BIOELECTRIC FASCIAL ACTIVATION AND RELEASE: A BIOENERGETIC HOLOGRAPHIC APPROACH

AAA CONVOCATION 2013
MFR
AN EVOLUTION IN PROGRESS

• 1980s Chila/Ward/Peckham
  – Biomechanical model (Ward)
  – Big Bandage Fascial continuum model (Chila)

• 1990s Renaissance of Osteopathic Technique
  – Resurgence of Sutherland’s cranial and extra-cranial applications (CSF, Balanced Membranous and Ligamentous Tension)
  – Resurgence of visceral considerations
  – Expansion of percussion vibratory techniques and Breath of Life of Fulford
  – Renewed interest in lymphatic techniques
EXPANSION CONTINUES

• 2000s Integration of non-osteopathic constructs
• Bioenergetic model (O’Connell)
• Tensegrity concepts applied to OMT (Stiles)
  – Buckminster Fuller
• Holographic model (O’Connell)
  – New physics and metaphysics
  – Integrated structure and function
  – Refocus on homeostasis
HOLOGRAPHIC PALPATION MODEL

• Structure and function relationships
  – Relationships between the container, compartments and contents: Tensegrity, fluidity, visceral function

• Fascia as active, intelligent tissue
  – Homeostasis
  – Interface between internal and external environs

• Access through thoughtful, compassionate, intelligent palpation

• The whole is contained within the components and the components define the whole within the holographic being
3D TUBULAR THORACIC CAGE

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HOLOGRAPHIC PALPATION

• Fascia is holographic tissue
• Homeostasis is a holographic coordination of events and responses which resides in the fascia
• Intelligent palpation of holographic tissue allows for identification and assessment of function and dysfunction through,
  – the integrity, relationships and function of all structures,
  – the status and function of viscera and systems
  – the capacity of homeostasis to be activated and supported
HOLOGRAPHIC PERCEPTION

• To begin to perceive holographically
  – Hold an image of the anatomy to be examined in your mind understanding its relationship to the whole
  – Use the fascia as a portal of entry to the whole person
    • Accessed through the continuous holographic container connecting all structures and organs
    • follow the patterns of dysfunction created by alterations in structure and function
CORONAL VIEW

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SAGGITAL VIEW
THORACIC MRI VIEW OF SUPERIOR SURFACE OF DIAPHRAGM
SPECIAL CONSIDERATIONS

• TUBES/DIAPHRAGMS/LONGITUDINAL CABLES
• 2D/3D
• HOLOGRAM
TUBULAR STRUCTURE
COMPARTMENTALIZED CONTAINER
EXTREMITIES AS PERIPHERAL TUBES
Fascial Layers of Neck
Sagittal Section
Venous Sinuses of Dura Mater
Cranial Floor - Superior View
OPPOSING LONGITUDINAL ACTIONS
DIAPHRAGMS

- CONNECTORS
- COMPARTMENTALIZERS
- PRESSURE GRADIENT PRODUCERS
- ENTROPY AND ENTHALPY
- COMMUNICATORS WITHIN THE HOLOGRAM
RESPIRATORY DIAPHRAGM SUPERIOR SURFACE
POSTERIOR VIEW
DIAPHRAGMS: A HOLOGRAPHIC PORTAL OF ENTRY

• STRUCTURE
• FUNCTION
• HOMEOSTASIS
• PHYSICAL/EMOTIONAL/MENTAL/SPIRITUAL BODIES
VISCERAL CONSIDERATIONS

- Cardiovascular disease
- Pulmonary disease
- Gastrointestinal disease
- Lymphatic disease
- Neurological disease
- Visceral disease
- Endocrine/metabolic disease
CORONAL VIEW

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FASCIAL CONSIDERATIONS

• Diaphragms
  – Respiratory
  – Thoracic inlet
  – Pelvic floor
  – Tentorium

• Longitudinal cables
  – Pericardium
  – Pleura
  – Chest wall
  – Vertebra
  – Dura
THINK HOLOGRAPHICALLY
INTELLIGENT PALPATION
Heart in Situ
HEALING CONSIDERATIONS

• AWARENESS of the healing process
  – MAGNETIC/RADIANT healing exchanges

• POTENCY of the interface

• MINDFULNESS of diagnostic and therapeutic activities

• RESPECT for the patients control of their own healing process

• BREATH as physical to spiritual indicator, connector and activator
  – Accessed through the diaphragms
TREATMENT SEQUENCE

• INTENTION
  – TO ASSIST THE PATIENTS INNATE HEALING CAPACITY
    • Put our egos and expectations aside and approach with humility

• ATTENTION
  – Palpatory dialogue with the intelligent system
    • 2D, 3D and holographic considerations
  – Identify the primary dysfunction and its pattern
  – Choose appropriate technique/s for the dysfunction/s

• ACTIVATION
  – Apply techniques mindful of activating a homeostatic response

• RELEASE
  – 2D, 3D and holographic

• REASSESS
THE OLD DOCTOR PONDERS ON THIS ISSUE
INTRASTERNAL RELEASE

• Palpate the sternum and find any alterations in motion between the manubrium, body and xyphoid
• Place finger tips on either side of the dysfunction
• Rock the dysfunction in time with respiration for the release
STERNAL RELATIONSHIPS

Bony Framework of Thorax
Anterior View
TECHNIQUES

• Pelvic floor release posterior approach
  – Using the lumbosacral fascia as a sacral sling place a hand perpendicular to the long line of the sacrum
  – Place arm across the anterior pelvis and compress medially both ilia to release the sacrum at the SI joints
  – Follow the fascia posteriorly to the pelvic floor and release with respiratory assistance
SACRAL SLING
TECHNIQUES

• Pelvic floor anteriorly through rectus abdominus
• Place upper hand parallel to the pubic symphysis
• Place lower hand perpendicular to the long line of the sacrum
• Distract or compress the rectus fascia and follow onto the pelvic floor
PELVIC DIAPHRAGM
THORACIC INLET

- The handhold is designed to capture the whole thoracic inlet with contacts on the bony anchors to the inlet.
- Place your hands on top the patient’s shoulders with your thumbs pointing towards the spinous processes of C7 and T1.
- Anteriorly, your third and fourth fingers overly the clavicle with the tip of the fingers contacting the first rib and second rib.
- Place the index finger along the shaft of the clavicle pointing towards the sternoclavicular joint. Place the fifth finger laterally toward the acromioclavicular joint. In this position, relax the hands so that the palms overly and contact the tops of the shoulders.
THORACIC INLET
RESPIRATORY DIAPHRAGM
PELVIC FLOOR APPROACH TO VISCERA

• Pelvic floor fascial motion is important to the proper placement and function of the pelvic contents
• Congestion in all viscera is encouraged by a lack of tone and motion in this diaphragm.
• Access to all viscera and reflective fascia is available using the pelvic diaphragm handhold and approach
PELVIC DIAPHRAGM
PELVIC VISCERA RELEASE

• Bring your awareness to the fascial motion loop between the anterior and posterior fascial planes as they converge in the pelvic diaphragm.

• Traveling that loop, become aware of the motion and tension in tissues, allowing a three dimensional motion to occur between your sensing hands.

• Sense the placement of the prostate (or bladder, vagina, uterus or rectum) and the tension or ease in the fascia surrounding them.
PELVIC VISCERA RELEASE
CONTINUED

- Sense the placement of the viscera (prostate, bladder, vagina, uterus or rectum) and the tension or ease in the fascia surrounding them.
- Identify the pattern of motion ease and restriction.
- Choose a direct or indirect approach and with three respiratory cycles follow the shifting pattern as it releases.
- Maintain your awareness of the viscera while you allow both of your hands to move in response to the tissue tension changes as the release progresses with the three deep respiratory cycles.
- Remember that these motions may take different directions and traverse multiple viscera and are diagnostic as well as therapeutic.
- At the end of the release, return to neutral and reassess the motion pattern.
I’M WATCHING YOU!