, weighs that data against previous experience, blends it with the observed world from the teleceptors (eyes and ears), and produces its best shot at a motor response out to the muscles. The muscles are thus tensed or relaxed in either a temporary pattern (for a task), or in a more lasting 'set' to the muscles - seen in the everyday world as 'posture'. This 'postural set' in the musculature then acts on the skeleton in gravity, and the 'passive' fascial system does its best to manage the endogenous forces created by our activity in gravity, working within the limits of the system's raw materials.

While they do an amazing job of handling whatever we throw at them, the fascial cells and the fascial fibers and gels have their limits. Strain them a little bit for a long time, and they will break down and have 'hysteresis' - a long-term lengthening. The tweenager with chronically hyperextended knees likely has extra long (and therefore dangerously lax) cruciate ligaments due to the hysteresis occasioned by steady and unrelenting elongation. Strain fascial tissues abruptly and they may sprain or tear, requiring remodelling to repair.

SI interrupts this cycle by 1) reawakening the body's sense of itself, requiring 'numb' places to sit up and take notice, and reconnecting biomechanical auto-regulatory communication across the entire body, 2) rehydrating and restoring 'glide' where tissues have become densified and sticky, and 3, more common to SI 2.0) setting up a demand for even tone across the body's sheets of myofascial fabric, through exercise or rehabilitation.

These connections between the body sense and the limbic system in the brain point to the connection between the brain's sense of tissue state and the somatoemotional feelings of safety and moving out into the world.

SI practitioners regularly see less regulated autonomic systems, which might be stuck in flight or fight in its various expressions, becoming more centered, more self-regulated, with resulting health in emotional expression and management. While it makes sense that our fascial 'metamembrane' and our feeling of safety and ability to extrovert should be connected, how these connections actually function therapeutically is so far a matter of experience - an art, not yet science.

When it is more fully known, this line of inquiry, however, will link SI to psychology, psychophysiology, and psychoneuroimmunology.

SI 2.0 seeks integration of extrinsic and intrinsic movement

The following is a more personal goal of this author, and is implied, but not explicitly shared by other structural integrationists - but it strikes me as essential to any revised understanding of movement.

Our musculoskeletal biomechanical model - muscles attach at either end to bones and function by pulling the two ends together to change the angles of the bones around joints limited by the bone shape and ligaments - explains our daily and sport movement adequately but gives no notion of how these movements arise.

We have already introduced the idea of tensegrity as an alternative way of seeing the muscle/bone relationship but understanding how extrinsic movement (everyday or athletic contraction of the striated muscles) arises from intrinsic movement (the physiologic movement of the cells and smooth muscle fibers).

In the beginning, the organism does only intrinsic movement - cell division and cell migration - as the organism multiplies and grows. The twitching of the voluntary muscles happens later and is usually felt by the mother as the 'quickening'.

Physiological movements continue to occur even after our conscious movements have taken over. The body, in its intrinsic wisdom, continues to adjust the bronchioles and blood vessels, digest your food, maintain the craniosacral pulse, the inspir and expir of the organs, heart rate variability, and a hundred other rhythms below our conscious level of awareness.

It is an article of informed faith that these inner physiologic movements underly our outer movement. Reflexive movements provide a bridge form intrinsic / organic to extrinsic / volitional, and the startle reflex, myotatic reflex, Babinski reflex, and sucking reflex are all examples of movements that bridge between intrinsic and extrinsic.

This line of inquiry will link SI to Osteopathy as well as to developmental movement specialists such as Bobath and similar attempts to understand the language of reflexive movement. Meditative explorations like Continuum are also useful in linking our inner animal movements (termed 'biomorphic' by Continuum founder Emilie Conrad) into one seamless whole. The aforementioned nerve and artery work works at the interface between extrinsic and intrinsic movement.

SI 2.0 and Biomechanical Auto-Regulation

To summarise all these points, the SI practitioner of the 21st century is concerned with the wider subject of a new understanding of biomechanics. As we have seen, this extends beyond the anatomy of 'fascia'. Ida Rolf was seeking to add fascia to our known biomechanical model, but in point of fact her study has led to a new paradigm of biomechanics.

We now understand that muscles have important attachments beyond their origin and insertion. We now understand that ligaments are in series with the muscles, not running parallel to them. We now understand that each cell is part of a mechanical conducting system, and that the Biomechanical Auto-Regulatory System (BARS) extends into the cell all the way down to epigenetic responses to changes in mechanics. Open the front of the body in a backbend, and cells stop pouting and return to work.

Our autonomic nervous system is highly sensitive to changes in mechanics as well, such that basic psychophysiological foundations like security, safety, readiness for challenge, and ability to express are themselves expressed in characteristic posture and movement.

It is a miracle of mechanics in general that a single wet and vulnerable cell can divide, grow and succeed in the womb world during embryonic development, make the transition to the gravity world in the first year, and deal with the challenges to grow into sexual, emotional, and mental maturity.

All these systems - the fascia, the muscles, the nerves, and the epithelial linings, not to mention the vestibular system, right down to the mechanical connection to epigenetic expression within each cell - are part of the BARS: how we self-regulate our biomechanics, mostly below but also above our threshold of consciousness.

From a small crack in the traditional model that SI 1.0 made, we are now seeing that SI 2.0 is at the center of a small revolution that is bringing Einsteinian relativity to the Newtonian world of analysing body movement. We hope to report further progress in all these areas before another decade of the 21st century passes.

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ANATOMY TRAINS

Fascial Dissection 2018 – 2019

Lab assistants Holly Clemens and Lauri Nemetz with a happy student.

NEW 2-Day Dissection Course – 2018

Teacher: Tom Myers
Dates: October 20th – 21st, 2018
Location: Boulder, CO, USA
Price: $1199.00

We are thrilled to announce that we've added a brand new immersive 2-day dissection course at the Laboratory of Anatomical Enlightenment in Boulder, CO. Intended for both manual therapists and movement professionals, this course is a perfect introduction to our more comprehensive 5-day fascial dissections, or as a refresher for those who've already taken the 5-day program.

This dissection course introduces you to what actually goes on under the skin, contrasted with what you see in anatomy books. 'Autopsy' means 'see for yourself' – come see for yourself how the body really looks, feels and moves. The emphasis is on fascia and movement, but we expose nerves, muscles, joints, and organs as well. As always, Anatomy Trains dissections are performed on untreated cadavers so you avoid smelly embalming chemicals and can see full articular range-of-motion.

Fascial Dissection – 2019

Teacher: Tom Myers
Dates: January 7th – 11th, 2019
Location: Boulder, CO, USA
Price: $500.00 deposit and $700.00/month for 3 months
(Full Payment Discount Available)

Anatomy Trains offers a unique opportunity to work your own dissection projects with fascial expert and Anatomy Trains author Tom Myers and master dissector Todd Garcia in Todd's Laboratory of Anatomical Enlightenment in Boulder, CO.

This annual event draws students from all types of manual therapy, movement therapy, and fitness in an exploration of the real human form – not the images you get from books.

Fascial Dissection – 2019

Teacher: Tom Myers
Dates: January 14th – 18th, 2019
Location: Boulder, CO, USA
Price: $500.00 deposit and $700.00/month for 3 months
(Full Payment Discount Available)

Anatomy Trains offers a unique opportunity to work your own dissection projects with fascial expert and Anatomy Trains author Tom Myers and master dissector Todd Garcia in Todd's Laboratory of Anatomical Enlightenment in Boulder, CO.

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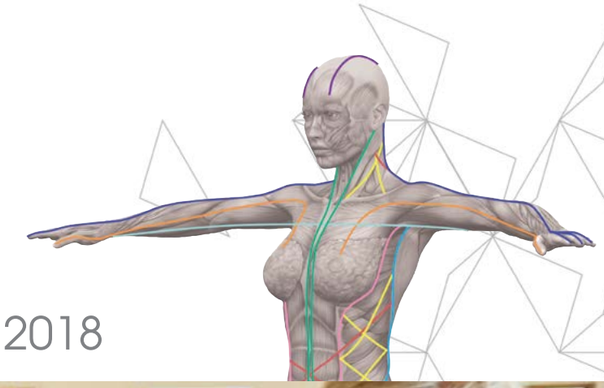

Tom Myers Author of Anatomy Trains

Movement Immersion
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OD on Movement
with Ian O'Dwyer,
founder of OD on Movement – July 9-10

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with Lauren Christman – July 28-30

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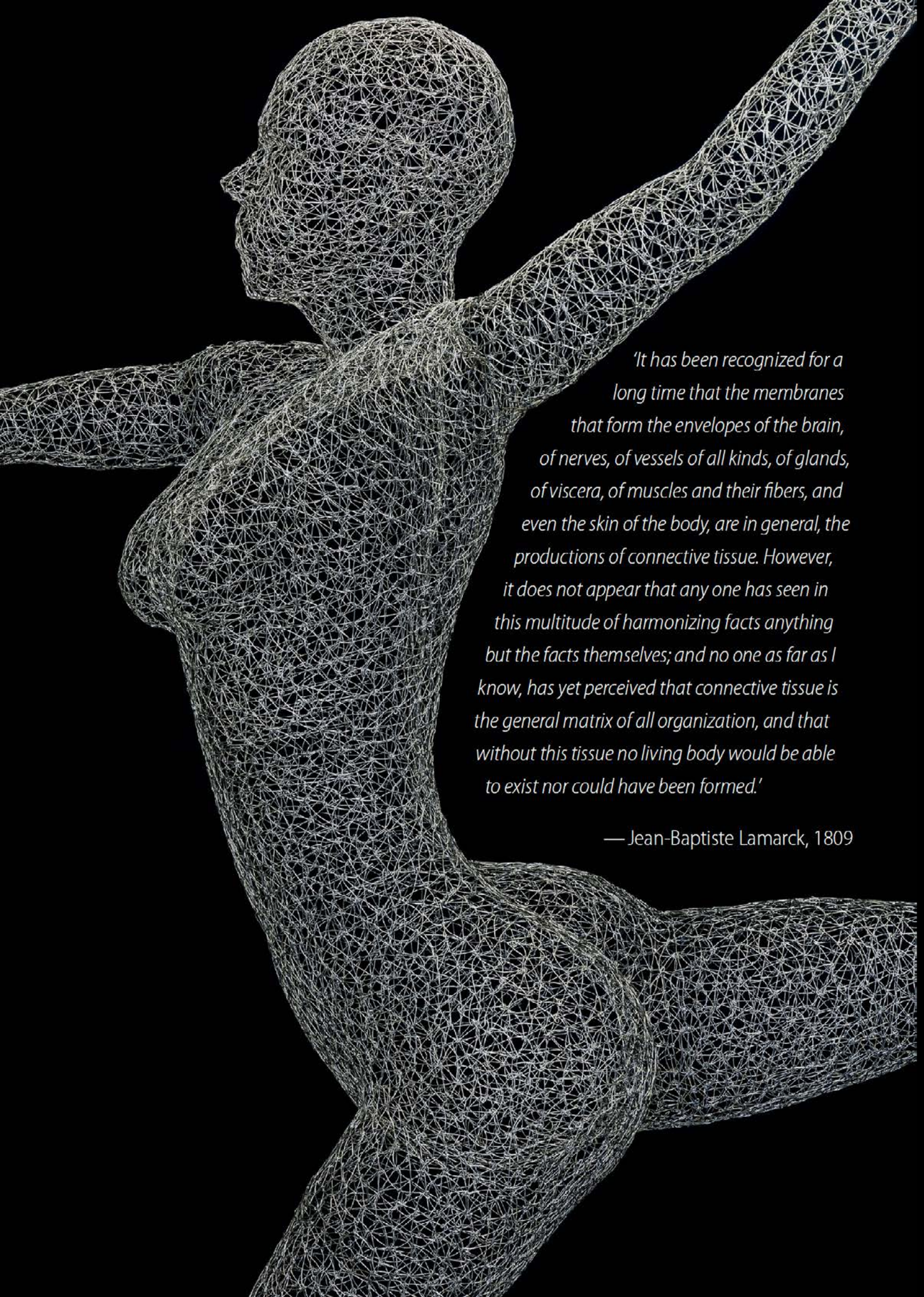


FROM PASSION AND PERSISTENCE *TO PUBLISHED AUTHOR*

DAVID LESONDAK

David Lesondak, a fellow KMI/ATSI Graduate, is an Allied Health member in the Department of Family and Community Medicine at the University of Pittsburgh Medical Centre (UPMC), where he maintains a clinical practice in Structural Integration, Visceral Manipulation and other fascial modalities at UPMC's Centre for Integrative Medicine. He has been a bodyworker for over 25 years.

In 2009, David's previous career in the video arts led to a collaboration with Tom Myers on the production of Anatomy Trains Revealed. David has also teamed up with Robert Schleip, PhD, head of the Fascia Research Project at Ulm University in Germany. In 2012, he filmed and produced the proceedings of the Third International Fascia Research Congress.

He was also called upon to document the Body Wisdom Spain Congress, as well as Connect 13, the first fascia-oriented sports medicine conference in 2013. He teaches hands on workshops, he lectures on fascia and has presented internationally. This is just a small piece of his impressive bio and he is obviously a man of many talents.

I emailed David after reading his book, Fascia: What It Is and Why It Matters, which I couldn't put down and asked if he would write an article for the E mag.

We discussed the future of SI and the possibilities of what could happen in the world of SI with more schools and practitioners collaborating. I have to say it was a pleasure to chat with David and we then met up at the IASI conference and discussed his article. I was intrigued at why he would take on such a vast complex subject as Fascia, which he managed to simplify as well as clearly stating facts and giving clinical understanding to recent research. I also wanted to know "who is David Lesondak", what led him to where he is now and what are his future plans.

Tom Myers' foreword for David's book sums it up nicely:

"David has a way of explaining complex ideas in understandable terms without dulling the scientific edge or cheapening the argument."

Julie

Photo and quote from the book Fascia: What it is and Why it Matters by David Lesondak, 2017, Handspring Publishing. Used with kind permission. Sculpture by Michael Gard.

DAVID AND TOM TAKING A BREAK AT THE GETTY MUSEUM IN LA.

STRUCTURAL *ESSENTIALS*

When you write a book, you imagine a lot of things. Almost none of the things you imagine actually happen, except when they do, and then they tend to not happen exactly the way that you imagined. But it's good to imagine. If we didn't do that, nothing would ever change.

I imagined quite a lot while writing my book, "Fascia: What it is and Why it Matters" (Handspring 2017). Something I never imagined was how much I would learn while writing that book. That bit on Frederic Wood Jones in Chapter 3, the picture of the collagen network of the liver in Chapter 6, Vesalius inventing Powerpoint? These were all things, much to my delight, that I discovered along the way. Another thing I never imagined was how hard it would be to condense a 40-page anatomy paper into four readable, and accurate, paragraphs.

And how hard it would be to start. I secluded myself one long and snowy January weekend to begin. After three days of immersing myself in reviewing basic texts, research papers, and countless lecture videos, I hadn't written a single word. I was searching for a good opening, a compelling way into the subject for reader and myself. I did have a detailed outline mind you, but that doesn't tell you how to start – just as a chord pattern and lyrics don't give you a musical intro. Dejected and more than a little worried that I had bitten off more than I could ever hope to chew, let alone swallow, I went to my regular Sunday evening yoga class. It was during Savasana that the opening to Chapter 1 started writing itself in my head. I drove home in pitch dark on lonely, snowy roads listening to David Bowie's Blackstar, running those words over and over in my head. When I got home I put that album on repeat and started writing. I was up quite late.

And that leads to the next thing I never expected, which is how almost everybody asks me: "How long did it take you to write the book?" My answer is always the same, eleven months (it was supposed to be twelve, but the publisher wanted it a month early, and who was I to say no?).

The funny thing about being asked a question over and over again is, you begin to change your answer up a bit, to keep it interesting and maybe take it a few layers deeper. ***If I'm really being honest, it was a lot longer than that.*** It was in 2003 during the opening lecture of what is now "Structural Essentials" that I had what I believe to be a true epiphany. After a decade as a clinical massage therapist, the missing link, fascia, was revealed to me in all its wonder and complicated splendor. From embryology, to tensegrity, to the glia, it was all there in that first lecture. It all made so much sense, so much more than I could articulate at the time. But I knew it. I also knew I had to learn everything I possibly could about fascia, structural integration, movement, all of it.

Fortunately, Tom was recruiting teaching assistants at the time, and I'm a deep dive kind of person. If you really want to learn about something – get involved! By the end of my training I was very much aware of how much I still didn't know but I threw my hat into the ring anyway. Tom wrote some instructions on the hat, threw it back to me and said I was welcome to come and assist an Anatomy Trains class and we'd go from there.

Before I went "there" I had to go, some four months after graduation, to the first ever Anatomy Trains dissection. Dive deep! At this nascent stage, it was actually Todd Garcia's 6-day trip around the human body and we were going to hijack the lab for the musculoskeletal part to see if the AT lines could be dissected out, however messily. I was more than a bit nervous about the reality of human dissection but the instant I smelled the formalin I completely relaxed (in a past life I worked at a funeral home). Things proceeded very well indeed. Simone Lindner and I became SBL buddies, working on that line together (you can see those results on page 42 in my book). Brenda Weisner, another KMI grad, and I worked on doing the brain with spinal cord attached. Another success! Then came the last day.

I was working on exposing and removing the upper portion of the Superficial Front Line. I was carefully revealing the sternalis. It was delicate and thin, like carpaccio. Todd came up and complimented me, telling me this was one of the best dissections of a sternalis in progress that he had ever seen. I felt ordained.

Then Tom came over, worrying at me like a fretful mother to be careful not to cut through this gossamer tissue. "Don't worry, Tom, don't worry," I shooed him away, hadn't I just been ordained? – but he was still worried, as I would have been if these were my theories. I carefully returned to my task.

Gently hold the tissue up with forceps, delicately tease away a little more. Hold the tissue up, tease away a little more. It gets quite hypnotic: hold tissue up, tease away more; hold up, tease away, hold, tease, hold, tease, hold, shit.

There was no rewind, no undo – I had shredded right through the sternalis. I beckoned Tom over, may as well face the music as fast as possible.

His green/blue eyes gazed at me intensely from above his surgical mask. My mouth opened and words came out, but not any that formed a coherent sentence. Instead, I think my hands mimed the scene of the accident.

"So, what did we learn from this?", he intoned, always the teacher.

"Um," I stammered, "That the sternalis is way too flimsy to do what we think it does." His gaze softened and shifted to a look I can only describe as crestfallen: his beautiful theory had been ruined by an ugly fact. He then disappeared for a while, and when he returned everything was fine. Perhaps it was my twelve years of Catholic schooling, but at that moment I was relieved not to have been expelled.

DAVID DOING HIS OTHER FAVORITE THING.

“I have an opportunity here to discover something that no one has ever even thought of yet!”

About two months later I found myself in a car with Tom, Simone Lindner and our host driving to an AT class in Sarasota, Florida. I was definitely suffering from imposter syndrome and desperate to say something, anything, that proved to those assembled (and myself, really) that I belonged. Sitting in traffic, staring at the license plate of the car in front of me I said: “Do you know that if you anagram ‘Florida’ you get ‘Ida Rolf’?” The resulting belly laughs evaporated my anxiety. And that weekend began a 6-year roller coaster ride on Team KMI.

BTW, I much prefer the new ATSI appellation but I digress… so more, much more, assisting, teaching some of the first Tomless AT classes with Simone, Eli Thompson, and especially Carrie Gaynor. More long weeks in Maine assisting long trainings and students than I can remember. It was a constant challenge, and I loved it.

I also loved doing special projects like creating a database for all the lecture anatomy images, designing some early slide shows. Videotaping countless hours of lectures and demonstrations. Meeting Robert Schleip. Oh, and asking to bring my video camera to the second AT dissection, when cameras were expressly forbidden. Those last two items proved providential. Let’s start with the latter.

In another past life I worked in both television and radio. It was clear to me there was a very human story to tell here, what is it like to work in a human cadaver lab?, so that became the framing device. And then there was the “B” storyline, or, Oh look! Here’s some Anatomy Trains.

It was quite successful, selling almost 1,000 copies in 2007. Less successful was my decision to shoot it cinéma-vérité. A real you-are-there, first person, single camera documentary style, with whip pans, rack focus, sudden changes of perspective. All of that. Many who viewed it assumed I just drank way too much coffee, and people who know me will attest to that as a separate truth, but the anatomy parts were as good and cogent and smooth as we could do on the fly. In the classroom we found the videos were more compelling than still pictures. This led to video shoots at two dissections over two more years, and finally in 2010 turned into the 3 DVD set Anatomy Trains Revealed. 2010 would be a big year.

THE THINGS WE DO TO GET JUST THE RIGHT SHOT.


YEAH, THERE'S A RESEMBLANCE.

ALWAYS THERE WITH A HELPING HAND, AND A SMILE,
ATSI GRAD JENNY OTTO.

As I mentioned earlier, along the way I met Robert Schleip. It was in Texas in 2006 and I managed to get him to sit down for a video interview (which you can still find on Youtube, just search for my channel). But it was a few years later at the other Tom's of Maine that we really connected. When Robert realized that I was working for Tom behind the scenes as well as in front of the classroom, his ever-present Cheshire Cat grin got even wider. He liked to challenge those people the most. He then told me the story of his first fascia research experiment, when nothing was working out how he thought it would. None of the results were matching his hypothesis. "So what I realized was, maybe now I have an opportunity here to discover something that no one has ever even thought of yet!" Wow, I thought, I wanna be that cool when I grow up.

Robert then persuaded me to come to the first ever fascia "summer school" in Germany, "It will be like a tennis match of ideas and you can just sit there and watch!" His idea was the caliber of the Fascia Research Congress but more intimate. The top minds in the field and about four dozen students hanging out for the whole week. While I had attended the first Fascia Congress in 2007, and while 75% went right over my head it was very inspiring. I desperately wanted to do this too, but it was a deeper dive than was possible at the time. It was 2009 and the US recession was in full swing. Even though the clinic I ran was ten years old, in this economy the clinic was barely hanging on. And I was now splitting my time between there and the Integrative Medicine Department at the University of Pittsburgh Medical Center (UPMC).

Long story bearable – from the time I started my education in 1990 I had always believed that bodywork could and should be a part of medicine. I had spent most of 2008 getting my foot through the door at UPMC and now, having gotten in, I wasn't about to leave. Once the bottom fell out of the market everyone vanished, new patients were rare, and even though I was under the auspices of UPMC I was considered "out of network" meaning if you want it, you pay for it.

And people were very wary to spend what money they had on something they'd never heard of. I'll stick with acupuncture, thank you! It was almost unbearably hard. I started accepting patients pro bono. A few doctors got what I was doing, started referring and very gradually things improved. Then Karma walked in. Literally.

Karma is a person, and that is her real name. She's a grant writer at UPMC and became a patient of mine in 2009. She took a lively interest in fascia, her body, and my career. In short, she actually went and signed me up for the summer school, and Robert was kind enough to negotiate with his superiors at the University of Ulm a slight reduction in my tuition in exchange for my services to video tape the proceedings. It's my firm belief that when someone of stature offers to do you a favor, you have to find a way to say yes. So I sold the pearl of great price, cashing in the tattered remains of my IRA, enrolled, and lugged all my video gear to Germany in the Spring of 2010. Thus began my European adventures.

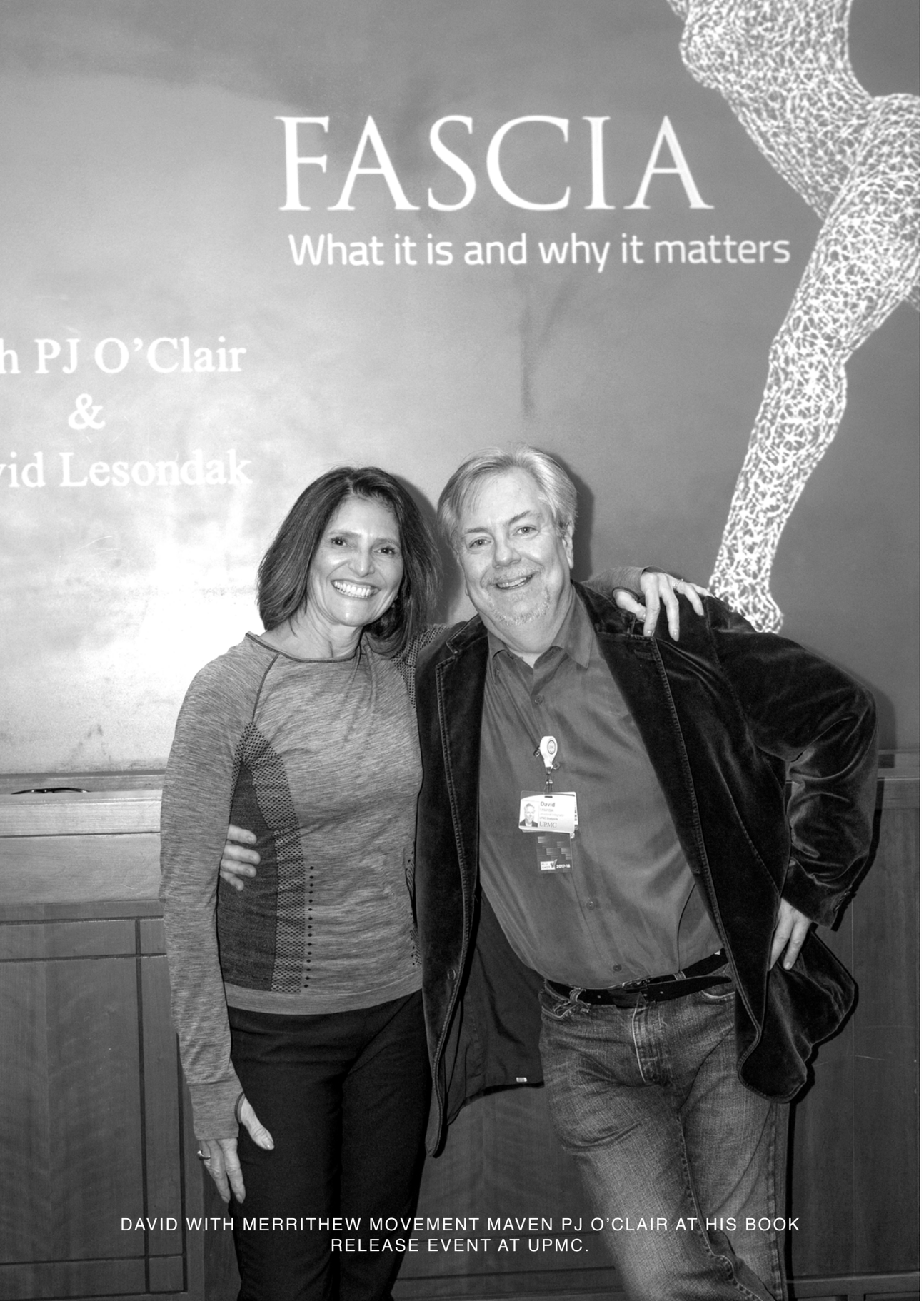
It's here I really need to thank fellow ATSI grad Jenny Otto for helping me so much that week, and at the previous year's dissection shoot. It really helps to have a good helper, and you were great!

The Fascia Summer School was a who's who of people at the cutting edge of fascia research: Robert (of course), Tom Findley, Tom Myers, Carla Stecco, Serge Gracovetsky, Helen Langevin, Andry Vleeming, Jean-Claude Guimberteau, Hanno Steinke, Daniele Claude-Martin, Werner Klingler, and Adjo Zorn.

I would also meet other attendees like Christopher Gordon, Chris and Ann Frederick, and Sue Hitzman. We'd all become friends.

In any live shoot with no rehearsal, no re-shoots, and in various locations throughout the campus, there are going to be technical issues (including one bleak afternoon, a very embarrassing tripod failure). But my agreement with Robert was to turn over the footage to the University for editing. I pled my case to do the editing myself because A) I prefer to fix my own mistakes; and B) I really wanted to edit the videos for clarity and maximum watchability. Again fortune smiled and Robert agreed.

Once again I found myself deliriously in over my head. I would have to actually understand the lectures in order to do the editing right, and understand what I was seeing on the slides to know when to insert them in the right moments as well as highlight certain aspects of the slides for viewers. After all the footage was digitized and logged I was giddy, I was daunted. I couldn't imagine how I would finish one, let alone eleven segments. It took over eight months but the results were pleasing enough that I was invited back to do the next one in 2012. And I felt confident I now knew how to swim. That was the year things got out of hand.



DAVID WITH MERRITHEW MOVEMENT MAVEN PJ O'CLAIR AT HIS BOOK RELEASE EVENT AT UPMC.

I was so committed when Bibiana Badanades asked me to do video for her Body Wisdom conference in Spain. I said yes. Then the Fascia Research Congress came calling and again I said yes. And then Connect 13, on fascia and sports medicine was somewhere in all of that too. All in a twelve month period. I'm not sure I'd recommend it. So that was the year that I went from being a swimmer to swimming the English Channel. Several times.

And while my friends didn't see me and I had no social life that year, the upside was how much I absorbed. Through the repetitive process of editing I began to find myself speaking fascia science as easily as fascial anatomy to the doctors and others at UPMC. And also to my patients; I get many who are the curious sort. So I got to practice fluency, accuracy, and accessibility. And get paid. It was delightful.

Meanwhile opportunities to lecture around UPMC's various campuses started opening up and I knocked on every door I could. One of those doors was at the Hopwood Medical Library. The head librarian and I would become great friends, and I got even better access to good research. Through the Physical Medicine and Rehab Department, I developed a Fascia Intensive for medical students that incorporated theory, palpation and yoga.

It would become an annual event. I applied to integrative medicine conferences and soon found myself telling science stories to eager, and bigger, audiences.

At one such event in 2014 I was asked to write up a paper for a journal publication. Fortunately I had already done this, so it was the easiest deadline I ever met. And the worst result. It stayed in peer review limbo for over nine months. One reviewer refused to even read it, based on the paper's title. That title was simply "The Science of Fascia". In short, it never got published. But in that paper was an embryonic version of what would become my book.

Simultaneously, I started a blog, fascialconnections.com. It was a great way to share good information, events, research, and to keep writing. While I did invite emails, I did not enable reader comments, that way lies death by trolling. But I did get comments and people I knew and respected found it informative and entertaining to read. So I was quite happy with it. It's still there. It hasn't been updated for years. I just can't bear to banish it to the digital ethers. I loved that thing, but then this book thing kinda got in the way.

In September 2014 I was still blogging strong when I met Sarena Wolfaard of Handspring Publishing at the 3rd Fascia Summer School. I'd just delivered a very successful lecture on fascia and the mind/body connection. Actually fascia as the mind/body connection. Despite getting food poisoning my second day in Germany, I was now brimming with confidence (and alternately, durchfall) so I casually invited Sarena to visit my blog. I don't know if she ever did but four months later I found myself deep in discussion with another Handspring principal, Andrew Stevenson.

We were discussing business. I was selling their books on my website and he lamented to me of ever getting the one thing they most wanted, an accessible, entry-level book about fascia. I had been dreaming about writing such a book for years. And hadn't I spent years doing just that – introducing people from diverse educational backgrounds about something I was passionate about? At this point I had a pretty clear idea of how a book like that should be done. And I was sure I could do it. I asked Andrew to tell me more about his vision for the book and before I knew it he was asking me if I wanted to have a go at it. I asked what that entailed and he sent me a proposal form.

I won't lie, the form was daunting. It's one thing to believe you can make a thing, quite another to actually create a blueprint to prove to someone else you can. A good outline is essential. So I did the easy bits first, name, address, email, that sort of thing. I spent the next three months in constant contemplation. I think they were getting impatient with me. I know I was.

Then one day, rather like the Savasana story that began our tale, in the middle of doing a session, in that deeply meditative place you go when doing fascial work, the outline just started building itself in my head. I clearly saw how the book should be organized and what ideas should go in which chapter. I'm sure my patient wondered why I was writing so many notes in her chart that morning, but you have to get it down before it evaporates. A week later, I took my basic notes and talked through the whole outline, elaborating as needed, while my sister transcribed. I'm happy to say the outline didn't change very much. The proposal got passed in short order. Then there was more prep work, contract negotiations, and suddenly it was 2016 and time to start writing.

And write I did. It was both a sprint and a marathon. You go into an alternate reality, because its always alive in your head. Even when you're not thinking about it, you're thinking about how you're not thinking about it. I remember when it was over: Thursday, December 1st, 12:53 PM. I was at my desk at UPMC when I wrote the ending to Chapter 6. I hit the save button and closed the lid of my laptop. A profound sense of accomplishment and utter exhaustion washed over me. I walked out of my treatment room, and looked out the big window of the Common Room. The sky was blue. Blue? I thought. When did the sky become blue? It took a while to get back to normal.

So in reality the book took eleven months to write, but it took eleven years to be able to write that book in eleven months!

Follow David's adventures at:
www.fasciamatters.health

DAVID AND ZHONGLONG AT THE 2018 INTEGRATIVE MEDICINE CONGRESS

FASCIA

What it is and why it matters

About the book

Fascia – What it is and why it matters, as the title suggests, presents a clear and easy to understand explanation of what the fascia is and the role it plays in the body. As the importance of fascia is increasingly recognized it has become obvious that there was a need for a book that clearly and concisely presents the facts. This is that book. It has a strong storyline, with each chapter logically connecting to the next, rather like fascia itself! It is informative and satisfying to read.

Fascia – What it is and why it matters will serve as an essential primer for professionals, such as movement educators, physical therapists, osteopaths, massage therapists, fitness professionals, and physicians, enabling them to attain a solid grasp of what fascia is and what it does in the body. It provides an understanding of fascia as a tissue, of its role in the various systems of the body and of its clinical significance. The book is complete in itself, but it may also serve as a springboard to deeper explorations should the reader wish to go further.

About the author

David Lesondak is an allied health member in the Department of Family and Community Medicine at the University of Pittsburgh Medical Center (UPMC), where he maintains a clinical practice in structural integration, visceral manipulation, and other fascial modalities at UPMC's Center for Integrative Medicine. He has been doing clinical bodywork for over 25 years. Certified in Anatomy Trains Structural Integration (KMI) by Thomas Myers, he is a Board Certified Structural Integrator, Fascial Fitness Trainer, Visceral Manipulator via the Barral Institute and certified by Ann and Chris Frederick as a Fascial Stretch Therapist, Level One.

Since 2010, he has created videos for, and edited, over 100 individual scientific presentations resulting in 70 hours of finished lectures from the most forward-thinking researchers in the field of fascia. Prior to this, he conceived, directed, and edited *Anatomy Trains Revealed*, a 3-DVD companion to the best-selling book. He teaches hands-on workshops, is a busy lecturer on the topic of fascia and fascia-based therapies and have presented internationally to such groups as Fascia Research Group at Ulm University; Consortium of Academic Health Centers for Integrative Medicine; Natural Health Practitioners of Canada; and Integrative Medicine in Preventive Medicine Education (IMPriME).

His website is **www.davidlesondak.com**

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FASCIA What it is and why it matters Lesondak

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David Lesondak

FASCIA

What it is and why it matters

Forewords Thomas W Myers
Robert Schleip

Afterword Thomas W Findley

FINDING THE NERVE

EMBRACING THE NEUROLOGY OF SI

Michael Polan

About Michael

After almost 20 years of study Michael Polon still has the same beginner's excitement when it comes to exploring the art, science, theory and practice of SI. He began studying at RISI in 1998 and began teaching in 2001. Through consistent curiosity and study from within and outside the field of SI, Michael is passionate about updating the understanding of how anatomy, physiology, movement, posture, pain, therapeutic alliance and healing all come together in our work.

When I graduated from my basic training at The Rolf Institute® in 1999, I had lots of answers. My understanding of the work was piercingly clear and all of my inner explanations for what I was witnessing in my practice were coherent and whole. Now, nearly twenty years later, my perspective of the work has widened well beyond my original training. I have way more questions than answers and I am continuously fascinated by how much there is to study about Structural Integration.

Along with maintaining a private practice since 1999, I have also been an instructor at The Rolf Institute since 2002. Despite all these years of teaching, it is abundantly clear that there is so much still to learn - for me as an individual practitioner, as well as for us as a field.

For the first several years of my career, most, if not all, of my continuing education came from within the SI community. These classes, whether they included spinal and joint biomechanics, movement work, or cranial and visceral approaches, all had one feature in common - I saw them all as confirming my bias that the "structure" of the body is what gives us our shape. Despite these being different approaches and modalities, it was relatively manageable to fit them all into my structural frames of reference as to how our work creates the powerful changes I would see in my office.

By the mid-2000's, I was starting to see more and more mentions of how much the nervous system plays a role in our work; even how it may be the primary system that drives the effects of SI in general. This was very inconvenient for me and my comfortably cohesive understanding of how the work actually worked and, despite several attempts to ignore and dismiss these differing ideas, they kept catching my attention. After a year or two of catching my attention, these novel ideas (to me, at least) began to hook my interest as I began to see more and more mentions, from within the SI literature as well as from peripheral fields of study, of the profound effects our work has on the nervous system. Once I saw it, I kept seeing it - and I haven't been able to look away since.

My initial entry points into these neuro-centric concepts and mechanisms behind SI (and perhaps manual therapy in general) have some widely recognizable names - Robert Schleip, David Butler, Lorimer Moseley, Don Hazen, and Kevin Frank were the ones who initially got me scratching my head (which had been getting increasingly full of cognitive dissonance!). What I primarily took from their different angles of study was:

#1 - the idea that things like posture, movement, pain, and embodiment are driven by various complex and overlapping neural processes

#2 - that the target of common SI interventions may in fact be the modification of these processes that create the experience of being ourselves - as opposed to simply loosening this or repositioning that.

Information…not just deformation.

This was a big shift for me to undertake. It meant that our work was more about informing tissues than re-forming them. It meant that I would have to go "back to school" and study up as to how classic SI-style work reshapes experience, as opposed to just anatomy. But, shift happens, and for the past seven years I have been fascinated and consumed by how the nervous system processes the information presented in an SI session - or series of sessions.

In a basic and general view of the work, the goals of altering things like alignment, posture and movement are in the forefront. A goal beyond those might be something like addressing what it feels like to live in one's body. For me, it has been critical to ask the inconvenient question of "from where do things like alignment, posture, movement, and even the lived experience of one's body come?" An undeniable answer - the nervous system! Diving deeply in to all of the various and complex mechanisms by which neurophysiology is relevant to SI is beyond the reach of this article but what follows is an introduction into several of these neuro-centric aspects. I hope the topic inspires readers to keep pursuing a bigger, more fully inclusive view of the work.

A common example -
an SI practitioner finds a “tight” spot on any given body part.

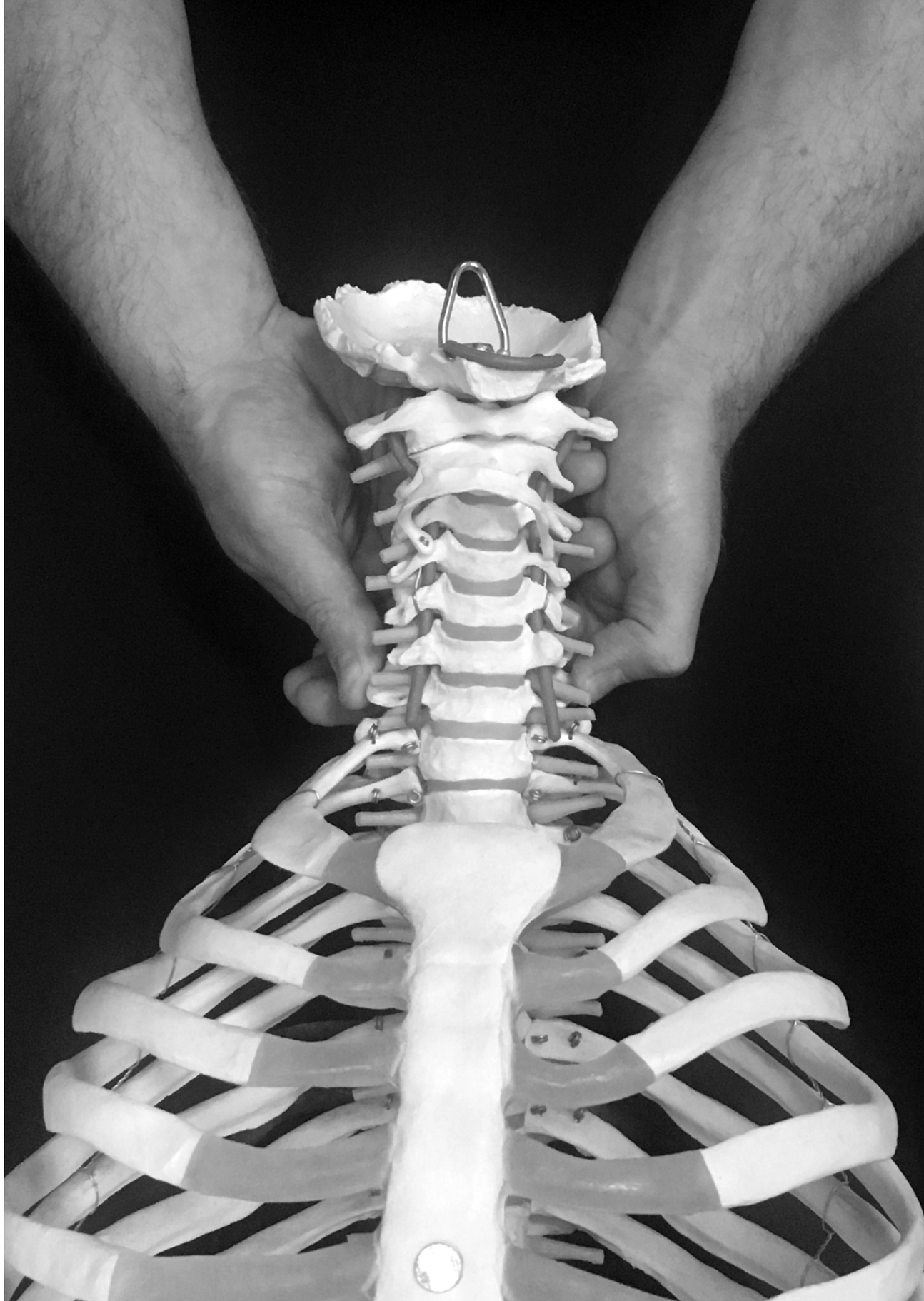
It is worth noting right from the beginning that the word “tight” is already a tricky concept. Does tight mean…resistant to elongation? Higher level of active muscle tone? Higher level of tissue pressure or fibrosity? These seem like variables that could be measured from the outside and then there is another set of common meanings of the word “tight” that are more to do with inner experience. I hear clients say “oh, that feels tight” all the time but when I inquire further, I learn that what they really mean is that spot is sensitive, sore, or even just vaguely fatigued somehow. It seems plausible that “tight” could be a protective feeling our brains create to help us alter behavior in the face of perceived greater injury risk! This is inherently worth our time sorting out, since methods for addressing these different values of “tight” may be different, perhaps even opposite. Yikes, complex already!

Let’s simplify things and just go with “tight”…
…meaning the spot is abnormally more firm upon palpation. From a neuro-centric view, we would see this tightness as something that the nervous system is actively creating. While this may be a shift in thinking for some, it stands to reason that given how quickly these tight spots seem to soften, melt, or feel better somehow, it would be the nervous system that is being affected. Oftentimes, our work creates change within seconds and the most responsive system we have, especially in that time frame, would be the nervous system.

Let’s take a closer look at how classic SI-style manipulation informs the nervous system.
This topic is wide, deep, complex and utterly fascinating! And, the aim of this article is to introduce just a few of these concepts.

Studying all the vast and overlapping neurophysiological effects of manual therapy takes a very long time! If our closer look starts out at the periphery, where the application of touch is taking place, it’s worth looking in to how our techniques stimulate various receptors in the different layers of tissue (many of which are way more superficial than the deep myofascia).

The names and basic functions of many of these receptors will be familiar to SI practitioners i.e. Ruffini, Pacini, Golgi and as several of Schleip’s publications have pointed out, these are only a small part of the neuro-story of how the body pays attention to touch. These mechanoreceptors, along with the wide array of sensory nerve endings, convey information (pressure, stretch, position, danger, etc) from the periphery upstream to the central nervous system along neurons of different size and transmission speed. The next stop along these neural tracks should be of particular interest to the manual therapy crowd. As sensory (first order) neurons enter the dorsal horn of the spinal cord, they begin to distribute their information and form complex relationships by synapsing with various second order neurons. Some of these second order neurons will pass on their information directly to the brain; some of these neurons stay right there in the spinal cord and relate to motor reflexes on the ventral side of that segment, sending information right back out to the periphery in a basic reflex arc (see diagram B). Even at rest, this system of nerve interaction is always working, providing the central nervous system with an updated sense of what is happening in the periphery. When we come in with our elbows, knuckles, fingers, etc we create VAST amounts of change to what these nerves are paying attention. As we depress, stretch and slide across tissue, AMAZING processes begin to happen - many of which explain exactly why practitioners feel tissue change and why clients sense their bodies shifting from the inside.



Gate Theory of Pain

- Local interneurons b/w mechanoreceptive afferent and neural circuit within dorsal horn → nociceptive information to higher centers
- Rub the site of injury after stubbing a toe
- ↓ Sensational sharp pain by activating ↓ threshold mechanoreceptors

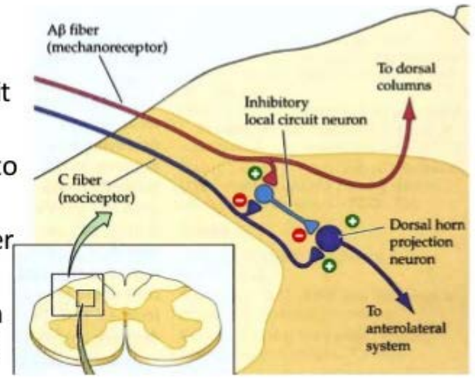


DIAGRAM A

DIAGRAM B

ATTENTION TO *TOUCH*

Spinal Cord Interactions…
With the application of our techniques, touch gets registered by these peripheral receptors and they send information along their neurons to their corresponding next stop, their second order neuron. Some of these second order segments wind up becoming a simple link to a third order motor neuron, which regulates muscle tone. While this informational chain can remain local (think patellar tendon reflex with contracting the quadriceps) it can also happen in associated structures (think stepping on something sharp and contracting the hamstrings to get the foot off the ground). These are both scenarios that students often learn in basic physiology; and they are both examples of excitatory, sudden changes. The system can work the opposite way as well. For example, with slower input (think classic slow SI-style touch) the slower-to-adapt receptors get stimulated and this time, instead of creating excitatory motor reflexes, the new peripheral information helps to inhibit that same feedback loop thereby lowering tone locally and perhaps even with associated structures.

With regard to hypersensitivity or a painful spot, we know from the Gate Control Theory that information coming from the various mechanoreceptors will inhibit incoming activity from nociceptors (think about rubbing your shin after you accidentally slam it into the coffee table or about shaking your hand after you jam a finger) Diagram A. Movement and touch can go a long way in making things stop hurting! These two feedback loops - 1) modulating spinal cord-mediated motor output and 2) inhibiting ascending nociception are significant ways that touch changes what both the practitioner and the client feel, oftentimes within seconds.

Considering our previous example of something feeling tight to either the practitioner, the client, or both. As the nervous system gets flooded with information coming from an elbow to the hamstrings, now we see how both the tone of the tight spots we palpate come down and how the client feels less “tight”! This all happens in the matter of seconds and we haven’t even looked at how the brain gets involved.

What's happening upstairs?
As we change our view from these spinal cord interactions and look to see how the brain responds to touch, it is worth restating that these rabbit holes are near bottomless and continue to get curioser and curioser the further one goes. Let's take a general view of a few of these brain responses.

As bodyworkers and movement therapists, the idea of our peripheral receptors providing us our sense of proprioception is nothing new. Our tissue-based proprioceptors provide us with the initial sense of where we are. But they don't act alone. These receptors deliver their data upstairs to be further sorted and organized by the somatosensory cortex that will provide us with a body map. The idea of a subway or world map being a fairly static picture of the lay of the land is inherently limiting when used as a metaphor for our internal body map but it is certainly helpful. Studying how our inner body map is actually more of a living ecosystem as opposed to a printed poster on a wall is a captivating topic of study in and of itself! For the purposes of this article, the general map concept works well, especially as we consider how touch helps us refine and redraw it.

In many ways, the more clearly we feel ourselves, the more efficiently we can maintain homeostasis, learn new behaviors, coordinate new and meaningful movements, and enjoy the moment-to-moment experience of living in our bodies. The classic slow, melty style of tissue manipulation, especially combined with exploratory movement, floods new proprioceptive information up to our somatosensory cortex for us to refine and redraw our inner maps. By casting light on the dark or fuzzy parts of our inner view, we are more able to "see" ourselves from the inside and inhabit our bodies in novel ways. There are several major implications for the concept of updating the proprioception-driven aspects of body awareness for the remediation of common symptoms and conditions for which SI has been so successful all these years. It's an exciting and complex topic indeed but I like to think of the proprioceptive benefits of our work as keeping our maps clean with somatic hygiene.

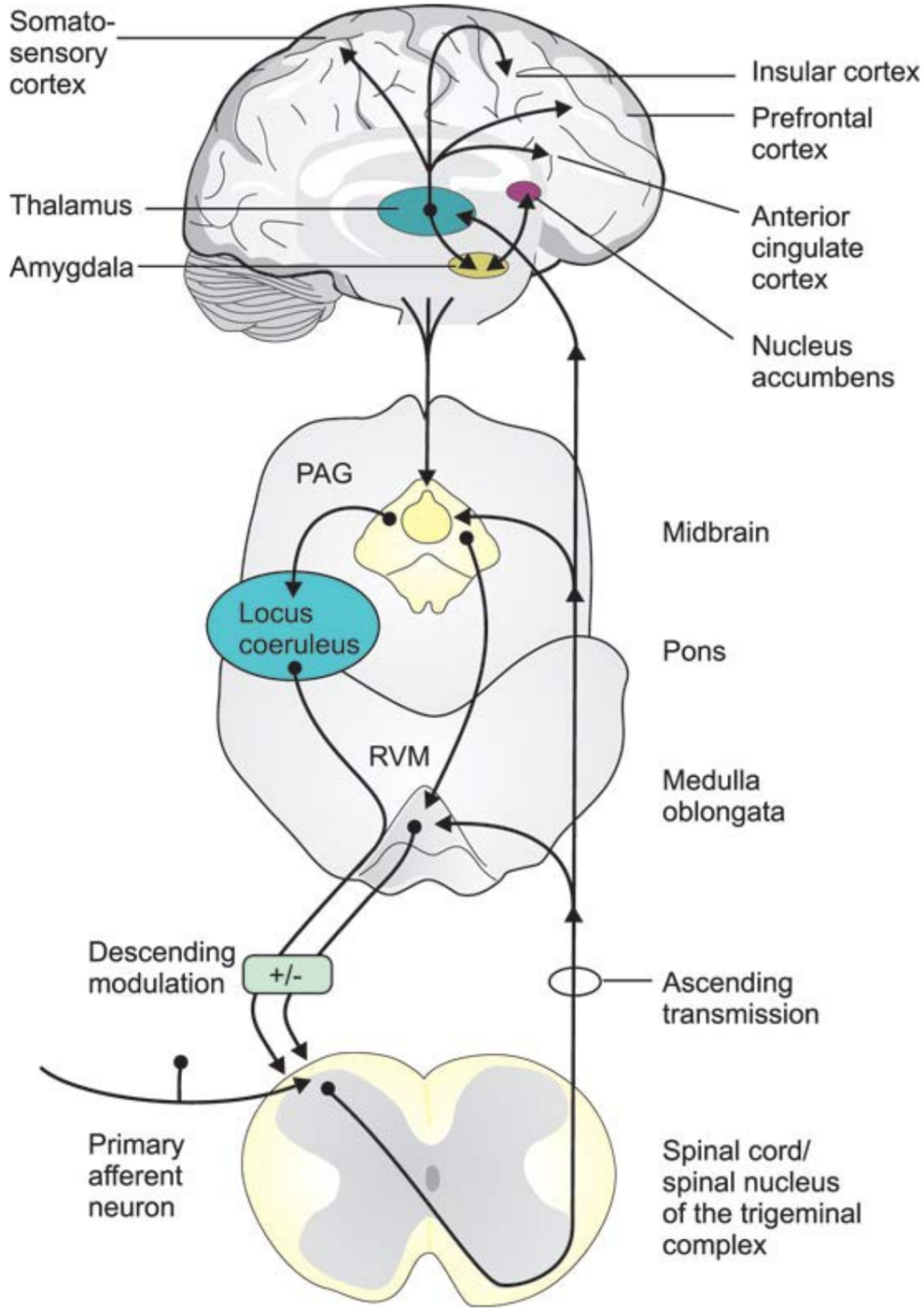


DIAGRAM C

From the top down…
Whether it's due to general body tension, the limitation of meaningful life activities or concern over pain and discomfort, many clients come to SI because they want to feel and experience their bodies in a different way. Again, the generation of how we experience somatic unpleasantness is beyond the reach of this article however, we can have a quick look as to how the CNS reacts to novel input offered during an SI session.

Whether it's a mechanoreceptor, a nerve, a synapse, or a bigger nervous system feedback loop, it is important to consider that living systems have thresholds to specific input before they respond with some kind of behavior. These thresholds are essentially the points at which the perception of stimulus creates specific action. For a mechanoreceptor it may be how much stretch is needed before the action potential is generated along its neuron. For a bigger feedback loop, it may be how much stretch can a hip flexor withstand before the NS creates a response to shorten it. On an organism level, it may be how much can I present my heart to the world before my experience of social vulnerability requires protective postural responses.

If we move out of a "kinesiopathic" model of posture and movement and look towards how these experiences are functions of adaptive tolerance, our work opens up to much broader levels of impact and integration.

Looking in to how SI helps the brain and CNS reshape the set point of these thresholds is absolutely amazing. Keeping things simple, the cycle of how perception creates behavior follows along the synapses from sensory affective, integrative, and effective neurons, or even networks of neurons. While it is convenient to see how specific style of touch activates a specific type of receptor, it's much more realistic to consider that touch, especially touch in the therapeutic context of SI, stimulates a vast array of neural activity. It is even more humbling to consider how every individual client has specific and unique NS responses to our work.

During a session, our clients' nervous systems are constantly at work - sensing, transmitting, processing, and responding to the tremendous cascade of information being offered. Some of, if not most of, the beneficial effects of our work are these processes that lie between perception and behavior.

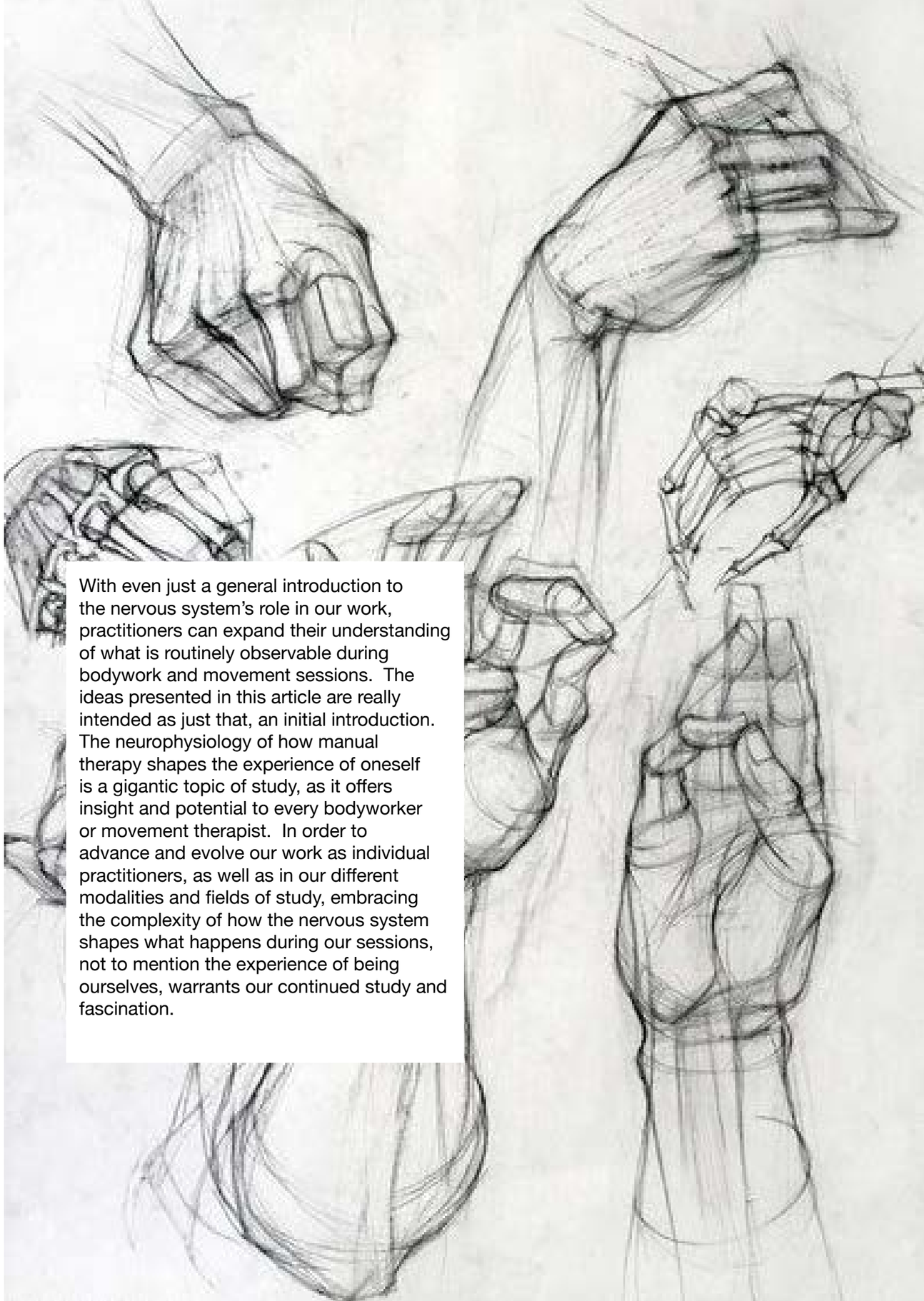
If we can help our clients' nervous systems become more adaptive to and tolerant of various levels of stimuli without engaging protective responses, posture, movement and life opens to new potential.

To look at how SI accomplishes this task, a turn towards the process of descending modulation provides a huge insight.

As Viktor Frankl brilliantly wrote, "Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." In nervous system terms, the process of descending modulation changes this "space"; and it's a large component as to why SI is so effective.

As the wide array of input from the periphery (information regarding touch, movement, or even the therapeutic environment/relationship) comes in to the brain for processing, it goes through an enormous amount of computation so the brain can assess what is changing and generate the appropriate behavior in the body. The brain is looking for answers to "what is happening out there?", "what does it mean for me?", "where exactly is it happening?", "how should I respond?", "how much attention should I pay going forward?", etc. When answers to these inquiries come back, the brain sends out modulatory chemical signals, many of which go downstream to periphery targets. Perhaps the most significant targets are the synapses that come between sensation and behavior, between affect and effect, or like Frankl wrote, between stimulus and response. ***The brain has an immense capacity to alter the way we process perception and behavior.*** (Refer to Diagram C) So much so that it can drown intense, tissue damage-induced sensation into barely noticeable background noise or amplify innocuous sensory experiences into major stress events.

In less dramatic fashion, the brain is also in charge of everyday things like how we stand, breathe and move, often the targets of the SI process. In an SI session, the presence of novel, attuned, and nourishing touch from an engaged, empathic, and skillful practitioner has tremendous potential to change the way the brain feels about the body. As the brain processes all of this life-supportive information, it responds by modifying both the receptivity and reactivity of the feedback loops that create the behaviors behind everyday experiences like general tension, range of motion restrictions, specific area of hypo/hypertonicity, and certainly experiences of hypersensitivity and pain. Taking that a step further, if we consider how much of our postural and movement habits are predictively integrated to avoid pain (and unpleasantness in general) the effects of changing a system's adaptability and tolerance are humbling and wildly powerful. Given the right information and context, the brain has an overwhelming amount of potential to modify how much it needs the body to react to any given situation whether it be a resistance to an elbow in a piriformis, allowing a full, easy breath to flow in and out, or even standing light, tall, and strong with an open heart.



With even just a general introduction to the nervous system's role in our work, practitioners can expand their understanding of what is routinely observable during bodywork and movement sessions. The ideas presented in this article are really intended as just that, an initial introduction. The neurophysiology of how manual therapy shapes the experience of oneself is a gigantic topic of study, as it offers insight and potential to every bodyworker or movement therapist. In order to advance and evolve our work as individual practitioners, as well as in our different modalities and fields of study, embracing the complexity of how the nervous system shapes what happens during our sessions, not to mention the experience of being ourselves, warrants our continued study and fascination.

SUPERVISION WITH LIZ STEWART

I have had the pleasure of meeting Liz Stewart on a few occasions and I have also taken up supervision with Liz in relation to teaching. After graduating two groups of ATSI graduates, I feel supervision is hugely important and I love that Liz is bridging this gap and helping practitioners feel less isolated. I feel this is something all practitioners should take up. I asked Liz a few questions about the importance of supervision with the main one being why? Why should students take supervision? Read what she has to say.

Julie Hammond

Liz Stewart is an Advanced Structural Integrator, International Educator and Supervisor/Mentor in the bodywork community. Liz holds the passionate belief that through group or individual supervision a practitioner can best establish the framework for self-care and subsequently more fully realize themselves within their work. Her work has been described as comprehensive and deeply transformative. Her clients refer to Liz as highly intuitive, strikingly observant and laser sharp. She has learned over time that an integrative approach is, by its nature, an exploratory process. We are asking, what's possible here? We are not producing but instead engaging with the client.

Since completing her training in 1992 at the Guild for Structural Integration in Boulder, Colorado, Liz has maintained a commitment to continuing education in a variety of modalities and complementary thought to support her clients and students. She trained in SI with direct students of Ida Rolf's (Peter Melchior, Emmett Hutchins, Stacy Mills, Heather Starsong, Gael Ohlgren, Dorothy Nolte, Jim Asher, Tom Wing and others.) She also has trainings to support and inform her SI work in Trauma Work, Movement Awareness, CranialSacral, Jin Shin Jyutsu, Neural/ Vascular, Group Therapy and Supervision.

Her group training spans an 18-year period. Liz has grown an online presence over the last five years that includes the founding of SIconnect, consultation, supervision, and mentoring. She also hosts a weekly online supervision program through www. Ehealthlearning.TV.

What is Supervision and why do practitioners need it?

In its most basic sense, supervision refers to an ongoing process between a practitioner and an experienced supervisor wherein the practitioner's whole self in relation to their work is studied and understood. While people come to supervision for all sorts of reasons, one overarching goal is to develop the supervisee's professional self. Here are some additional ideas about supervision that SI practitioners can relate to:

Feelings are a rich part of our work. I've come to understand that feelings are data and the emotions that often show up in our sessions are helpful information in understanding the client, ourselves and the relationship between us. Part of noticing these emotions may lie outside of our awareness and this is where supervision can be helpful. Others can see and feel what we may not have access to yet. We have all sorts of feelings when we work with clients and I find studying this to be valuable.

Post-training supervision helps ease the transition from class into practice. Supervision is a collaborative exploration that helps to develop professional confidence. It's a common experience for new practitioners to be flooded with questions with limited or no access to their instructors. This transitional time can be challenging, and many practitioners feel uncertain and often insecure. When practitioners are engaged in ongoing supervision, they have a dedicated place to voice these questions with time to talk, reflect, build some awareness, and understanding.

While the primary mode of contact in SI is touch, we also make contact with our clients in other ways. In supervision, we practice the art of talking, which strengthens our verbal pathway. And this helps to integrate all parts of our experience. Talking about our thoughts, feelings, concerns, body sensations, associations, and memories related to our work in supervision helps us develop those other ways in which we make contact with our clients.

Though supervision often occurs in a one-on-one setting, much like an SI session, supervision done in small groups with other practitioners is very powerful. Input from other group members can be useful for learning more about SI, business strategizing, best (or new) practices, and emotional support you can't get when you're alone in your office. Members also get great benefit from learning how to be effective with one another. Over time, the process of supervision expands our sense of professional competence, increases personal confidence, and decreases professional isolation. And it can be quite pleasurable!

What is my particular style of group supervision?

I am interested in how our work impacts us as professionals. One of the ways I approach the group setting is with the knowledge that many people in the group have had similar professional experiences. If I can create the space for people to open up in a way that is engaging, supportive, and at the same time generates ideas or solutions to whatever is going on, the practitioner's own innate wisdom can emerge.

FEELINGS
ARE A RICH PART OF **OUR WORK.**

We talk. Sometimes questions are asked about sessions, theory or the integrative aspects of our work. Often when one person presents or has a question it can be helpful to everyone. Sometimes it's about very practical matters like working too hard or long, setting fees, how to work with clients who are late or talk too much or too little, just to name a few. The key is to find ways to make it clear that these seemingly mundane challenges are just as important to address toward the goal of being a successful, integrated practitioner.

Group members help us to pick up trends we may not see or notice on our own. As we talk, we communicate all sorts of verbal and non-verbal information about what it is like to be with the client. Group also provides a lifeline to come out of loneliness and isolation, where members get comfort in hearing that others have similar experiences, needs, concerns. It's also a time to share and talk with others in our field.

Why do Supervision with Liz?

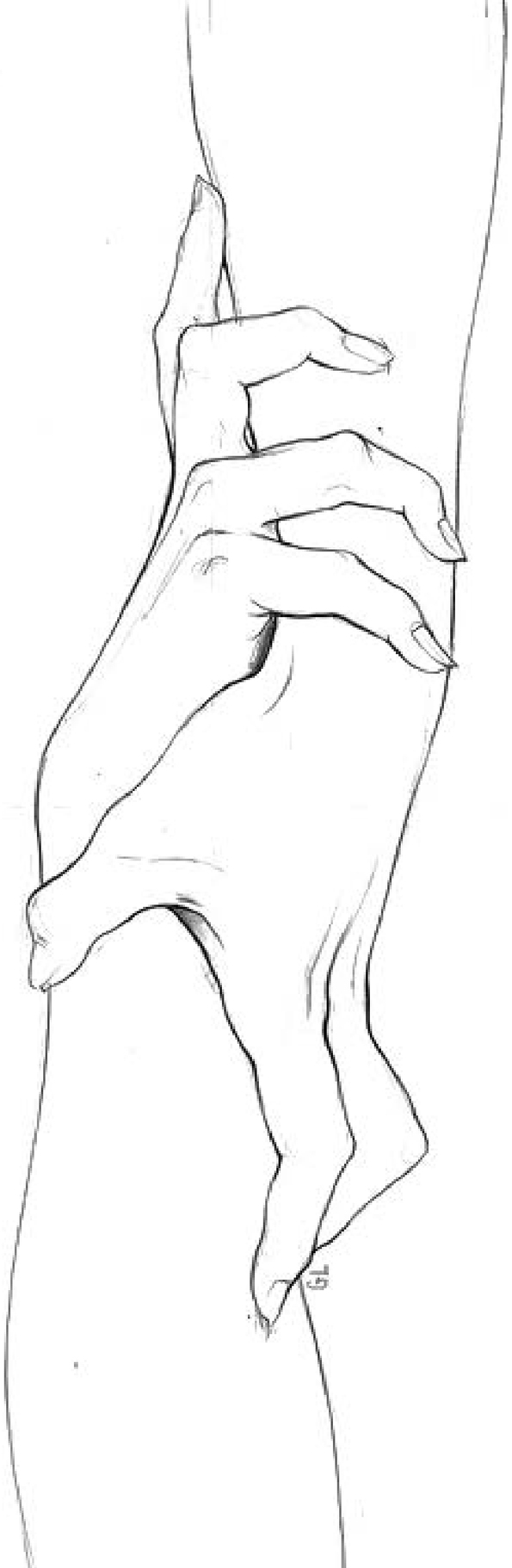
A different form of learning starts when you leave school. You are on your own and having a dedicated person to talk to makes a difference. I believe adding supervision into the culture of SI would be beneficial to everyone from the student out into their communities.

It's like a social fascial web of support and connection. For me, supervision continues to help me keep my boundaries in check and leave work in the studio.

Having been a teacher/trainer, I understand the importance of mentoring, therefore, the need to nurture the next generation and understand the need for guidance to help overcome frustrations, and for encouragement to not give up. Even though I have had excellent training over the years, I continue going to my own supervision both in group and one-on-one. I find it immensely helpful for my continuing personal and professional growth in each new stage. I think it can have the same benefits for other practitioners as well.

What do you need to do to enrol?

It's easy! Contact Liz directly at Lizard62@gmail.com and let her know about your interest in participating. She will set up a time for an initial meeting and details for zoom video conferencing.



INTERVIEW WITH ALYSSA DODSON

BY JULIE HAMMOND

Alyssa Dodson completed her initial training in 2002 at The Guild for Structural Integration with Emmett Hutchins and Peter Melchior. Since then she has been in private practice for 17 years in New York City. In 2005 she began studying with Liz Gaggini and became her teaching assistant from 2007-2016. Alyssa offers classes in The Biomechanics of Natural Alignment as well as the Core Integration Visceral Manipulation. Both classes are based on the approach developed by Liz Gaggini. Alyssa also mentors practitioners and oversees specialized study groups in Biomechanics and Core Integration Visceral Manipulation. Along with her Structural Integration practice and teaching, Alyssa brings 15 years of both performing and teaching the Martha Graham Technique as well as movement alignment/education at elite schools and festivals. Among them are; NYU Dance Education Division, Tanglewood Music Center, University of North Carolina in Greensboro, The MET Opera Lindemann Young Artists Program, La Guardia High School for the performing Arts, Manhattan School of Music, Mannes School of Music, Julliard Music Division, Cooper Union and Interlochen Arts Academy. She was trained by Juliu Horvath in the Gyrotonic System and taught at his studio for three years. Alyssa has studied with Hubert Goddard, Monica Caspari, Emilie Conard, and Irene Dowd.

I had the pleasure of interviewing the beautiful Alyssa Dodson face to face at the IASI conference in Washington Vancouver. She was a pleasure to interview and has studied with some amazing mentors. Alyssa is a very talented lady, she is very calm and poised and you can tell immediately she has a history of being a dancer. Alyssa was an assistant with Liz Gaggini for ten years before Liz passed on the Mantle to Alyssa. She teaches Biomechanics of Natural Alignment as well as Core Integration Visceral Manipulation

Julie: I had the pleasure to meet you in February at Liz Stewart's workshop for Structural Integration (SI) teachers. I know a bit about you but for the people reading the E-mag, they don't. So I'm really interested in how you would describe yourself. Who is Alyssa Dodson?

Alyssa: *Who am I? I like to think that what makes me tick is curiosity and making connections with people.* A lot of stuff I like to do when I'm not working is making dinners and having people over and having a lot of connection. Since becoming a Structural Integration practitioner I have enjoyed the SI community in NYC. We are a feisty bunch, often challenging each other's ideas and often too busy to meet, but when we do, I really enjoy the camaraderie. My client base is also interesting, full of professionals who are inquisitive with high expectations. I find that stimulating. When I'm not working I enjoy spending time with close friends. Since I moved to New York at a young age for my career as a modern dancer, I created a "family" in the city, which I cherish.

Julie: I imagine living in New York, that's pretty important.

Alyssa: It's important. In my experience, it can be hard to cultivate more meaningful relationships in New York City due to the pace here. I feel our work gives our clients room to slow down, to feel themselves and to "be seen". We take time, talk, see them as an individual, and then try to help them achieve whatever their goals are.

Julie: Yeah, it's not just New York is it? It's everywhere. People are just… busy. Actually taking time is good.

Alyssa: Yes absolutely.

Julie: So you've lived in New York how long?

Alyssa: Thirty years now. I moved to New York to be a professional modern dancer and got very lucky and started performing with established dance companies right away. I lived here for fifteen years as a performer and it was through dancing that I discovered Structural Integration.

Julie: That was a question I had! Was it dancing that led you into SI? What gave you the interest in SI?

Alyssa: I think as dancers, just like any athlete, we were always looking for something to up our game and to help with recovery. As dancers, we used our bodies so extremely that we were often looking for help in relaxing and recovering. I first used massage and that was helpful, but I began to want something that supported me to improve my technique and alignment and not simply alleviate the discomfort. When I joined the Martha Graham Company I searched for a more transformative supportive experience. A friend referred me to a practitioner who they liked. I didn't know she was a Rolfer when I went. I enjoyed the session very much and this particular practitioner combined Rolfing and Continuum Movement on the table. She had been a dancer so it was like dancing on the table while you had someone do hands-on work with you. I found that incredibly fascinating.

Julie: That sounds awesome! Perfect for you as a dancer.

Alyssa: It was.

ALYSSA DRESSED AS A SHEEP FOR HER FIRST ROLE
IN THE NUTCRACKER, AGE 7

Julie: I was reading your bio and you trained in 2002 with The Guild, with Emmett Hutchins and Peter Melchior. Wow!!

Julie: Two great teachers. What led you to The Guild and did you realise how much of a "wow" that was at the time?

Alyssa: What led me to The Guild was my practitioner. She had gone to The Guild. I didn't know there were other schools. I just thought this was the only school so I didn't do any research (laughs). She told me to go, so I went… She told me about Emmett – Emmett had been her mentor and teacher and that's all I knew and I just dove in head first because I trusted her. I didn't know how much of a "wow" it was going to be. I had just left a very high-intensity community centred around an extraordinarily strong figure in Martha Graham. I stepped into the SI community with no preconceived ideas regarding Ida Rolf and the work.

Julie: (Agrees)

Alyssa: And so I think I did myself a favour by not knowing anything about the lineage of this work. I just came in and said "Oh, there's Emmett, and there's Peter". ***So I just came in with NO expectations and I just met them with who I was at the time and it was a wonderful combination.***

Julie: I think that's hugely important. I think I went into SI oblivious of what I was actually getting into, and then learnt, and then went "wow, ok" this is bigger than I thought. (laughs)

Alyssa: (Laughs) As you go on…

Julie: Set your good foundation first before you realise what you've gotten into.

Alyssa: Exactly.

Julie: Also, I read, the amount of people you've trained with – a huge list of very inspirational people. Emmet Hutchins, Peter Melchior, Hubert Goddard and Emilie Conrad and the list goes on.

Alyssa: When I look at my bio, I am surprised about that as well. It kinda creeps up on you as you pursue your curiosities, which I think is incredibly important. Because I came to this work with no preconceived ideas, I went where my interests took me and then often something else happened or presented itself to me as an opportunity or as a new area of study. You just lead where your interest goes and then all of a sudden something happens – I've just always said "yes" whether I could do it or not, and then tried to figure it out. So yeah, I've learnt a lot. Learning from Emmet and Peter through my auditing and partitioning phases gave me a wonderful foundation to the work, and at the same time, introduced me to the lineage of our work. Emilie Conrad and her teachers gave me even more physical freedom and stimulated my curiosity about the vast possibility of the use of movement and sound for inner development. Before then, movement had been an outward performance. This was a meaningful realization for me as a performer. I would enjoy continuing to study with Hubert Goddard if the opportunity presents its again. At the moment I am working with Irene Dowd who is a highly respected movement analyst and anatomist. She continues to teach anatomy at Julliard here in NYC and she also assisted Lulu Sweigard, a contemporary of Ida Rolf's.

Julie: So, I was going to ask you who was your inspiration but with that list of people, they must have all inspired you in different ways.

Alyssa: Yes they have all inspired me in different ways. In my opinion their common thread is that they all are deeply curious and interested in the human form and all its potential. They struck me as people who are always learning and questioning, and then excitedly sharing their knowledge. I think what attracts me, in retrospect, is studying with people who embody what they're teaching. These qualities are inspiring to me.

Julie: So, obviously Liz Gaggini's class is where you're carrying on from. Can you just describe her first? Because a lot of people, if you're not in America, haven't heard of her. So can you explain a little bit about her and what she does.

Alyssa: She started off as a therapist, a counsellor and working with visceral work first, before she found Rolfing. One of my favorite sayings of her's is ***" The body honors the viscera first."*** I take this to mean that in the hierarchy of survival, our organ systems need to function at their highest capacity in any given situation. If an area of the body has to be rotated in a certain way so all the viscera can function at its best, it doesn't matter how much you integrate the extrinsic structure. It will always do a little twist so the liver can work best, or the heart can work, or the aorta isn't strained. I think she also began to see a lot of patterns in bodies, patterns that were not being taught to her. She saw asymmetries between the left and right sides that weren't being addressed in some of the traditional approaches so she started palpating, watching, testing, and slowly came up with some predictable fascial contributors that were the main contributors to the right to left imbalances she was observing. So that's where her work comes in to help support a structural system as we look at the body in our work. So that's the nutshell of her lineage.

Julie: A fascinating lady that came into SI from Visceral and not vice versa that is really interesting. You assisted her for a long time.

Alyssa: Ten years.

Julie: First of all, that's huge. And then you then to get to carry on her work. Again, that's huge.

Alyssa: (Agrees, chuckles)

Julie: What intrigues me is, how come you assisted for so long before you wanted to break out? Because normally there's a time where you assist and then you need to get out and do it.

Julie: You know, you can only assist for so long before you want to have a voice.

Alyssa: Oh boy. Why did I assist for so long? Maybe I'm a slow learner (laughs heartily). During those ten years of assisting I was very focused on developing my clinical private practice. I was more interested in one-on-one educational relationships with clients than pursuing a teaching career at the time. Assisting also allowed me to learn a great deal from Liz as well as the wonderful students taking her classes. So I had the best of both worlds! Two years ago I shifted to focus on teaching. I now really enjoy teaching and helping other practitioners learn these elegant techniques.

Julie: And the other thing is, how did you feel then having to carry on her work?

Alyssa: I felt, when I first met Liz after I was about three years out from my training, it was another aha moment that her way of looking at the body made a lot of sense. It's also fairly elegant but it's complicated.

I am enjoying carrying on Liz's work! It is a big responsibility and this is where the ten years of assisting will pay off. I also value the time I took proving this method to myself by trying it out over and over again in my practice and getting constant reliable results. Liz would often tell the class not to take her word for it, but to go try it out for themselves and report back to her what they thought. I have found I really enjoy teaching. As a teacher, I get immediate feedback, interaction, and a relationship with my students. There is a little bit about being on stage that is exciting and the extra part in teaching is you're not just relating to a black hole of an audience, you are actually getting immediate feedback. There is a performance and a conversation.

Julie: And having to change and adapt and refine your teaching material there and then depending what comes back at you is the excitement of teaching.

Alyssa: Yes I agree and it puts into practice our model of what we think the body should be; adaptable, and not defensive. So I try to emulate that in my teaching being able to adapt my teaching to the students in the room and not be defensive. I try to take what I teach and put it into practice, to embody it, instead of a theoretical idea. I try to own up to it and see how much I have been able to integrate it. It can be scary as it puts you in a vulnerable place, but I think when you do that the students somehow feel that and so far it has been reciprocal. Liz's system complements all the other schools and it can be an addition if someone is interested in that to add to their series work.

Julie: Was it daunting initially to take on her work?

Alyssa: Yes it is daunting, but exciting! I am still studying like a mad woman. I have decided (maybe this is interesting for new practitioners) every time you go through a new phase you can feel like a beginner again and it's overwhelming. When I started teaching I sat down and said, ok, I'll structure my time in thirds. I am going to have a third for my practice, a third for studying and a third for teaching. That's my working model and I will see if it works!

Julie: I love this model.

Alyssa: Two years ago I also started facilitating study groups to people who had taken Liz's workshops in New York. I had a weekly study group attended by the same people for almost two years. We would have two hours every Thursday and we would pick a topic and just dive into it based on her work. It gave me a chance as a teacher to just teach little bits of the whole and learn what I knew and what I didn't know.

Julie: That's a great way to find your teaching style.

Alyssa: They gave me feedback and then other times I would say" look guys I want to practice my first opening lecture, will you just listen and give me some feedback" and they would. Then I taught my first biomechanics course for just four people. I decided to start small, in order to teach myself how to teach.

Julie: That is such a nice way to introduce new teachers to the work. Why did nobody suggest this when I was a trainee teacher. It sounds like a safer way to find your feet.

Alyssa: I agree. It's call self-preservation. I think fear is a really good motivator. I highly recommend starting teaching that way. Even a seasoned teacher can benefit from trying out new material on smaller groups before bringing it before a larger class.

Julie: You have a great integrated way of getting your work out and I like your balance and really hope you maintain that, it is very smart.

Alyssa: I will let you know in 6 months (chuckling).

Julie: In one breath I tell you to keep your balance and in the next I am going to make you break it by coming to Australia to teach in February.

Alyssa: That ok, I will fit it into one of my thirds! (chuckles) I am really thrilled that you have invited me to come and share the Core Integration: Visceral Manipulation with your community in Australia. I have never been to Australia and I am very excited to come! I am looking forward to meeting your community.

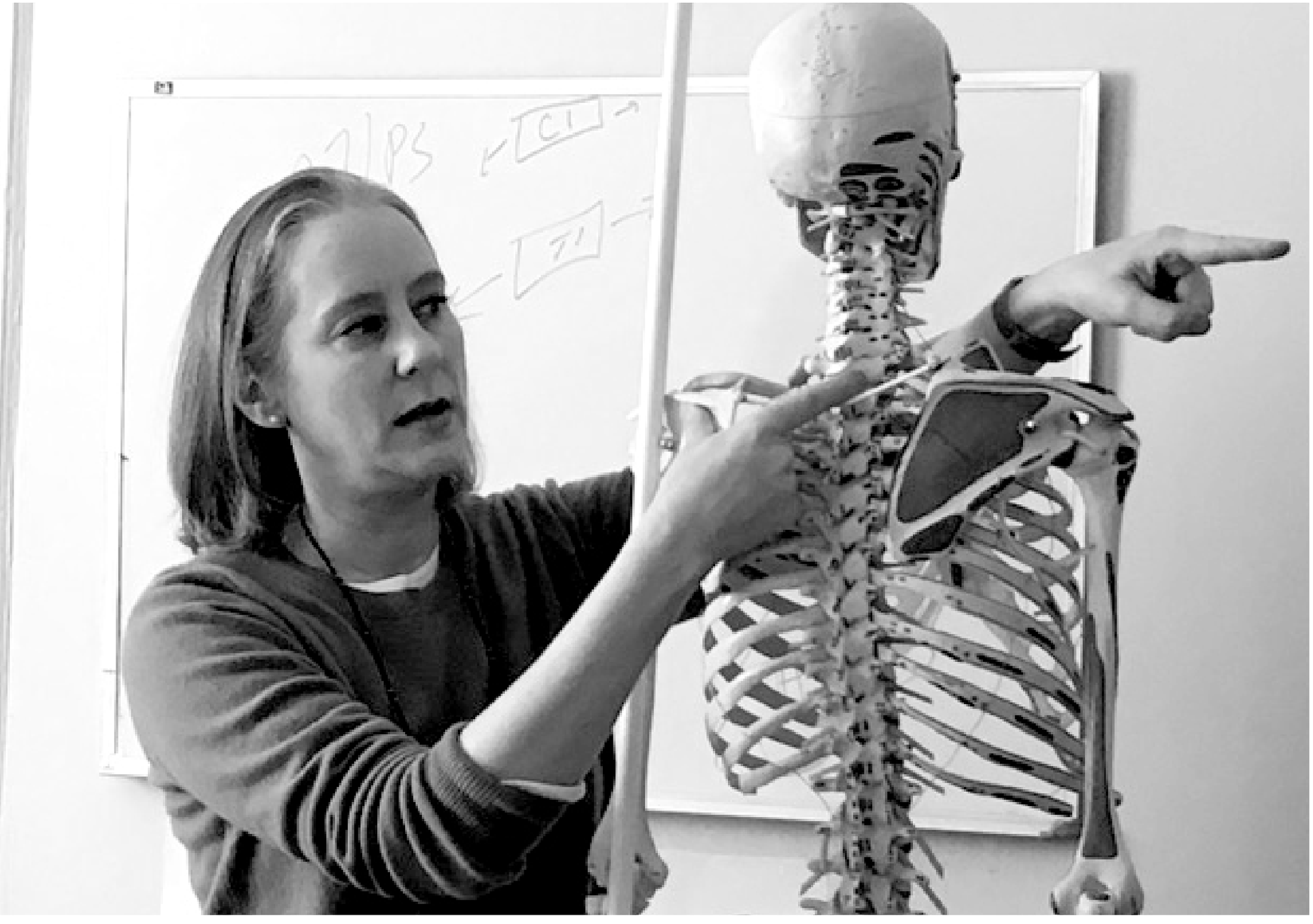
Julie: When I first started teaching with Tom and then for Tom I found it quite intimidating, I thought what am I going to bring to these workshops. How was I going to put my mark on my teaching? Did you feel this pressure with Liz's work? How did you put your stamp on the work?

Alyssa: Liz was very generous and said "this is my work but I want you to teach it and add to it, it's not in a tomb". She is also very generous and has said to a few people that she feels I am a better teacher than she was.

Julie: Yes I read a great testimonial from her saying that.

Alyssa: Yes I couldn't believe it, it was so nice of her. I feel we all have our strengths and her strength was putting together all these ideas and coming up with a system that my mind would never come up with. My strength is communicating her work. Since I have been with her for ten years, I have had all the struggles that the students have. I understand many of the challenges people may have comprehending this approach.
I bring years of experience with this way of seeing, this way of working and I believe I can break her work down into more easily digestible and understandable pieces.

Julie: A great mind but no stepping stones for students to get there.



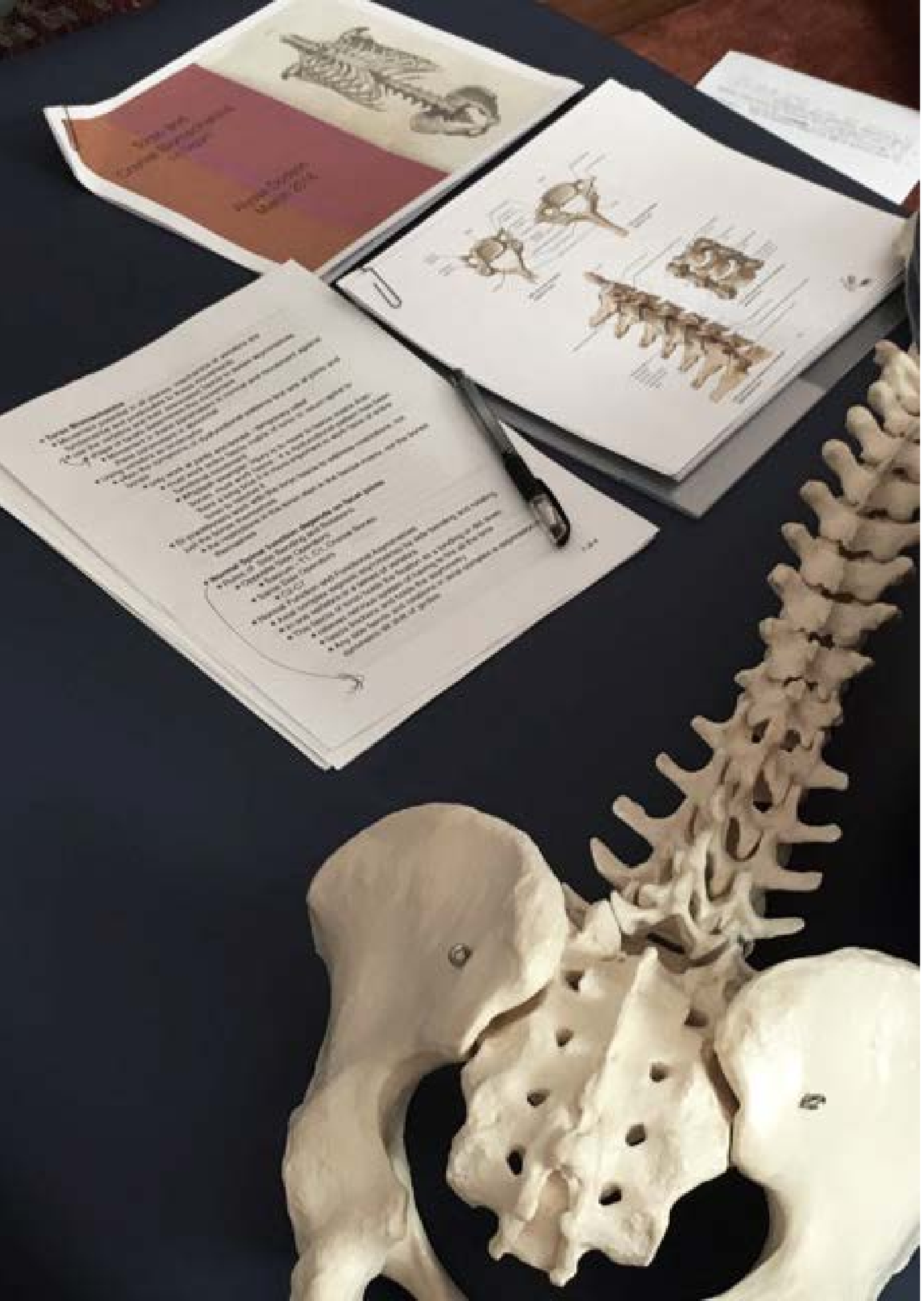
Alyssa: I like your wording. For example, great minds like Nureyev do these big leaps. I've been told he wasn't a good teacher because he didn't have to struggle, he didn't have to explain how he created such beauty. He had a gift. I believe my interest and strength is to provide the stepping stones to practitioners and shepherd them through this learning process. I also enjoy discovering practical ways for each student to take this work back to their office and be able to start using it right away. If they don't feel comfortable doing that, then I develop strategies with that student to help them take steps in their practice to integrate the material that they had just learned.

Julie: That's really good because that's the hard part (who are you and how do you fit in and how do you make it yours). And it's being able to sit back and look and think "this is what I bring".

Alyssa: Yes exactly.

Julie: So, what are your long term plans for the training? Where do you want it to go?

Alyssa: That's the one question I don't have a full answer to... yet. These two days here at the IASI Conference were a real kick in the pants. The amount of positive interest in Liz's work was really fulfilling and made me feel good. This is what I'd like to cultivate. I deeply enjoy teaching these new skills, so I will continue as an independent instructor. I am mentoring students one-one who are interested in more in-depth training of Liz's work.



Some of these students have expressed an interest in teaching in the future, so I am guiding a few practitioners to first be assistants and then teachers. I would also like to approach the schools to offer these courses as part of their Continuing Education programs for their students. I believe this work can supplement many different approaches to Structural Integration.

Julie: That would be great for the advanced programs.

Alyssa: I certainly hope so.

Julie: I think advanced programs for schools is a great idea, you get your SI qualification and you think you're at a certain point, and then you realise you need more. I think the advanced programs is a great way to go. I think that's a really great idea. And getting assistants teaching pieces, quickly, is important.

Julie: Ok, so a big question, who would you still like to train with?

Alyssa: (Laughs heartily and cheekily)

Julie: Who's on your wish list?

Alyssa: I would like to study with Herbert Grossman and Jaap van Der Wal and Kevin Frank. I would also work with Hubert Goddard again in a heartbeat. I assume I am like most practitioners, I am interested in it all. Every aspect about our work is interesting. It is all important and it is hard to choose what to study next.

Julie: Yes there are so many directions you can take this work.

Alyssa: I do have a private anatomy mentor in the city that I work with so I'm constantly learning with her. That is a huge luxury.

Julie: I want an anatomy mentor. I'm such an anatomy nerd but I don't have an anatomy mentor. I want one! How did you do that?

Alyssa: I highly recommended it! I approached an anatomist who had worked with Irene Dowd and asked if she would be open to teaching privately. To my delight she said yes so I am able to focus on my particular interests with her and we are able to go at my interest and pace. Through those studies I am getting more and more interested in embryology.

Julie: I love embryology and I think Jaap van Der Wal is a must. I had the pleasure of attending his 4-day workshop in Maine. He was amazing. Oh my god, how can someone talk anatomy, embryology and spirituality like he did and create such an emotional experience – wow! All he did was talk in a room and yet you got really emotional. It's gotta be done.

Alyssa: Ok, you just sold him to me and if Hubert Goddard ever teaches again I would love to take another workshop with him.

Julie: I was very jealous when I saw his name on your list.

Julie: Where do you want to see the SI industry going?

Alyssa: That's a good question, I'm on the experiential side and I think that's another reason Liz Gaggini's work attracted me. I'm going to answer your question but it's a little round about. When Liz explained to the first class I was in, she said "I didn't start with a theory and then go and look to prove it".

She said "I started feeling things in the body that didn't make sense to everything I'd been taught". She had to work on herself as she had some injuries that no-one could fix. Through the work on herself, she figured out how to do her neck work. So it was completely experiential.

As a teacher, I teach what I know and may not be able to prove it from a scientist's point of view but if the people that are good at research can help prove our work a little bit more to the world, that would be great. I am excited that the SI community is working

KNOW YOURSELF,
KNOW YOUR WEAKNESSES

more and more closely with the scientific community. For example, the Fascial Research Conference is great, and I'm sure there are other groups and communities doing this same exploration. It is fantastic that what many practitioners have felt instinctually under their hands and have also seen clients achieve great results with, is now in the process of being explained and proven in a scientific manner. I hope Structural Integration continues to gain more and more acceptance within the main stream medical and scientific community. I believe we are on our way. I certainly come from the more experiential side and I am always lifted and inspired when I read how our community is getting more acknowledgment from the researchers. I also agree with what Daniel Akins was saying that the word 'holistic' has a lot of interpretations - but there's more of the human being involved in our work because our clients are interactive with us and we are educators. I like educating, I like that give and take, so I would like us to be more recognised as a modality around the world.

Julie: Yes I agree 100%.

Alyssa: It would be nice if we could be a stand-alone technique side by side with PT, massage, chiropractic, and osteopathic techniques. We are another modality to choose from to address discomforts in order to live life more fully. Not in competition with each other.

Julie: Yep. That's what I feel, it would be really nice just to be recognised for what we do. But it's just one way of looking at it, you know. It works for some people and not for others.

Alyssa: It's like all the different SI schools. ATSI works for one type of person, Rolf Institute for another. The Guild for another. All the other different models. The body is the body, it's all our models to learn to work with it.

Julie: Yeah, there's so many factors come in, you know. So how do you measure all those factors.

Alyssa: It's probably why it's been hard to scientifically prove, there's so many variables.

Julie: But I would like also to see more research and more understanding because it's what is going to help us move forward.

Alyssa: I agree

Julie: One of the questions I always ask, just because it intrigues me as a person – where you're at now, if you could give a piece of advice to your younger self, what would it be?

Alyssa: There's no need to rush (sighs and laughs). You don't need to be the best Rolfer in the world. You don't have to be the best anything in the world. Just do what's interesting and exciting to you and that's really all that matters. ***Study what interests you. Know yourself, know your weaknesses, try to cultivate those a little bit more to balance out your strengths. Don't beat yourself up.***

Julie: One question I am intrigued with – as a dancer going into manual work, how did you manage, how did you cope? Some of our movement people struggle initially with touch and body mechanics. But actually we've got some great people who come from movement and have gone into touch because they've got no preconceived ideas. How did you cope with that?

Alyssa: Phew, that's a good question. I think in the beginning, I approached it like I learned choreography. I did the steps which in this case were working with the areas of each session. We did the traditional ten series so I just went in and did it as choreography. My touch skills weren't awful but they weren't sensitive. As a young practitioner I was probably way too deep and eager, which is common.

Alyssa: But I used the series as a tool. I knew if I just learned it and did all the steps, I could start mastering it. So I wasn't going to be a fundamentalist and only do that every single time. But I approached it, stroke here, stroke there, like a dance.
I think, as I got more comfortable in myself as a person, and not a performer, my touch started to change and be more communicative. And the more comfortable I got with my knowledge of the work itself I was able to calm down. And the more I got to know myself.

I was speaking at dinner the other night about how people sometimes think dancers know their bodies very well on the inside. Some of us do, it's a matter of degrees. But we're tools for choreographers to put their vision out there. You often look at your body, almost unconsciously, as a third person.

Julie: That's really interesting I have never thought of it that way

Alyssa: And you're constantly critical because you have to be. There's nothing good enough, you're always performing. You're never good enough. And then that mentality feeds everything because this is your art form, you never get away from it.

And I notice I've been away from dancing for seventeen years now, and I'm sure this could apply to other types of performing athletes, I don't have to have my version of the perfect body and I can relax more. I'm more comfortable one on one and I think that's helpful to inform touch. I can be more present with my clients instead and therefore my touch is more present and has become more of a receiving and listening touch.

Alyssa: I'm mentoring new students and when we do Liz's Visceral work where you have to be really grounded and tune into long tide and be present so you can really work with a person's organs, I notice their tendency is to pull away or lean in too much. But either way, they're not present. And when they get present, they often get very vulnerable and teary and we've had to say "ok, take your hands off slowly" you know, "it's ok, take a breath, now you know what that feels like. Let's come in and let's see if you can feel more grounded, more separate while being connected through the touch".

So I know it's not just a performer's struggle for the intimate touch but that's been my journey.

Julie: I think it's that connection, isn't it, with someone, when you know you've really "got" them. The two of you are communicating non-verbally, in a way that is through that touch and you're very aware that you're with someone, completely with someone. And that's an amazing feeling when you get there.

Alyssa: It's intense and amazing. It's fun actually. I laugh a lot with my clients and try to keep the sessions direct and informative. One of my first teachers said "Your clients are walking into your office, they are doing something right. You are there to help them be even better." I enjoy remembering that. Liz says that we are in the business of enhancing people's quality of life. I like remembering that too. I try not to make it too precious. I really try to just say "you know, this is just another tool to help you."

Alyssa: ***"You know, I don't have an agenda of what I think you should be"***

MAKING A MOVEMENT ASSESSMENT MEANINGFUL

SHERRI LEIGH IWASCHUK

When I was first asked to write an article for this magazine I thought I was going to write about biomechanics. I then looked up the definition of Biomechanics – it became immediately obvious that I was neither qualified nor actually interested in writing about something that involved so much mathematical detail. What was it then that I wanted to write about? There is much to learn by watching our patients move, doing the things they wish they could do better and/or without discomfort. Meaningful movement assessment seems the best descriptive.

People come to see us for all kinds of reasons. The spectrum can range from “I can’t get into a proper hip hinge in my deadlifts” to “my back hurts when I lift my grandchild” all the way to “because of the pain, today was the first day this week that I was able to go to work”. In ATSI we learn how to assess our patients in static posture assuming we can predict how they might move based on that assessment. This article is an introduction to how we can gather more information, make better choices for our session and make sure the patient is involved in those choices.

Discomfort comes from many sources. Within the bio-psycho-social framework I feel most comfortable assessing and treating the “bio” part of the framework. But asking the right questions, such as “what is it that you can’t do” or “what do you wish you could do better” (what I call a “meaningful task”) makes the investigation more meaningful to the patient rather than putting them through a “one-size-fits-all” movement screen.

Given the opportunity to watch your patient doing meaningful tasks you can then break the task down to easily observable assessments.

Body reading is an informative first step in our assessment. Moving on from there we can gather more information by performing a meaningful movement assessment. Understandably, this can be daunting so let's do a practice run. George is a 55-year-old grandfather to a three-year-old granddaughter. His main complaint is left low back pain. His meaningful task is lifting his granddaughter. During general body reading I note that his left foot is laterally tilted with a corresponding laterally rotated tibia and femur below his pelvis. Above his pelvis there is a left rotation of the thorax and above the thorax a right rotation of his cranium.

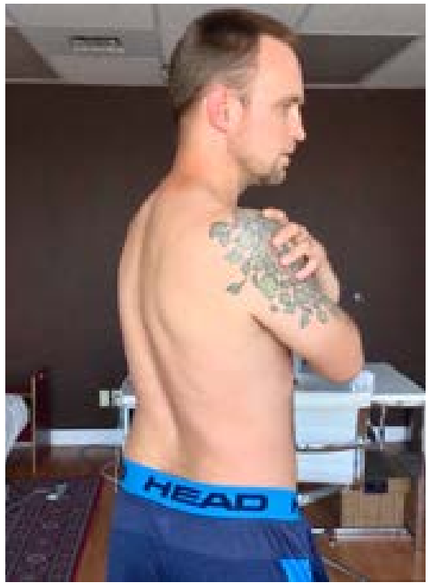
I ask George to demonstrate how he lifts his granddaughter. He proceeds to flex at the hips, rotate to the right, reach with his arms and lift his right leg off the ground. In this mid stance he points to the left sacral base of his back and says 'it's painful right here". I ask him why he is standing on just his left leg and he replies that this is how he gets his grandchild out of the back car seat. Had I not asked him to demonstrate his meaningful task I would not have known the complexity of his movement. George proceeds to tell me how important it is for him to be able to help his daughter look after her child.

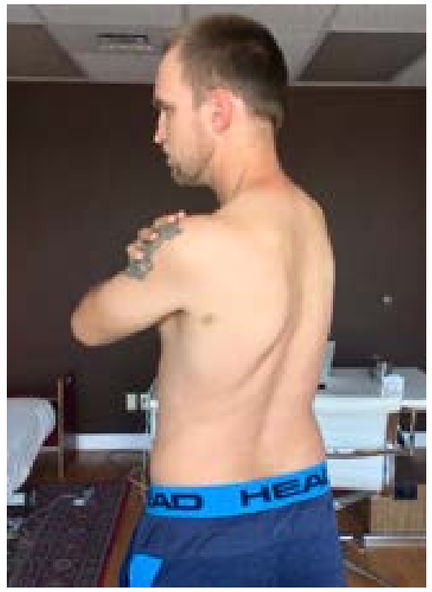
Aside from the biomechanics I now have a better understanding of the psycho-social situation around his meaningful task. Because of this demonstration he now has the "locus of control" in the session. According to Brian Fulton (listen to https://learning.markfinch.ca/brian-fulton-interview/) this could help set up a placebo effect (not to be confused with deception) – he is confident through his physical demonstration and his explanation that I know how meaningful this task is to him.

Breaking down the task, I ask George to do a one leg standing test. He has a failed load transfer at the left sacral iliac joint: his left ilium tilts posteriorly as his sacrum tilts anteriorly. Considering possible vectors for this failed load transfer "Fans of the Hip" tells us adductor magnus can be responsible for restricting an anterior tilt of the ilium. I also consider iliocostalis lumborum and thoracis for the thoracic rotation and anterior tilt of the sacrum. I won't bore you with the rest of the details but George was able to do a one leg standing test with positive results after manual treatment and the next step was to make sure that he had control of that hip in varying degrees of flexion.

Jeremy is Canada's 2017 yo-yo champion. In his first session Jeremy said his main concern was pain and fatigue at the left mid thoracic area and his meaningful task was prolonged yo-yo training. I don't have initial photographs of his body reading but his most significant pattern in static posture was in the sagittal plane - front to back imbalances. When I asked Jeremy to show me his meaningful task the most significant pattern was in the coronal plane - right to left, and transverse plane. I also got to see how much he pivots on his right hip.

Those three observations led me to assess his thorax in side bending, his thorax in rotation and his hips in passive range of motion.





Jeremy's multi-segmental rotation is better to the right than to the left. You might be able to see that some of that is due to lack of left hip extension. This was later confirmed in passive range of motion.

His right-side bending is… well, interesting. He engaged his right latissimus, depressed his scapula and reached down to his right knee, all while hardly side bending his thoracic spine and thorax. Could this be pain avoidance? Could he be kinaesthetically amnesiac about side bending? Does he not have tissue or joint mobility to right-side bend? I don't know, and it would be shortsighted for me to assume, but for sure I would not have this information had I not watched him do what he loves, observed where he's not moving and chosen specific assessments based on that observation.

Body reading is a fabulous start point to our assessments. It takes us away from treating the symptoms to considering the actual causes for people's static posture. Any assumptions about the quality of movement from a static assessment could lead us in the wrong direction (I would have missed George's SI failed load transfer finding and Jeremy's immobility at the left thorax). A meaningful movement assessment gives us a chance to see the bony relationships in movement, establish confidence with your patient and gather much more information.

A special thanks to Jeremy McKay, (www.mryoyothrower.com) "2 time Canadian National Yoyo Champion" and Alison Coolican BSc, RMT for their help with this article.

Sherri Leigh Iwaschuk is a Registered Massage Therapist and Structural Integration Practitioner (AT) who works with people to help them enjoy less pain and more movement. She believes accomplishing that is a life long study.

Sherri has a clinic (Resilience For Life) in Vancouver and a practice on the Sunshine Coast in Canada and travels the world teaching for Tom Myers.

Sherri has additionally trained with Diane Lee (ISM) and Adreo Spina (FR/FRC), two of Canada's most influential clinicians and educators.

When she's not at work you'll find her on her bike with her partner Ruth on the trails near their cabin.

For more information on Sherri go to: www.resilienceforlife.ca

Dissection class in Arizona
Ashley Kemp, Julie Hammond, Casey Gordon, Tom Myers

Casey Gordan

TEACHER
IN FOCUS

Hi! I'm pretty new here and this seems like a great opportunity to thank all the amazing people I've met over the past few years who have made this such an exciting time in my life.

I read the 'Teacher in Focus' articles and am in awe of the company I keep - there's just never enough time for me to soak up all the knowledge and experience of my peers. I pinch myself now and then when I'm sitting in a room with the one whose book I'm reading, or when I'm in a new country - huddled around a dodgy Hot Pot in Chinatown while Tom tells random facts about a subject I'll never know how we got onto - and I wonder… is this real? How did I get here?! This is fantastic!

I don't always think I belong, teaching. It was never something I saw myself doing, but there's something kind of nice about that. I live in the beautiful sunny city of Perth, Western Australia, with my husband, our three boys and a slightly hyperactive retriever (anyone with a retriever knows there's nothing slight about it). Perth is my home town, I have ventured far and wide from here, but I'm not sure I'll ever really leave. I work at a busy clinic in the seaside suburb of Secret Harbour practicing Anatomy Trains Structural Integration and Remedial Massage Therapy. I drop my three boys off at school and make the 15- minute drive to work, it's not a bad gig! I love my family, my work and I love my clients. Teaching the work has taken my own practice to another level but it's never enough. I need to know more!

I loved human biology in high school; I'm a bit of a nerd. I always knew my career would be in that field, somewhere. I eventually got into Remedial Massage Therapy and worked between two busy physiotherapy practices. The human body fascinated me and I loved the health care side where I could really try to connect and help people.

A few years ago, my husband and I made a decision to move to another part of Perth. In 2013, not long after the move, is when I met Julie Hammond. I had a job interview with her at her clinic and was rather quickly made aware of how green I was. This woman knew stuff! It was both a wakeup call and a spur to action. There was a whole world out there that I, in my comfy little Perth bubble, was so unaware of. Julie introduced me to Anatomy Trains and through her mentorship in the clinic I felt I had finally found a framework that made sense to me.

Not long after I signed up for KMI, I found out about the Anatomy Trains Dissection classes. Julie and my dear friend, Ashley, were all signed up and asked if I wanted to go too. My initial reaction was to say 'oh no, I don't think so!'. That was all a bit too big and scary for me just yet… A room full of cadavers?! Us Aussies would affectionately say, "Yeah, nah" - which translates to - "I thank you for your invitation but must politely decline". However, as my anatomy study expanded, I realised what an amazing opportunity this would be. And so, I signed up and anxiously, excitedly and absolutely bloody terrified went to my first ever dissection lab in Tempe, Arizona.

FIRST ATSI GRADUATION GROUP IN AUSTRALIA 2015

It was hosted by Tom Myers, with the guidance of Master Dissector, Todd Garcia. One of the fondest memories that I will cherish is sitting around the fire at the end of a big day in lab, with ten friends, old and new, whilst Tom played his 12-string guitar and we sang, laughed and reflected on just what it was we were all doing there.

I would strongly recommend anyone in this field attending a dissection lab, if just once. It's certainly not for everyone. I have attended twice now and cannot describe how rich the learning experience is. The first time in the lab, I was nervous like I had never been. I had no idea what to expect. Not only do you get to see the glory of the fascial web - for real - you get to take in EVERYTHING that is the human form. Over 5 days you start with the most superficial layer, the skin, exploring your way through layer by layer. Skin, fascia, muscle, viscera, bone. Set yourself a project. If you have a special interest that's fantastic, but you also get to wander around the room where we had seven other cadavers, to see the projects everyone else was working on. Truly a life changing experience and one I hope to do again in the near future. I feel this is an essential part to being a good teacher of anatomy. To see it with your own eyes, to literally pull it apart and know what it takes to get to those deeper layers is something that stays with you.

Something that really resonated with me during this experience was the Aristotle saying, "The whole is greater than the sum of its parts". It was all of a sudden quite profound and it took me somewhere else. Studying the anatomy, but pondering the whole of a life, an amazing story laying on the table in front of you, but only in part.

A story told through scar tissue. A life, so much more than a body. A body that is no longer needed, but does the essence of life continue? A different plane, a different realm? Are we all just made of stars? Did I mention my husband is into quantum physics?
I think anyone would agree that after you take an AT class, you can't unsee. I loved my KMI training and haven't looked back. I was a student in the first KMI training that took place in Australia that Julie Hammond worked tirelessly to make a reality. We were all very excited and a little anxious to get started. There's nothing quite like that buzz of a room full of people exchanging ideas, practicing techniques and coming together because they all love the same thing. The depth of anatomy was like nectar for my brain! The added bonus is that I have made lifelong friends in the process. Watching it build from the ground up has been quite a journey; we're building a big family out here!

With the launch of Anatomy Trains Australia and the determination of Julie Hammond to get the Structural Integration fire lit in the Southern Hemisphere, the growing demand for courses meant there was a need for teaching assistants. I was asked to join the courses and happily (and yes, nervously) stepped into that role. I was fresh from my own study, now I had to remember it all! As an assistant over the past three years I've been able to travel around my stunning homeland of Australia, also New Zealand, Indonesia and Taiwan. As someone who has always loved to travel, this has been amazing; for that I am so thankful. I became a certified AT teacher in April 2017 and have since taught Anatomy Trains Structure & Function as well as several Structural Essentials modules.

Stepping into a teaching role hasn't felt like a natural process for me. I was never one who enjoyed being in the spotlight. Julie believed I had it in me to deliver to our students. Her confidence in me boosted my own belief that I could get up there and share what I can, in my own words. Public speaking was not something I ever thought would be on my agenda, although I always admired those who looked so comfortable in front of a crowd. Having said that, I like to challenge myself, a true believer of the adage 'if it doesn't challenge you, it doesn't change you'. I wanted to grow personally and professionally, so I needed to challenge myself. I quickly had to learn to get comfortable speaking to people, professionals. I really do revel in the environment of the classroom. A safe space to ask questions and to make our mistakes. To teach, but always to learn.

One of the things I find so attractive about Anatomy Trains is how it is so adaptable to different professions. We can take bodyworkers and movement specialists from all backgrounds, adding to the tool kit they already possess. They don't need to choose one modality over the other, it's synergistic. It can be delivered plain and simple, or it can demand depth and intensity, into the never-ending rabbit hole of inquiry (it's amazing who you meet in the rabbit hole!)

When I studied KMI Part 3, I remember the excitement of all the potential places I could take my new skills. Now as a teacher, I'm overwhelmed by the different directions people have taken the concept of 'the lines'. The sophistication and delivery of the range of courses is really something inspiring and exciting to be a part of. For me, Structural Integration has opened a whole new world of overwhelming possibility.

It's amazing what you can achieve when you are surrounded by people who believe you have it in you, encouraging you to do your best. Surround yourself with those who inspire you, the ones that resonate and positively bring out the best in you.

Teaching notes:
Never underestimate the power of a good old-fashioned panic to get things done, and:
"It depends" is a perfectly reasonable answer to any question.

MY FAMILY

ANATOMY TRAINS AUSTRALIA & NEW ZEALAND

Summer School
PERTH / FREMANTLE - 2019



SI Grad Collaboration Day
23 February
For all SI Practitioners - Guest Speakers: Moving forward in SI

Advanced Structural Integration Mentorship
24 February
For SI Practitioners
Presented by Lou Benson

AT in Training meets Zoga
25/26/27 February
For Manual & Movement Therapist's
Presented by Ari Pekka Lindberg and Wojtek Cackowski

Introduction to Neurovascular Release for Structural Integration (NVR-SI)
25/26/27 February
For SI Practitioners. Small class numbers
Presented by Kirstin Schumaker

Core Integration Visceral Manipulation
28 February, 1/2 March
For experienced manual therapists. Small class numbers
Presented by Alyssa Dodson

Anatomy Trains in Motion
1/2/3 March
For movement therapists and manual therapists interested in movement
Presented by Karin Gurtner

Neurovascular Release for Structural Integration
3 - 4 March
For SI Practitioners. Small class numbers
Presented by Kirstin Schumaker

Slings Essentials
5 & 6 March
Prerequisite ATIM
Presented by Karin Gurtner

Slings in Motion 1
8/9/10 March
Prerequisite ATIM & SE
Presented by Karin Gurtner

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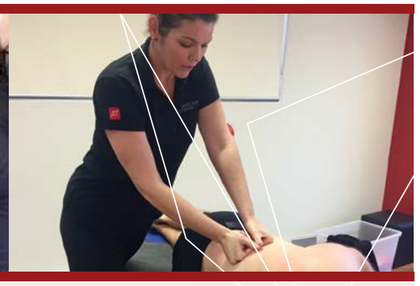
ANATOMY TRAINS AUSTRALIA & NEW ZEALAND

Course Schedule
AUSTRALIA / ASIA - 2018/19





Australia / Asia Courses - 2018/19

Date	Course	Location
Anatomy Trains Structure & Function		
13 - 15 July	ATS&Function	Melbourne
3 - 5 Aug	ATS&Function	Perth
15 - 17 Sept	ATS&Function	Taiwan
12 - 14 Oct	ATS&Function	Sydney
16 - 18 Nov	ATS&Function	Darwin
Structural Essentials		
14 & 15 July	Head Neck &Jaw	Adelaide
13 - 15 July	Arches & Legs	Hong Kong
21 - 23 Sept	Arches & Legs	Taiwan
2 - 4 Nov	Arches & Legs	Perth
More Structural Essential class dates launched soon.		
Anatomy Trains in Training		
20 - 23 July	AT in Training	Perth
6 - 9 July	AT in Training	Adelaide
ATSI Part ll: Structural Vision		
20 - 30 Aug	Structural Vision	Sydney
5 - 15 Oct	Structural Vision	Auckland
ATSI Part lll: Structural Integration		
4 - 21 Jan 2019	Structural Integration	Fremantle WA
5 - 21 Feb 2019	Structural Integration	Fremantle WA
Joe Muscolino Joint Mob		
19 - 21 Oct	Joint Mobility	Perth
Anatomy Trains in Motion/Slings		
7 - 9 Sept	ATiM	Singapore
30 Jun - 1 Jul	Slings Essentials	Sydney
1 & 2 Sept	Slings Essentials	Perth
1 - 3 Sept	Slings in Motion 1	Sydney
5 - 7 Oct	Slings in Motion 1	Perth

Date	Course	Location
Sharon Wheeler ScarWork		
7 - 10 Sept	Scar Work	Perth
14 - 17 Sept	Scar Work	Sydney
Summer School		
23 Feb	SI Grad Collaboration Day	
24 Feb	**Advanced SI Mentorship** Presented by Lou Benson	
25/26/27 Feb	**AT in Training meets Zoga** Presented by Ari Pekka Lindberg and Wojtek Cackowski	
25/26/27 Feb	**Introduction to Neurovascular Release for Structural Integration (NVR-SI)** For SI Practitioners Presented by Kirstin Schumaker	
28 Feb/1/2 Mar	**Core Integration Visceral Manipulation** For experienced manual therapists Presented by Alyssa Dodson	
1/2/3 Mar	**Anatomy Trains in Motion** For movement therapists and manual therapists interested in movement Presented by Karin Gurtner	
3 - 4 Mar	**Neurovascular Release for Structural Integration** Presented by Kirstin Schumaker	
5 & 6 Mar	**Slings Essentials** Prerequisite ATIM Presented by Karin Gurtner	
8/9/10 Mar	**Slings in Motion 1** Prerequisite ATIM & SE Presented by Karin Gurtner	

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SLINGS MYOFASCIAL TRAINING® 2018/2019

Sidney, Australia
Slings in Motion® I 1 – 3 Sept 2018

Perth, Australia
Slings Essentials 1 – 2 Sept 2018
Slings in Motion® I 5 – 7 Oct 2018
Anatomy Trains in Motion 1 – 3 March 2019
Slings Essentials 5 – 6 March 2019
Slings in Motion® I 8 – 10 March 2019

Manila, Philippines
Anatomy Trains in Motion 3 – 5 Aug 2018

Hongkong, China
Slings Essentials 7 – 8 Aug 2018
Slings in Motion® I 10 – 12 Aug 2018
Anatomy Trains in Motion 13 – 15 Oct 2018
Slings in Motion® II 15 – 17 March 2019
Slings in Motion® III 19 – 23 March 2019

Lisbon, Portugal
Anatomy Trains in Motion 31 Aug – 2 Sept 2018

Copenhagen, Denmark
Slings Essentials 11 – 12 Sept2018
Slings in Motion® I 14 – 16 Sept 2018
Anatomy Trains in Motion 1 – 3 March 2019

Piacenza, Italy
Slings in Motion® II 29 Sep – 1 Oct 2018
Slings in Motion® III 4 – 7 Oct 2018

Honolulu, United States
Anatomy Trains in Motion 12 – 14 Oct 2018
Slings Essentials 15 – 16 Oct 2018
Slings in Motion® I 19 – 21 Oct 2018

Dublin, Ireland
Slings Bodyreading 19 – 21 Oct 2018
Anatomy Trains in Motion 12 – 14 April 2019
Anatomy Trains in Motion 6 – 8 Sept 2019
Slings Essentials 25 – 26 Sept 2019
Slings in Motion® I 27 – 29 Sept 2019

Madrid/Toledo, Spain
Anatomy Trains in Motion 19 – 21 Oct 2018
Anatomy Trains in Motion 3 – 5 May 2019
Slings Essentials 7 – 8 May 2019
Slings in Motion® I 10 – 12 May 2019
Anatomy Trains in Motion 25 – 27 Oct 2019

Moscow, Russia
Slings Diploma 25 – 26 Aug2018
Anatomy Trains in Motion 19 – 21 Oct 2018
Slings in Motion® I 17 – 18 Nov 2018
Slings in Motion® II 19 – 21 Nov 2018
Anatomy Trains in Motion 29 – 31 March 2019
Slings in Motion® II 17 – 19 May 2019
Anatomy Trains in Motion 6 – 8 Sept 2019
Slings in Motion® III 10 – 13 Oct 2019
Slings Essentials 27 – 28 Nov 2019
Slings in Motion® I 29 Nov – 1 Dec 2019

London, United Kingdom
Anatomy Trains in Motion 26 – 28 Oct 2018

Bari, Italy
Anatomy Trains in Motion 26 – 28 Oct 2018

Galilee, Israel
Anatomy Trains in Motion 28 – 30 Oct2018

Prag, Czech Republic
Anatomy Trains in Motion 23 – 25 Nov 2018

Faenza, Italy
Anatomy Trains in Motion 23 – 25 Nov 2018

Boulder, United States
Anatomy Trains in Motion 11 – 13 Jan 2019

Lecce, Italy
Anatomy Trains in Motion 8 – 10 Feb 2019

Stockholm, Sweden
Anatomy Trains in Motion 8 – 10 Feb 2019

Johannesburg, South Africa
Anatomy Trains in Motion 24 – 26 May 2019

Singapore
Anatomy Trains in Motion 7 – 9 Sept 2019

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California, November 25 – 30, 2018
Hawaii - Maui, January 22– 26, 2019

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A DEGREE IN CURIOSITY

TOM MYERS AND SCOTTISH IKIGAI

In the 1960's I was a papermaking apprentice, in the 70's I was a foreman, in the 80's I ran a papermaking division and two successful jewellery businesses, in the 90's I also became a therapist.

In the noughties, I met Tom Myers and James Earls, was introduced to Structural Integration and became a practitioner, and in 2010 I undertook a teacher training in KMI, in Maine. In 2011 I started a Biomedical Science degree, graduated in 2015 and I now work on collagen research probing the mystery of collagen organisation and the entheses (attachment sites) of ligaments and tendons.

What does this tell you?
a) The past does not determine your future
b) You must have what the Japanese call an "Ikigai" – a reason to get out of bed each morning
c) I'm a crazy Scotsman

This passion for understanding in many ways was stimulated by watching Tom and James working to lift the medial longitudinal arch in a female subject by adjusting using the "Spiral Line". Ok I didn't believe it, how can you do this? So, I did Anatomy Trains twice to check this out – I believed it!

I also believed in the work, but not enough to blindly follow a set of "moves" I want the Why?

We all get stuck in paradigms, even the most eloquent and distinguished practitioners. Why, because we feel we must defend our understanding. Your God, or other being, gave you two ears to listen, and one mouth to speak; we should be listeners foremost and only speak half as much as listening.
As practitioners, I think we see the war as won regarding understanding fascial systems, Biotensegrity and Structural Integration, only because we're immersed in that field. Most of allopathic medicine hasn't a clue what we're talking about and really doesn't want to know because it's too complex, considered as "flakey", and they would find difficulty teaching it.

So, what you gonna do? – Create an Ikigai, a passion for understanding what we believe to be beneficial to our fellow humans, a raison d'etre, a reason for being.

To make an impact we need to ensure we continue our research, refine our language so we are understood and listen for anecdotal evidence of our work effects, thus building a database to guide future practitioners.

structural

INTEGRATORS

The recent paper on the “Interstitium – new organ found in the body” is a case in point. Over many years Structural Integrators have understood the highways and byways of the fascial web and extracellular matrix in health and physical/mental function. Why didn’t we lead on this issue, and why weren’t we heard? Alfred Pischinger (1899 – 1982) described many of these concepts in his excellent book “The Extracellular Matrix and Ground Regulation” Basis for Holistic Biological Medicine.

I implore you to improve your understanding, your eloquence and personal research.
Our past does not define our future – it is simply another page, write yours! So where do I think we’re going next?

I believe that our main work will be created in two areas:

The sensory complexes embedded in our connective tissue have mainly been accessed in regard to tension and distance measures i.e. golgi tendon organs and muscle spindles.

We have many other sensory apparatus in particular, pascinian corpuscles, ruffini and golgi – mazzoni organs. These small organs further improve our spacial awareness and may be the primary measurement of pressure which is in itself a major modulator of collagen and connective tissue changes.

The other main area of work, and change, is the understanding of changes to the extracellular matrix and ground substance during inhibition of movement, strain and inaction. The septa which contain and transport these materials will be an area of research growth, including the transport of neurotransmitters and matrix proteins.
I wish you an exciting journey and hope you share your experiences.

“I believe that body shape, extension, motion, location are functions. What is there then that can be taken as true? Perhaps only this one thing, that nothing at all is certain” René Descartes (1596 – 1650)

Contact Ron at: ron.coutts@abdn.ac.uk

“Irene’s hands” Artist Ariel Lewis

Research Review

by Holly Clemens, Ph.D., LMT

For this edition of the Anatomy Trains e-magazine, a synopsis of two research articles is provided.

1

Comparing ART and MET on latent trigger points of the upper trapezius

Sadria, G., Hosseini, M., Rezasoltani, A., Bagheban, A.A., Davari, A., & Seifolahi, A. (2017). A comparison of the active release and muscle energy techniques on the latent trigger points of the upper trapezius. *Journal of Bodywork & Movement Therapies, 21,* 920-925.

2

What is the importance of the fascia vasto-adductoria?

Elazab, E.E.B. (2017). Morphological study and relations of the fascia vasto-adductoria. *Surg. Radiol. Anat. 39*, 1085-1095.

It is an honor to share my love of research for this edition of the Anatomy Trains e-magazine. I am excited to offer a synopsis of the two research article reviews in a new format using infographics. Of course, the references are provided if you wold like to read the articles in their entirety.

Holly Clemens, Ph.D., LMT, is a certified Anatomy Trains teacher for Movement and an assistant for the dissection workshops offered by Anatomy Trains. In addition to teaching for Anatomy Trains, Holly is a Professor of Sport & Exercise Studies at Cuyahoga Community College in Cleveland, Ohio, where she has been teaching for over 20 years. Holly has been involved as a personal trainer, movement specialist, and coach in the health, sport, fitness and wellness industry for over 30 years. Holly is also an ACSM-Certified Exercise Physiologist, NSCA-Certified Strength & Conditioning Specialist, Fascial Stretch Therapist-Level III, ERYT-500, and Yoga Tune-Up Level 1 Teacher.

Comparing ART and MET on latent trigger points of the upper trapezius

Study Objective

To compare the immediate effect of Active Release Technique (ART) and Muscle Energy Technique (MET) on the latent trigger points (LTrPs) in the upper trapezius muscle and to establish which is more effective in increasing ROM and decreasing pain and muscle thickness.

What was measured?

Measurements

Visual Analogic Scale (VAS) questionnaire was used to measure participants' current perception of pain. Active range of cervical lateral flexion (CLF ROM) was assessed with a measuring tape. Upper trapezius thickness (UTT) was measured with participants in a prone position using ultrasound imaging. All measurements were in cm. P-values ⩽ 0.5 were considered statistically significant.

Procedure: The target population were 64 participants, 18-50 years old, who had LTrPs in their upper trapezius. Participants were were randomized into two groups (32 per group). Participants completed the pre-assessment measurements, followed by the intervention. In the ART group, the therapist trapped the affected upper trapezius and applied pressure or tension with his/her thumb finger over the myofascial trigger point (MTrP). The participant was asked to actively move the neck from a shortened to an elongated position while the therapist continued to apply tension using the ART method. The MET group received the ART treatment following Lewit's post-isometric relaxation approach. The isometric effort was held for 7-10 s. During the relaxation phase, the head/neck were eased into side bending and rotation. This position was held for 30 s and repeated. Intervention for each participant in each group lasted 15 min. After an interval of 5 min. each variable was reassessed by the same therapist.

What Does This Mean?

Findings from this study were not supported by Nagrale et al. (2010) and Campelo et al. (2013) where MET was not found to be superior to other techniques in the medium term.

The application of ART and MET was found to immediately increase active cervical lateral flexion, decrease levels of pain on VAS and decrease upper trapezius muscle thickness. Both techniques also improved upper trapezius LTrPs in both groups.
However, neither the ART or MET was found to be superior to the other.

PRE-POST CHANGES VALUES OF EACH GROUPS

Variable	ART	MET
CLF ROM	Pre: 5.21; Post: 6.31 (p ⩽ 0.001)	Pre: 5.68; Post: 6.56 (p ⩽ 0.001)
VAS	Pre: 6.78; Post: 6.37 (p ⩽ 0.05)	Pre: 7.21; Post: 6.65 (p ⩽ 0.05)
UTT	Pre: 14.87; Post: 13.14 (p ⩽ 0.01)	Pre: 15,13; Post: 14.38 (p ⩽ 0.01)

Sadria, G., Hosseini, M., Rezasoltani, A., Bagheban, A.A., Davari, A., & Seifolahi, A. (2017). A comparison of the active release and muscle energy techniques on the latent trigger points of the upper trapezius. *Journal of Bodywork & Movement Therapies, 21,* 920-925.

What is the importance of the fascia vasto-adductoria?

Elazab, E.E.B. (2017). Morphological study and relations of the fascia vasto-adductoria. *Surg. Radiol. Anat. 39,* 1085-1095.

4 - Measurements

The FVA of 40 thigh specimens (15 embalmed, 5 fresh tissue) from human cadavers were dissected. The FVA was identified and its shape, borders, attachments, direction of fibers, and structures piercing it were reported. The length, width, and distance between the proximal and distal limits were measured.

3 - Study Objective

The aim of the study by Elazab (2017) was to describe the morphological factors of the FVA and to explain its neuromuscular relations.

2 - Why Study the FVA?

Neuromuscular entrapment within the AC may affect many clinical conditions for cases of medial knee or leg pain and/or ischemic symptoms of the leg.

1 -Terminology

In 1939, Callander described the vastoadductor membrane (VAM) to be a deep fascia layer that roofs the adductor canal (AC). He named it the fascia vasto-adductoria (FVA).

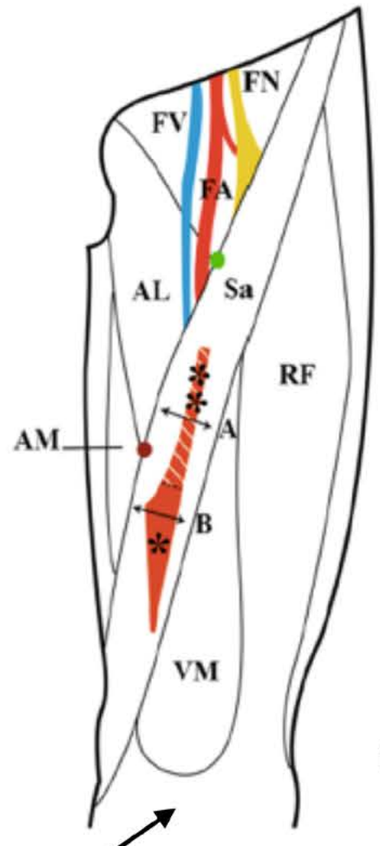


Illustration - p.1087 from Elazab (2017)
Asterisks = Proximal & distal FVA
Arrows of A & B = Adductor canal

5- Results

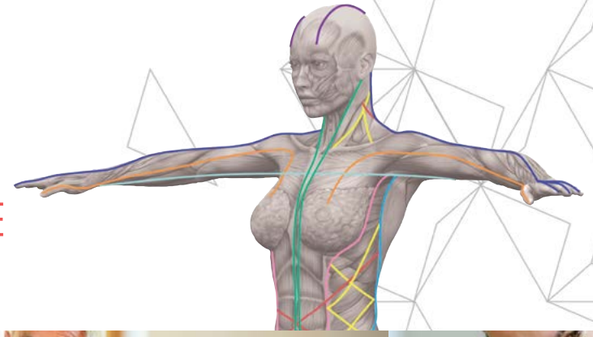
The FVA was observed as a continuous subsartorial fascia that went the length of the AC and extended between two points lying a mean distance of 25.6 and 7 cm proximal to the base of the patella. The FVA was divided into a 'proximal part' (thin quadrangular) and 'distal part' (thick, pentagonal vastoadductor membrane - VAM).The proximal part went across the vastus medialis (VM) and adductor longus (AL), attached to the wall of the femoral artery and overlaid the femoral vessels and saphenous nerve (SN). The VAM went across the VM and both the AL and adductor magnus (AM) and overlaid the SN and its subsartorial and lower medial femoral cutaneous branches and femoral vessels.

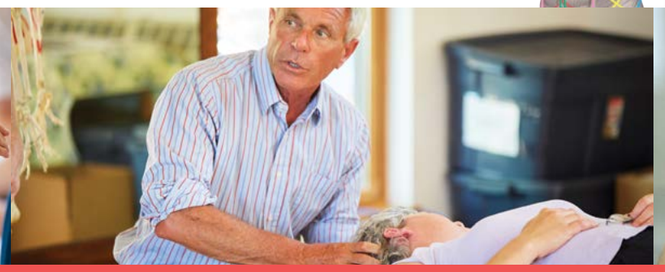
6 - Discussion

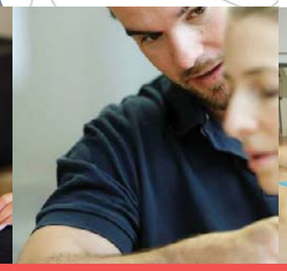
Knowing the morphology of the FVA and VAM is an important issue for many therapists when observing cases presented with knee or leg pain, as it can be a potential cause of neurovascular compression. The VAM has an anatomical connection with the VM and AM muscles. This finding may help to observe the role of the VAM as a pulley to increase mechanical efficiency of the VM oblique muscle to maintain the knee extensor mechanism.

ANATOMY® TRAINS

EUROPEAN COURSE SCHEDULE 2018/19







Tom Myers Author of Anatomy Trains

European Courses – 2018/19

Date	Course	Location
2018 – Anatomy Trains Stucture and Fuction		
31 Aug - 02 Sep	ATS&F	Stockholm
07/08/09 Sep	ATS&F	Geneva
14/15/16 Sept	ATS&F	Oslo
27/28/29 Sep	ATS&F	Oxford
05/06/07 Oct	ATS&F	Amsterdam
09/10/11 Oct	ATS&F	London
12/13/14 Oct	ATS&F	Ljubljana
19/20/21 Oct	ATS&F	Budapest
26/27/28 Oct	ATS&F	Bergen
09/10/11 Nov	ATS&F	Clare
23/24/25 Nov	ATS&F	Paris
23/24/25 Nov	ATS&F	Soborg
23/24/25Nov	ATS&F	Split
30 Nov - 02 Dec	ATS&F	Antwerp
2019 – Anatomy Trains Stucture and Fuction		
08/09/10 Feb	ATS&F	Amsterdam
08/09/10 Feb	ATS&F	Ljubljana
08/09/10 Mar	ATS&F	Zagreb
22/23/24 Apr	ATS&F	Vienna
14/15/16 Jun	ATS&F	Antwerp
05/06/07 Jul	ATS&F	Clare
06/09/08 Sep	ATS&F	Amsterdam
20/21/22 Sep	ATS&F	Vienna
29 Nov - 01 Dec	ATS&F	Antwerp
2018 – Anatomy Trains Structural Integration II (formerly SBCM)		
01 - 11 Nov	ATSI II	Amsterdam
2019 – Anatomy Trains Structural Integration II (formerly SBCM)		
07-11 Mar & 13-17 Mar	ATSI II	Dortmund
04-15 Aug	ATSI II	Espoo
2018 – Anatomy Trains BodyReading 101/102		
06/07 Oct	BodyReading 101/102	London (TBC)
17/18 Nov	BodyReading 101/102	Zagreb

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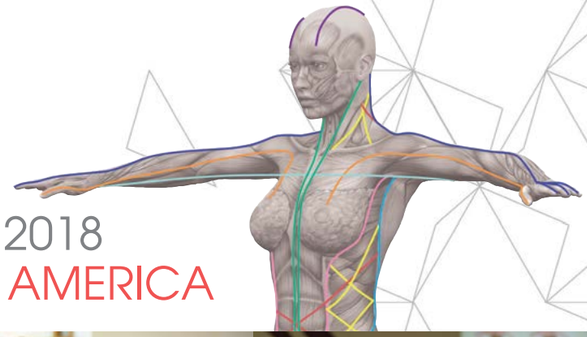
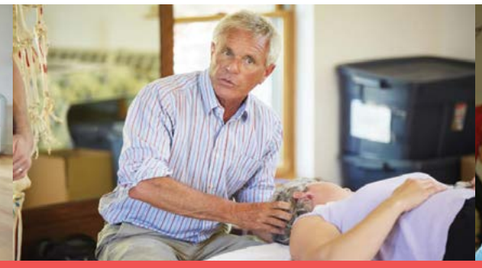
Date	Course	Location
2018 – Structural Essentials		
03/04/05 Aug	Arches & Legs	Espoo
25/26 Aug	Tensegrity Spine	Torun
31 Aug - 02 Sep	Arches & Legs	Oslo
07/08/09 Sep	Shoulders & Arms	Amsterdam
07/08/09 Sep	Arches & Legs	Torun
14/15/16 Sep	Shoulder & Arms	Oxford
14/15/16 Sep	Abdomen, Chest & Breath	Zagreb
21/22/23 Sep	Fans of the Hip	Dortmund
29/30 Sep	Shoulders & Arms	Torun
05/06/07 Oct	Arches & Legs	Geneva
06/07 Oct	Head, Neck & Jaw	Oxford
13/14 Oct	Head, Neck & Jaw	Amsterdam
19/20/21 Oct	Abdomen, Chest & Breath	Dortmund
26/27/28 Oct	Fans of the Hip	Espoo
09/10/11 Nov	Fans of the Hip	Geneva
09/10/11 Nov	Fans of the Hip	Oslo
10/11 Nov	Head, Neck & Jaw	Torun
17/18 Nov	Tensegrity Spine	Dortmund
23/24/25 Nov	Fans of the Hip	Torun
01/02 Dec	Tensegrity Spine	Zagreb
07/08/09 Dec	Abdomen, Chest & Breath	Geneva
08/09 Dec	Shoulders & Arms	Dortmund
14/15/16 Dec	Abdomen, Chest & Breath	Espoo
2019 – Structural Essentials		
18/19/20 Jan	Abdomen, Chest & Breath	Oslo
26/27 Jan	Tensegrity Spine	Espoo
29 Jan - 03 Feb	Arches & Legs & Fans of the Hip	Budapest
01/02/03 Feb	Arches & Legs	Zagreb
01/02/03 Feb	Fans of the Hip	Clare
22/23/24 Feb	Shoulders & Arms	Zagreb
09/10 Mar	Tensegrity Spine	Oslo
22/23/24 Mar	Abdomen, Chest & Breath	Clare
29-31 Mar	Arches & Legs	Amsterdam
05/06/07 Apr	Head, Neck & Jaw	Zagreb

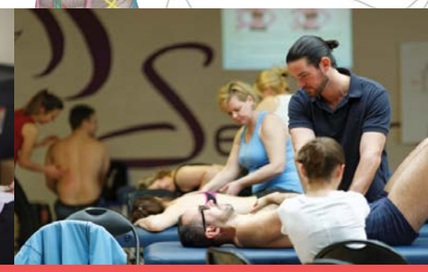
Date	Course	Location
2019 – Structural Essentials – Continued		
06/07 Apr	Shoulders & Arms	Espoo
26/27/28 Apr	Arches & Legs	Ljubljana
26/27/28 Apr	Fans of the Hip	Zagreb
04/05 May	Tensegrity Spine	Clare
15 - 19 May	Abdomen, Chest & Breath & Tensegrity Spine	Budapest
25/26 May	Head, Neck & Jaw	Espoo
01/02 Jun	Shoulders & Arms	Oslo
08/09 Jun	Shoulders & Arms	Clare
21/22/23 Jun	Fans of the Hip	Amsterdam
31 Aug/01 Sep	Head, Neck & Jaw	Oslo
07/08 Sep	Head, Neck & Jaw	Clare
13/14/15 Sep	Abdomen, Chest & Breath	Amsterdam
25 - 29 Sep	Shoulders & Arms + Head, Neck & Jaw	Budapest
11/12/13 Oct	Arches & Legs	Clare
09/10 Nov	Tensegrity Spine	Amsterdam
2018 – Anatomy Trains in Motion/Slings		
27/28/29 Jul	ATIM	Warsaw
17/18/19 Aug	ATIM	Bern
31 Aug - 02 Sep	ATIM	Lisboa
29/30 Sep	Slings Essentials	Dortmund
01/02/03 Oct	Slings in Motion I	Dortmund
19/20/21 Oct	ATIM	Madrid
19/20/21 Oct	ATIM	Moscow
25/26/27 Oct	ATIM	Bern
26/27/28 Oct	ATIM	London
23/24/25 Nov	ATIM	Prague
2018 – Anatomy Trains in Training		
17/18 Aug	ATIT PT 1	Espoo
26/27 Aug	ATIT PT 1	Espoo
06 - 09 Sep	ATIT	Amsterdam
28/29 Oct	ATIT PT 2	Espoo
11/12 Nov	ATIT Pt 2	Espoo
2019 – Anatomy Trains in Training		
28 - 31 Mar	ATIT	Antwerp
5 - 8 Sep	ATIT	Amsterdam

ANATOMY® TRAINS

COURSE SCHEDULE 2018 NORTH AND SOUTH AMERICA







Tom Myers Author of Anatomy Trains

North and South America Courses

Date	Course	Location
Jan 12-14	ATS&F	Lancaster
Jan 26-28	ATiM	Tempe
Jan 30-31	Slings Essentials	Tempe
Feb 2-4	Slings in Motion I	Tempe
Feb 10-11	AT Movement	Burlington
Feb 16-18	ATS&F	Edmonton
Feb 19-21	ATSF	Honolulu
Feb 22-23	SE: A&L	Honolulu
Feb 24-25	AT Movement	New York
Mar 2-4	ATiM	Honolulu
Mar 2-4	ATS&F	Peterborough
Mar 2-4	AT Movement	Newton
Mar 3-4	AT Movement	Clarence
Mar 3-4	AT Movement	San Mateo
Mar 9-11	ATS&F	Nashville
Mar 10-11	AT Movement	Stamford
Mar 17-18	AT Movement	Vancouver
Mar 23-25	SE: ACB	Arlington
Mar 23-25	ATSF	Asheville
Apr 6-8	ATSF	Atlanta
Apr 13-15	ATS&F	Portland
Apr 13-15	ATS&F	Fullerton
Apr 14-15	ATiT	Lowell
Apr 19-20	ATiT	Boulder
Apr 21-22	ATiT	San Mateo
Apr 26-29	ATS&F	Bristol
Apr 26-29	ATS&F	Rio de Janeiro
Apr 28-29	BR 101 & 102	Peterborough
Apr 30-May 1	SE: S&A	Rio de Janeiro
May 1-3	ATSF	Milwaukee
May 4-6	ATSF	Newton
May 18-20	SE: A&L	Nashville
May 18-20	SE: A&L	Portland
May 18-20	ATSF	Vancouver
May 19-20	SE: Tensegity Spine	Arlington
May 19-20	AT Movement	Chicago
May 19-20	AT Movement	Lancaster
Jun 1-3	SE: A&L	Atlanta
Jun 1-3	SE: A&L	Peterborough
Jun 8-10	Anatomy Live Expanded	Boulder
Jun 9-10	AT Movement	Rochester
Jun 22-24	SE: FOTH	Nashville
Jul 14-15	AT Movement	Peterborough
Jul 27-29	ATSF	Arlington
Aug 24-26	SE: A & L	Newton
Aug 24-26	ATS&F	Austin
Aug 24-26	SE: FOTH	Atlanta
Aug 24-26	ATS&F	Nashville
Sep 7-9	ATSF	Walpole
Sep 14-16	SE: FOTH	Portland
Sep 16-18	ATS&F	Fullerton
Sep 15-16	BR 101 & 102	Newton
Sep 15-16	SE: S & A	Arlington
Sep 21-23	ATS&F	Buffalo
Sep 22-23	BR 101 & 102	Indianapolis
Sep 26-29	ATS&F	Rio de Janeiro
Sep 28-30	SE: FOTH	Peterborough
Sep 28-30	ATS&F	Saskatoon
Sep 30-Oct 1	SE: HNJ	Rio de Janeiro
Oct 4-6	ATS&F	Salvador
Oct 5-7	SE: ACB	Nashville
Oct 5-7	ATS&F	Waldoboro
Oct 12-14	Yoga Workshop	Washington DC
Oct 12-14	SE: ACB	Portland
Oct 26-28	ATSF	Newton
Nov 2-4	SE: ACB	Atlanta
Nov 10-11	SE: Tensegrity Spine	Nashville
Nov 10-11	SE: T Spine	Portland
Nov 16-18	SE: FOTH	Austin
Nov 17-18	SE: HNJ	Arlington
Nov 30-Dec 2	SE: FOTH	Newton
Nov 30-Dec 2	SE: A & L	Rochester
Dec 14-15	SE: S&A	Nashville

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For further information and to register:
E: info@anatomytrains.com T: 888-546-3747

Advanced Courses

Walpole Maine

Movement Immersion	Ian O'Dwyer, Tom Myers	July 6th - 8th
OD on Movement	Ian O'Dwyer	July 9th - 10th
Zoga	Wojtek Cackowski	July 11th - 13th
The Embryo in Us	Jaap Van der Waal	July 18th - 21st
Breath and Bliss Immersion	Jill Miller	July 22nd - 24th
Aston Postural Assessment	Judith Aston	July 25th - 27th
Balancing the Face for SI	Lauren Christman	July 28th - 30th
Bone Work	Sharon Wheeler	July 31st - Aug 4th
Advanced SI – Closing a Session	Liz Stewart	August 5th - 7th
Upper Extremity	Ron Murray	August 8th - 9th
Movement Immersion	Tom Myers	August 10th - 12th
ATSI Advanced Part II	Tom Myers	August 13th - 15th

Fascial Dissection with Tom Myers

Tempe, AZ	January 8th - 12th, 2018
Tempe, AZ	February 5th - 9th, 2018

Anatomy Trains Structural Integration Certification (ATSI)

Part One: Structural Essentials
September 7th - 9th: ATS&F (pre-requisite)
September 11th - 27th: Structural Strategies
(days off September 16th & 24th)

Part Two: Structural Strategies
October 29th - November 9th (days off November 3rd - 4th)

Part Three: Structural Integration
March 25th - April 6th (days off March 31st - April 1st)
April 29th - May 10th (days off May 4th - 5th)
June 4th - 15th (days off June 8th - 9th)


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