

Please stand by for real-time captions.

Good morning, everyone. Thank you for joining us. The workshop will begin at 8:30. Please feel free to answer the Poll as you wait.

Looks like we have plenty online. Happy to hear where you guys are from if you want to tell a little bit about yourself. I will let you know about myself during the class. Nothing very interesting. Come online tell me where you are going, where you're coming from and what your interests are. Happy to hear that. We can put it on the chat if you want to use chat. Or if you get stuck, no biggie. I am prepping and getting ready. Just letting you know if you want to do that.

Just putting on some relaxing music.

Good morning, everyone who just joined us. If you want to take part in our poll, we will get started at 8:30 Eastern.

For those of you on, if you want to get some water as we want you to be well hydrated. Cheers to some water. Added to your coffee if you are drinking coffee. Just a reminder for people, looks like people our talking about having [Indiscernible]. Make sure to have your towels and skin lotion and that way you are ready for the next steps.

Good morning. For those of you who just joined us please take part in our poll. We will be starting in approximately five minutes. Thank you.

Good morning those joining us. Please take part in our poll and we should be starting in about one minute.

Okay, so it looks like it is just a 30:00. Would you like me to start with a housekeeping?

Go ahead, please.

Thank you all for joining us for this workshop. This session is being recorded. If you have not already done so, please mute your microphone until the discussion section. During the discussion section you can unmute your microphone and turn on your Webcam. The plenary session has been prerecorded and posted on the Pain Skills Training website, along with the sign-in sheet and questions that must be completed and returned to receive your credit CME/CNE. The presentation, handout and the sign-in sheet are located in the files section of the left-hand side. Please remember to download, sign and return the sign-in sheet if you would like CME/CNE credit. Following the training you will receive an e-mail survey evaluation. Your answers are invaluable to the future funding and planning of the Pain Skills Training session. In addition, in addition to training service evaluation there will be a survey to complete within the Navy CME website. [Indiscernible] survey from our program and the survey from CME are two different completely items. For CME/CNE it can take anywhere from three weeks to four weeks for you to receive your credits. Once your credits have been assigned you will receive an e-mail from the system to complete the CME survey. You will need to complete the survey in Navy CME in order to receive your certificate. Please make sure you do

this. If you are having trouble viewing the slide presentation or with your audio, please exit out and come back in. The presentation is also located in the files section. Now, I would turn it over to Dr. Passamonti.

Great, I am trying to see what we've got. If you have not said who you are trying to get an idea of the people we have in this class. I think we have a pretty good mix. With got quite 27 answers for everything. I'm also trying to see what people are using for their ball so I'm aware and preferentially use different ones if we have people with those kinds. And then also some people must be [Indiscernible - muffled] for other things. Just getting an idea of what is going on. I am going to go ahead and end of the poll. All right, so, welcome. I really appreciate you guys spending your time this morning with me. I'm hoping I can really share and make you really happy and curious about learning more about fascia. It's an amazing topic and it is exploding in terms of what we are learning about it. Also as you will see the other [Indiscernible] has a lot of things going on but there's a lot more to learn and really this is going to drive medicine in the next century. This first is the title. Also, I want to give credit to Patrick Sonnenberg who was unable to attend this year and double to use his slide. [Indiscernible - low volume].

He has gone to work for the VA now. I want to give them credit for that. Disclosures, I am going to be mentioning now that I do not have any financial relationships here. I learned that when Dr. Spevak trained us for a long full day session down in San Diego six years ago almost. It was so amazing to me and I wanted to learn more about it. I'm going to share some of the techniques and some of the ways that looking at the body which I think are helpful and useful, going forward hope they contribute for a way for you to not only think about fascia, but also talk to your patients about fascia and how it can help them.

Disclaimer, these are my opinions. They are not opinions of the Army/Navy/Air Force, Department of Defense or the U.S. Government. This is Who I Am. I am an internal medicine doctor at Walter Reed Army Medical Center. In the last since 2003 when I came back from [Indiscernible] I was taking care of all of these soldiers that were entered and returned back. Since then that is been part of a log of what I have been doing. I've been working at Walter Reed at the transition unit and have been there for the last 12 years. As I told you before I became interested in MELT and have been in the mid-education process in MELT at different levels of MELT. I'm a level two MELT instructor. If you look into it's really cool. Go back is Medic and -- neural fascial something before Pankow which aids the body's natural abilities to heal injuries, reduce pain and improve function of the fascial system. It's a clinical tool and [Indiscernible] make available for everybody. Military background listed as a medic in the Army reserves and joined while in college and went to med school under the [Indiscernible - low volume] program. Even though I got out 251,022. Military as part and parcel of Who I Am. [Indiscernible - low volume] and I really want to make sure we are helping out soldiers as best as we can. Really try to give you a different model to think about to help are soldiers because they need it. [Indiscernible - low volume]. Patrick has a lot of experience [Indiscernible - low volume].

Approximate schedule, first hour everyone grab your water and hydrate a little bit. Your water drink and fresh. [Indiscernible - low volume]. Start thinking about things and how to prep. We will go over the cases at the end. We will go over the Instrument Assisted Soft Tissue Mobilization. I do we will take a major break and then we will go over a few other things and discussion of cases and additional fascial techniques to show you.

Overall goal, I want you to think globally about the body. Someone comes in with an elbow issue or issue in their hand, I want you to not only think about the hand but think about the whole part of the body related. Also, if someone comes up with a shoulder issue, what you to take a look at the rank all. Are they having a go issues? Did they spread there a little while ago and it did not get better and now they are compensating and the rest of their body? Whether you are seeing soldiers or seeing [Indiscernible - low volume], older patients or significant others with medical issues is the same. They are codependent on other things. That [Indiscernible - low volume] for a few days to be related to other [Indiscernible] of the body. Of course, as you get older systemic pain can be more complex. If you think global you want to go wrong. If you just think local, you may solve the problem temporarily but well not solve the underlying issues. Lastly, I want you to become healthcare educators, okay. Our jobs are to take care of soldiers, airmen, Marine and [Indiscernible - low volume].

Help them stay healthy. Help them as much as possible. Help them from overtraining too much. We're not only here to solve issues but we are here to help educate them and keep them from hurting themselves and keep them healthy. That's part of I want -- part of what I want you to get out of this today.

What can I do for the fascial issue? My recommendation is [Indiscernible] skeletal. It's over. If you did not get the memo, just stop using it. It's old-school. It does not quantitate what is really going on in the body. The research is out there and unfortunately is still in the research community and nodded med school some things. Now DO's and MDs, so, the MDs, I am an MD and have to play catch-up on this. The bottom-line is under still came up with the philosophy a hundred years ago on how the body works at the bottom-line is most of the stuff we talk about right now is being proven. That thought he was crazy. [Indiscernible] and half of the stuff going on but now with all of the technology we are seeing this stuff is actually happening. It's going to revolutionize medicine. I think even for DO's top because, although they've always had a handle on this I think it's going to really expand on what we really know [Indiscernible - low volume] because I think bodies are much more powerful [Indiscernible - low volume].

I think you should be excited about this.

[Indiscernible] is old-school and not indicative of what is going on in the body.

Some cases to start thinking ahead about things. This should be pretty common stuff for most of you guys. 37-year-old male left AC joint

reconstruction. He went through surgery and completed rehab. The orthopedic said, your soldier is fine. The surgery worked, it's great. But the soldier was not happy, and he had a lot of decreased range of motion. The question is, when you're looking at that, what is going on? What needs to be done for this person?

The next case is Mr. Brown. 41-year-old male with history of falling off a cliff on hiking. He suffered multiple traumatic injuries. Fractures, compression fractures, transverse process fractures, basically his whole body was messed up. 'S issue that he came to me for specifically was the problem with his knee range of motion. He was only getting about 90 degrees of motion. Although having physical therapy he was not moving [Indiscernible - low volume] and said he could not move it any further.

He was very active [Indiscernible - low volume].

Ms. Long worked as a no ARTEC with chronic severe plantar fasciitis in a chronic back pain. She had MELT cell treatment for her feet and had a positive visit. Next, she reported her pain worsened. [Indiscernible] whatever techniques you do. She goes on, transit out in either it doesn't work, or it makes things worse. It's something to think about with anything. We will spend more time on this when we return to this page.

Captain Howard is an infantryman with bilateral compartment syndrome. Post bilateral fasciotomy's top mild drop foot and history of knee and mild back pain. He was doing okay with physical therapy, but he was still having ongoing problems with pain. The question is, what can you do to help this person? Again, trying [Indiscernible - low volume] because there's lots of things. Skyler had recent femur fracture. He was only two weeks out from surgery but was having a lot of swelling, and pain and we want to know what we can do. Obviously talking about physical modalities here because [Indiscernible] modality [Indiscernible - low volume] but we talked about physical modality instead of medication to help this person. I don't know if you have ideas for that, but I have wonderful ideas to share with you later.

And lastly, Specialist Brooks, he had acute injury, ACL injury. He had therapy and had a repaired. He was on target or early with his physical therapy goals, but he comes to me [Indiscernible - low volume] and still had chronic knee pain. He said prior to surgery he had it and always had it. Just a little extra history again. He had played a lot of Rugby and also soccer. Why is he having this knee pain? It's not really necessarily due to surgery because he [Indiscernible - low volume]. What can we do to help?

From a soldier standpoint and [Indiscernible] for anyone Special Forces top doing a lot of running around, walking and [Indiscernible]. There was a knee pain and back pain. That will never tell you that because their like, of course I got knee pain. Of course, a guy back pain. We all have it. They assume that everyone Scott that. They don't even tell you about it. I think there's a lot more out there [Indiscernible - low volume]. Here is the first question: What is Fascia? I looked this up last year for my class and I noticed we were having a research conference. Everyone was looking at redefining the definitions and a lot of recent definitions

out there. There is nothing out there [Indiscernible] so there's not been much movement since the research was done from the society last year. The bottom-line is there are two definitions. First it will be what a fascia is called. From that standpoint they are anonymous because they want to know how to think about it from an anatomical definition. That's helpful for those who are doing biopsies, dissections and things like that so they can have a uniform way of thinking about it. Aggregation. Connective tissue, [Indiscernible - low volume] from internal organs. Not very practical for us. So then, they come up with the term social system. That musculoskeletal system. I will say that a thousand times today and hopefully no one has to here at another time and [Indiscernible - low volume] vocabulary. The fascial system as mentioned three-dimensional continuum of soft, collagen containing, loosen dense fibrous connective tissues that permeate the body. It incorporates everything she's got [Indiscernible], joined, ligaments, meninges, [Indiscernible], all intermuscular connective tissues including Indo/peer he got [Indiscernible - low volume]. A fascial system surrounds, interweaves between and enter penetrates all organs, muscles, bones and nerves and fibers endowing the body. I am going to go to a website that I will show you in a moment to give some images to think about this, and we are connected from our skin to the rest of our body. We are interconnected all the way through everywhere, deep into our organs. The fascia is an integral system. Communicates, there are Specialist areas and organs, but it all communicates through this system, are body. Just want you to think about that.

I am going to go to top Holly, can you go too, share my screen, please?

Okay, so I want to tell you right here this is a great site. It is GilHedley.com. He's got some cool videos that I will show you here for a minute. -- Gil Hedley.

This I will show you. They took up a layer and I was show you where that comes from. What they did is they took they were able to take up the whole layer of fashion tissue off this person. You think that said. There's multiple more layers going down even here. Before I go back to that we will go over here. Gil Hedley is almost a poet. The way he expresses himself pretty wonderful. There you take a look at the cantaloupe then take a look at the skin. There are echoes in nature between all of this. Here he talks about between the tissues, that this is all of the interconnections. These [Indiscernible] fiber the microvascular of things connecting us. Just showing how many layers of tissue this is. This stuff right here, and it's really important for you to see that. It's super strong. Our subcutaneous fat is interwoven with fascia. It's super, super strong. We will talk about that later but, there is that picture. Then I want to go down to, you can see here all of the different, see, you got lines not only up and down. This year Ilyas [Indiscernible] but look at the lines that go this way. It's cross tension to help distribute things. We're not just the way we think. So, even though we think this way look at all of the cross levels of connections that are going sideways, and that's really important to think about. Here you see this here. Wonderful things on his website. They are there to take a look at. He has training programs if you want. This is really important. I'm going to be talking about this more and I don't

know if any of you have done [Indiscernible] work on neurological issues, but basically talks a lot about the core. There is a [Indiscernible] shaped core, multiple layers collect three different layers. There is a layer that connects globally, than some players then these layers here. This is just like an egg-shaped kind of overall cover. It goes underneath the diaphragm. There is a layer that goes over. There's also a letter that goes underneath created like an egg shape under our diaphragm through our pelvis and up. I will be getting into that. But then also talks about the layers coverage over the fascia that covers the brain. Here you see basically all of the lining of the fascia that covers are spinal cord. There is fascia everywhere. We are interconnected with this. It's important to know those connections of these are preserved specimens so they look a little dry of them fresh specimens so they look a little different. We outro 24 through our fascia. This is what I wanted to show you. They are putting 40 pounds of pressure. This is a 40-pound block for subcutaneous fat tissue. This is how strong it is. You think that is nothing, but fat has layers and layers. He is going to be lifting this just to show you this. Take a look at that. That is 40 pounds. Fact that people think that is nothing but, what is it? There it is. This is a pressure type of tissue that obviously it's got incredible strength. Understand that it's not just Marshall Does muscle. Take a look at this that is happening. We'll go back to the slide presentation.

I hope that piqued your curiosity there. Again, it is GilHedley.com. If you want to go into that. Faster, can I simplify that? Obviously, that's a whole mouthful to tell you cases about the. I tried to create a little bit of a simplified way to think about things. Feel free to edit it, too come up with your own system as you move through. E-mail me if you have better ideas down the line. This is something I came up with. I'm not 100% satisfied with it but it's a work in progress. Let's put it that way. But I think my goal was too kind of make things as simple as possible. There is Airmen, Marine, semen. Seamen we want to communicate quickly and effectively and do not want to bore them. We want to get the message across very quick in a way they can understand it and maybe it will help them down the line. Fascia, one of the things is it's a communicator. We communicate through fashion. There is [Indiscernible] medicine that talks about how it communicates through vibrational frequency, but there is multiple ways our body communicates. We also have repair mechanisms. We talk about Fibroblast which [Indiscernible - low volume]. Then we have scaffolding, collagen creates scaffolding through [Indiscernible] that not only creates scaffolding it also creates messaging to our body through scaffolding. They create [Indiscernible] for fluids between our tissues. And then we require hydration to work. This is a reminder to everyone. Take a drink of water, take a drink of water.

I will tell you one thing, drink all of the water you want but if you don't do the right hydration techniques for your body it's not going to get to where it needs to go and we will be talking about that. Embryologic Lee, with the profession being mesoderm and connective tissue. It's a large percentage of liquid. 60% to 70%. It's amazing we are actually able to stand up given how much liquid we have. 40% of the fluid is within our cells, 20% is in the Extracellular Matrix and pretty solid. There's a lot of structure [Indiscernible - low volume]. Fascia

layers are extremely strong. You saw the picture of the guy lifting. I hope that gives you that wonderful image of subcutaneous fat is not just there. It's true, when you got more and more extra fat, that's what you've got, but people are having issues. The subcutaneous fat layers that cover our body and take 40 pounds of intentional energy. That is what I was showing you with the video, pretty cool. The fascial communication system. Thinking is the fascia is where we get our [Indiscernible]. Summer in the fascia layers. McKenna receptors tell us what is going on. They respond too [Indiscernible] tissue through manual therapy, and [Indiscernible] central nervous system response. A push on here and here and not only about working through the central nervous system. That's what you've got to think about. When you get injuries there not just isolated to one spot. They are impacting are nervous system. The sensory nerves permeate into the fascia. That's what makes are hands and feet sensitive. It's like an integrated circuit into fascia. [Indiscernible] all nerve endings. Just remember one of the things is to think about the muscles. I did not put it in my slides because I don't on the picture, and I did not put it there. [Indiscernible - low volume] in articles that I sent. We have multiple like each little, tiny spindle of fibrous tissue, each little spindle is surrounded by fashion. All of this make the muzzle. The Bausell are made up of multiple spindles surrounded by muscle cell. Surrounded by fascia layers like a giant cable. You got a cable going from here to [Indiscernible] but there is little [Indiscernible] and there. All Inhalation you can think about that. That is what muscles really are. As [Indiscernible - low volume]. In the muscle cell said, it's really hard sometimes to tell where the muscle and the fascia start. I just wanted to let you know that. Even a guy who spent his whole life on muscle, treating trigger points and muscles are telling us from the microscopic level it's hard sometimes to tell where the muscle cells and the fascia starts. Putting that out there. The other thing is the highest amount of [Indiscernible] RN fascia of all joints. What happens? You remove all of this tissue and everything around there. Everything gets disrupted. People get this [Indiscernible] joint don't know how to use it. Why? Because it takes time for all of those [Indiscernible] too start working together again. They have to get working together again we learned how that joint work. It doesn't have some of the internal ones within the joint, but the amazing thing is this is a wonderful the body is. It's by the fact we rip all of that stuff out and replace the whole joint with a new knee joint, are body in a year, takes about a year. Most people say and about a year we are doing a lot better. In a year they are walking and feeling great. I'm just telling you, usually [Indiscernible] write away better but from just getting used to the knee itself. In about a year they are doing fantastic with it. That just an amazing thing that despite the fact we put replacement joint and our body, the fascia can relearn and tell you whether the knee is working, even though a lot of the internal to the day, Mechanoreceptors, to 24 are no longer there.

Just want to keep thinking about those things. How does this communication occur? What is mechanical vibration? You feel it. Whether its bone conduction or feeling at through tissue but it has to go to the tissue first. Obviously, the tissue is conducting because you don't put anything [Indiscernible]. That's through your fascia. We can fill mechanical vibration. There is also [Indiscernible] which we will talk

about in a second. Basically, you have conduction from the fascia and it can be up to 500 times [Indiscernible] nerves. [Indiscernible] only about to do 100 meters. [Indiscernible - low volume] is critical to how things are. If you are in the theater in touch someone at the wrong time top maybe a horror movie and you touch [Indiscernible - low volume] is how fast and that what you think about that. It's in your fascial system because it's [Indiscernible - low volume]. Piezoelectric is that facial tissue that can generate an electric charge in response to mechanical stress. Basically. if a tissue changes shape through 50 Preston -- Fibroblast or collagen creates a charge an electric field which creates messaging. The other way to other tissues, tissues so more else is creating an electric field that can also generate mechanical stress on fascia, whether local or other. We respond to electric field which is also why microcurrent makes a difference because it is creating an electric field. It obviously is impacting are fashion. That is how it is communicating. [Indiscernible - low volume] but then have multiple [Indiscernible - low volume] downrange. Mechanical stress creates changes in financial system near and far. Very important. Literally we are just learning how this is working. Fibroblasts our medic. They can do a lot of different things. but they repair and regenerate the ECM. Therefore, we have within ourselves the repair system. We just need to help it along. Also make molecules and creates fibrous proteins, [Indiscernible] and [Indiscernible] pre-call things important for how we work. Mile fibroblasts. Boris is doing amazing work and research. [Indiscernible] lecture on research society. Too become a member of that you can get free lectures. He gives I wonder does wonderful lecture on Fibroblast. This is the real tension is good. They like stimulation. It's interesting fibroblasts like energy. Today and I don't know if you forgot this but bottom-line is you do tissue massage for to go parents -- trigger points. I don't like a lot. Overstimulation is not good. Basically overuse, injury. Said on your butt all day and you are creating a temporary compression of your tissue. Your [Indiscernible] doesn't like that. Sit on my butt and my butt is sore. Think about it is why we get up and walk around, stretch out and get ourselves moving because you need to get that tissue back functioning again. The fibroblasts adapt the morphology. Reinforcing stressed tissue and helpful. You do have changes in accompanying structure and aging. Good things and bad things.

Bottom-line is each organ system has its own Fibroblast. Your brain has Fibroblast. Kidney has Fibroblast, stomach, organs, tissues all have their own specialized fibroblasts. For the muscle tissue, for the heart. They all have the specialized fibroblasts, and each one makes specialized knowledge and. The collagen is specialized just as much is Fibroblast because it comes from a specific Fibroblast. I want you to think about that. Every single organ, every single tissue in our body has its own specialized fibroblasts which makes it collagen and everything else is Fibroblast [Indiscernible - low volume]. Collagen is scaffolding. Talk about eating collagen for nails and hair but really it's everything else. It's internal scaffolding in the body and critically important. The benefits of collagen it helps fibrosis. You get [Indiscernible - low volume] and get [Indiscernible] I want to heal that up. You want fibrosis to heal that up. If you get chronic fibrosis meaning you are a heavy drinker and insulting your liver, you know cirrhosis at that point in time it can get too much scarring of the liver. [Indiscernible] most

regenerative organ in the body, it well knows garbled does it when I go back to normal. Basically, too much fibrosis for it to go through. They have kidney fibrosis, [Indiscernible - low volume] with tissue issues. Like scleroderma. You know what happens of their all of the organs [Indiscernible - low volume] and there's this whole system gone crazy. That is the extreme. You also see a less severe levels. Collagen also has piezoelectric properties but also has photoconductive properties. You wonder why lasers work. People talk about mitochondria. I know that's part of it but also the protein itself is photoconductive Rick it's very cool. It may be responsible for [Indiscernible - low volume]. They get through your system through the photoconductive properties. Light conduction you get from that. That's pretty powerful. I don't think we're using that for the full effect. I think we need more research on that. That for too long we are thinking [Indiscernible] is a bad thing. [Indiscernible - low volume] not good. [Indiscernible] using for acupuncture points but I think we need a lot more research. [Indiscernible] medicine has come on board. We are on the extracellular level showing that it can work. We need to figure out what is going on.

Collagen and fibrosis: The good, the bad, and the ugly. Acute fibrosis after surgery not good, excessive fibrosis [Indiscernible - low volume] too make that... Patient does respond to energetic stress. We been talking about that, whether it's [Indiscernible] or other external things. Differentiate and response to electric field generation. If you have [Indiscernible] tapping down on certain things it will create [Indiscernible] change in the body and that area. If you do not fix it, it can create long-lasting changes. I don't think we fully understand what the changes are.

Most of you won't. I don't know that anyone [Indiscernible] taking the course but [Indiscernible] do amazing things. And the [Indiscernible] arena scar, scar pain and things like that. Some of the techniques I'm showing you today is all about helping out with that. Don't ignore scars. Scars when need to take care of. I will say right now it's really, really important. Tell your patients to's dark massaging and once it's no longer [Indiscernible] start working at. [Indiscernible - low volume] obviously and a little bit. [Indiscernible - low volume] over a long period of time [Indiscernible - low volume].

Putting it all together. We can bring you into the bigger picture. Are you in the zone? Are you balanced? I do want to say there is an emotional component to stress, physiological component to stress, neurologic component to stress. We have these stress is just multimodality. It does create issues in your body. We all know we get tight shoulders because we are emotionally upset. About is [Indiscernible] internal emotion system. You have a combination of that as well as it is a combination of an injury. We are efficient when stresses are, we can balance out stresses with ability to restore. When it starts change and we are not. Now, fascia and movement, I want to make this point out that, so you thought making a big deal out of those cross lateral fibers, remember that the cross lateral fibers that we had? Holly, just paying attention, can you go back to my screen? I want to make that 1 more time.

I just want to go back down there and just say, a gain, this is the IT band. You got these Big Bend here, but you got all of these crosses going on. This is important for what I'm going to say. Holly, I'm going to go back to, and here again, looks like the beds are going this way, lateral tissues here. Holly go back to the slide presentation, please.

The key thing is that the muscles [Indiscernible] into the skeleton as we kind of have been sort of will be [Indiscernible] that quit working but it's not. It's really that dependence that the fascia is causing this issue. You got tendons that go this way, the IT band. You got all of this contact going from side to side. That is what is creating the tension. The tension transmits laterally. I want you to think about, maybe this can make it easier and a little bit of a [Indiscernible - low volume] response. Think shock absorber. Shock absorber is like a piston thing for your car that goes up and down. And has [Indiscernible - low volume] too put a picture in here. There is fluid in there. There is shock system. There is coils are: That is important to keep the car from ruining the little ball joint that helps the tire go up and down. When that shock absorber is empty of fluid or it crashed because the spring no longer works you will have [Indiscernible - low volume] with a. The other thing is fascia is a fluid distributor. It helps distribute fluid to the tissues. When you are moving the key thing is that fascia is our critical, it's more critical for transfer than muscle. If you think of what a muscle is a muscle is layer upon layer upon layer a [Indiscernible - low volume]. With the muscle cells [Indiscernible - low volume]. Even a muscle, I want to say it's like more fascia than just muscle, but this spindle is surrounded by fascia. Muscle cells have fascia line in there. You have more muscle cells than fascia cells in general, but you got layer upon layer upon layer. You think of many, many gourds of fascia in your muscle is really what is going on there. If you've got dehydration in your fascia will not work as well because the fascia keeps everything sliding and moving across each other working better. That's why they call it the unsung hero. Thinking there's an important reason to do that. Talk about [Indiscernible - low volume]. The gist is the shock absorber. You got a tear in there. When I have a patient with Angio tears it's hard to [Indiscernible - low volume] the pain in their back. I don't know what it is about it, but they are not fun pick it's really important to deal with that, and there are some techniques and Michael time is a great way to handle that. There is another way to also help a patient with these things.

Inadequate or blocked flow. When you've got your flow not working and, again, another reminder. Drink a lot of water.

[Indiscernible - low volume] and you be about the same amount that you drink. As long as it's not like a triple shot of coffee or something.

When you our [Indiscernible] stress outweighs our ability to rest the repair efficiently. With emotional stress it could go in your body and can be overuse for a lot of military, because they our [Indiscernible - low volume] or whatever.

Hopefully in the Army the [Indiscernible] is going to help solve that because of the training. I think they said that it's helping with that so

it's pretty cool. Another wasn't doing a lot of setups? They are not helpful.

You can sometimes make things worse with certain activities. Keep that in mind, especially more perforated working with [Indiscernible]. [Indiscernible - low volume] and the other services we need to know. It's education too. We need to educate them to be smarter and better.

Came off a little quirky but I thought it was great. I thought it was a great way to think about it. You're looking at that and it's totally I look at that and go, I really want to straighten it out. Again, this is how we can, what can happen when we are not, when things are not working correctly, right. You talk about autopilot as a way to talk about your Internal System working together. I think it's a wonderful way to talk to military, talk to the people that we care for, because you want to make it as simple as possible. You want to be able to tell them, this is how to do it, quickly though, in words, because you cannot spend an hour lecture on what facial tissue is. They are going to be like how that went quite over my head. [Indiscernible - low volume] and a way to talk to them about it. You are trying to communicate between your different systems. This is a model of thinking about this but I like it and why I am sharing it with you. [Indiscernible] is a clinician and research and [Indiscernible - low volume] working on improving what she does. Autonomic nervous system, [Indiscernible]. Connective tissue system with hydration, helps communicate, extendable hands shock absorber. It all works together.

[Indiscernible] standing here. In my thinking about standing here? No. [Indiscernible] a little bit but understanding and standing here how am I doing that? Your whole system is automatically doing it. That's our autopilot. It's like are internal, we hit the autopilot button and it helps you stand without thinking about standing. Thinking about it but, honestly, I wasn't thinking about it when I was talking to you. We do a lot of things automatically and that's how the body does it. I also want to share another mother with you -- another model with you. We talk about domes and arches pick we also talk about spaces. Your [Indiscernible] would be the layer here. Space behind the neck is a space. The lumbar area is a space pick behind the knee is a space. Those spaces are also sort of critical areas that a lot of times get [Indiscernible]. If we are standing if you think about it and remember we talked about [Indiscernible] on the head. We had tissue here. We have like A4 head. Then we have our [Indiscernible]. We have the top of our diaphragm and the bottom of our diaphragm that make the initial part of the upper circle of the core. We have our public [Indiscernible] which makes the bottom part and then we have all our areas. What happens if your shock absorbers don't work? If all of the tissue around the thigh and the thigh bone are not working will they are going to transmit pain or stress if you were walking directly to the hip bone, directly to the knee bone, the ankle bone, knee joints will take that stress if you don't have shock absorbers system. That even goes into your back and other things. If one in the Navy taking care of Marines, I think of the soldiers all the time in the Army. If they are going out with heavy loads all of the time how are they decompressing at the end of the day? Do we give them tools for success? That is how we need to start thinking of our

soldiers in taking care of themselves. They [Indiscernible - low volume] all the time because that is what they do. We really need to think about helping them decompress on a regular daily basis in order to keep them healthy. I think [Indiscernible] is one way to do that. She has her way of thinking and I will go back to this. Reflective core, core, she talks a lot about needing a good court to stay well. I'm going to move out in a minute a little further.

Nociceptors

You have narrow core inefficiency when these things don't work so I will step back a little bit and see if we can get [Indiscernible - low volume] the bottom line is if you're standing here and as we get older we have weaker posture but if I have a big stomach because I have a hypo tone reflexive core, basically the circular area right here, with this area it becomes un-toned and were all our organs are so think about this, what happens to compensate that because we have to compensate for that and what her thoughts are in terms of her theory is we get increased tone at pier and our pelvic [Indiscernible] and the rest of our body to compensate for the hypo toned area here and then that is why people get shoulder and back pain and other things when they carry more weight and they have decreased tone and their central organ areas and something to think about and a different way to think about how the body compensate and while we get the secondary and basically when you have areas that don't work you get functional recruitment and your body communication [Indiscernible - low volume] and I think this is a wonderful way to think about it whether you use her terminology and if you think about it the body in this way I think you'll actually be very successful and at least looking at and helping to look at the root of the issue and it can be, you can have systemic issues going on or infection and like some stomach, systemic disease like Lyme disease and there are all sorts of ways in which these things can happen but rather than focus on the [Indiscernible] comes in think global with any type of military or other [Indiscernible] I think you will be better off in thinking about how things will impact what you are doing. So translating to illness and injury obviously surgery, surgery disrupts the fascia tremendously and it always will but it is necessary and you have, or whatever and you have surgery or something broken you had to get fixed and they trauma will make a difference. You will get a view acute fibrosis and immobile and other things like that and all of that will have to be worked on. So practically see and there are not as many trauma patients knock on wood, I will not, but that's a good thing but when they come in and they have trinity pounds in the best shape of my life and I get injured and get 50 pounds [Indiscernible - low volume] and it takes a lot of time to go back and if it takes time to get that so the compensation starts right away and the communication altars and I want you to think about that even though you get injuries in the total body, we just want to take a moment, I had a patient with a [Indiscernible] injury and he was not functioning and he had TDI, he had a [Indiscernible] that hit him into directions because he was standing at the door as the gunner and the blast hit and it was like a grenade that hit up into the rotor and threw him back. The problem is there was no, he, there was the door open on one side and the other door was not open until further down and the blast we came and hit him but

after hitting him it cast him hitting the back side of the Chinook and then [Indiscernible] so totally it [Indiscernible] him and he got an extra blast and as the Chinook is crashing down he is getting compressed again so he has multiple sequential concussions and we still don't understand how bad the blast injuries are for the soldiers because we cannot put our soldiers into that research, it is not good, but we know it impacts them differently than it does a regular concussion. His whole body was not functioning. You can go undo some swimming but those are large muscle movement but when it came to find movement or he was just come of course it affected him emotionally but there were other things going on, it was just, you know, he was not functioning very well. I think it can be partly because his communication system got disrupted but we don't know what the injury because it created an effect on his body and we are not fully understanding but when you get someone who maybe think on some level that everything is intact but they're not functioning well, just think about the blast because they can affect people and weird ways and it bounces off stuff and it can be the reason why someone is not functioning very well if you don't understand all of that and maybe it's affecting their communication system.

So translating to chronic illness and injury, the problem is working all the time any special forces person if they are carrying a lot of heavy loads it is causally compressed and compress and compress on the back order they doing at the end of the day or at the end of the two days if they are coming off of a three-day, what can they do to decompress their back and I think there are things that we can do to help them with that and I think that is what we need to come up with better ways to decompress after a day's work or working out and soldiers and sailors and airmen in the seamen they are all the ones that are really outgoing physical stuff they are NFL players and they have to be at peak fitness and if they are not they can do their job and then we lose them for that so it's important for them for us to be thinking about them that way and we need to make sure we are keeping them in that condition. Would like one is hydration and this is another reminder to take a drink. [Laughter]

Really multiple sips a day, there is a reason why [Indiscernible] works and the first time I saw a mass use of [Indiscernible] in a unit is one I went to Kuwait 2002 and I thought we would have a whole bunch of injuries because every time in the past in the field they had a lot of injuries but they issued everyone a Camelback and these guys were hanging out and not doing the right thing and had their shirts off and anything else but because they had that little thing there, even if they mix it with Gatorade or whatever they're doing, they were drinking all of the time and that is important in all day sips all day is better than giant gulps of water and that is a fine example that they did something really smart getting those because it makes it easy instead of having a huge canteen gift and hook, it takes a, it just takes way too long if you're in the middle of doing seven if you have the Camelback thing you got a sip and move along and I think it made all the difference and so when you think about stuff with the military and you are working, be creative and it is amazing how small things like that make a difference.

A really cool thing I want to give an example of how this works in elderly. I had a lady her hand was like arthritis and sing her in

Colorado she was dependent on opioids knows giving her regular acupuncture and that is when I first learned how to do MELT because the creator was MELT was giving a course in dinner and I was like you have a few days to take the course and they said yeah and so this lady she was like this from arthritis and I gave her the hand treatment and I thought for sure I would be lucky if it worked for her but literally she felt better right after I gave her the treatment and so you can tell with a hand like this, and I recommend you train people before you try to teach us up because you really need to learn the ins and outs how to do it and the other complications but it was amazing and even the lady was all gnarled up from rheumatoid arthritis and she got relief and it was hydration, it gives instant relief to the body so it is how you hydrate and we need to get better techniques hydrating the body and tissues and that way we can get patients relief in the military relief.

Ever said when they were not hydrated [Indiscernible - low volume.] I believe actually this is probably what causes a lot of problems and there is genetic and everything else and we have all seen where some people their back is fine and they have done a lot of stuff and other people there back are like it is for a 40 her six-year-old and part of it is if they are heavy drinking and doing other things which really impact their ability to compensate for all of the stresses they do and I think we can do a better job instructing patients and soldiers and airmen and [Indiscernible] and I think the ability to recover if you're doing this is going to be not good and I think that is how we need to talk about things like smoking and tobacco use and alcohol and there are a lot of reasons not to do it but I think if we focus on the fact your recovery while doing these things is not going to be good and given the example of a 25-year-old with an x-ray that looks like there an 80-year-old even though there may be other things going on, we all understand fully how it impacts but I guarantee that is probably related because we knew and alcoholics they are at higher risk of getting arthritis in [Indiscernible] and other issues like that so keep that in mind when you see your patience.

Scars and fascial flow, I think scars are important to look at. We will do a little hand treatment and I will show you some things how to do that but I will tell you a little scar that may look like nothing, you may find it is extremely hard to break up so I have had someone who had an arthroscopic scar maybe one centimeter in size and I did something called [Indiscernible] and we are not really gonna talk about that but I will give you an idea about what it is. I take a 27gauge needle with .25 lidocaine and go in and inject and I would probably go in to the scar and I have had scars that is one centimeter in size that literally [Indiscernible] the 27gauge needle so think about that I'm taking a 27gauge needle and I cannot break that scar of and have to actually go with a bigger needle to get the force and I am putting my full body weight through this little tiny scar and the guy has pain around the area and so you think there's blockage of flow around that and the fascia will create movement around there but obviously it was impacting and when I can break those up it does cause relief and I actually get increased range of motion for those who have had decreased range of motion with the scars. There are better ways to maybe go which I will telling you about today and I think [Indiscernible] and most of the time

now we talk about patients and I can make that work a lot better by putting a needle and they are like no dog I better not do that so they can be just as successful over time they just take a little longer but, just get that in your head the scar did not feel it was that hard, it blew my mind it was that stiff and hard to get through because it did not feel like it was flat and it looked small but the sucker was so tight it was obviously blocking and when I release the blockage and it got broken up their tissue functioned better and they got pain relief from it.

So fascial self-care as preventative medicine and I think I made this point a lot today in the manual therapy is effective for fibrosis and there is, it's a funny thing they are using a rat model because obviously you cannot do it on people like it is just not [Indiscernible] but they are using rats and doing maybe grabbing or something when they repeatedly grab or something and they duplicate a repetitive motion and [Indiscernible] getting massages in a specific way and those receiving the therapy had less changes than those without and if we find things to care for themselves we can reduce injury despite the fact they will have [Indiscernible] a Sergeant who wants him to over train or whatever and running so many miles a day we can help them with that and so the other thing is it was not mentioned on the slide with a mentioned [Indiscernible] was useful for helping decrease information, inflammation and we all know that you cannot take ibuprofen forever and I have had patients and I've had soldiers who came in to see me used to take Motrin like water and they are [Indiscernible] and their creatinine is 1.5 and it is chopped up a 25% of the kidney function already they do to survive but that's not a long-term fix and we know about the artifacts, and we keep finding other things long-term although it's a short-term fix and all for helping that and to offset severe cramping there are good reasons to use those but we know long-term they are not and so [Indiscernible] and the military there are different ways to address their overuse and treatment in a better way to prevent them.

Okay so now we will go to demonstrations and I will go ahead, grab your ball and we will go and work on this. So, take another sip if you are a little dehydrated. And I will show you the treatment.

We will go and switch over so you can see the monitor bigger. Take a look at this slide for just a moment, I'm sorry, switchback Holly.

Actually, I also want to show you a video because when I do it, I want you to have this image so Holly, go ahead and screen shared with me please.

Here we go. I am going to show you this, this is part of what we are going to do is like 30 seconds and we will do at some point a glide which is like a smiley face and you see she uses her middle finger to support that and I will show you here today because I will move the camera but this right here is the sheer where she shears on the thumb side and right here the thumb Pap and so what you saw was we are going to do a pushing on the different [Indiscernible] and why are these techniques, the bottom line is they created a thing where she does, and a lot of the techniques are called gliding and sharing in the gliding is

a movement but the whole point of what we're doing is to puff up your connective tissue and so I will talk to you about that a little more but you want to puff up the hand and get a bowl and move it through and why is that [Indiscernible] so the flow over the top your hand and if you look at acupuncture and on the background side of your palm up here, if you look at acupuncture meridian and you see the direction once they go that is pretty much consistent with a lot of the way the body flows and so if you want to know how micro parts of your body flow take a look at acupuncture system and she figured out the flow is here and when you, when she does the techniques here you puff up the hand and then what you are creating is all of the [Indiscernible] in the hand in the metric area, when you do a rents which I will show you, you go down the hand and basically what you are doing is leaving the fluid up your arm and creating movement in the fluid and the fluid is already moving you are getting it to be more efficient product but is what we're doing, reminding that body to do what it already does and giving it some help. And then here is the rents and I will show you this in person but just to show you that there.

Again, when we do the little, let me just so you the summertime, actually hold on. I just want to give you the videos to give you an extra thing in case you had difficulty because I love the fact she has a camera and so the glide part -- oops, I'm sorry. It is right here like that all right Holly you can go back to the slide on the presentation.

First go to the movement and just remember [Indiscernible - low volume] and I will do all of these for you but just kind of have that in your mind and we're going into movement. Everyone grab your ball and we had a lot of people with a [Indiscernible] ball or racquetball or tennis ball and I want to say, I want to show you one just the multiple they are like this small. What I like about these they are very squishy. Now if you get a MELT kit they come with other balls and I will show you this so you can see this is a hard ball you cannot squish and there's a hard ball and then a little ball little squishy ball which she does different things. So really cool for your patience at the bottom line you notice this ball is a lot more smaller and flexible than this but I did not want to make, I don't want to people [Indiscernible] and normally if you have a class in person not many people were coming to the class I could probably purchase, I could probably purchase balls for the class and I want to send them to you guys and say [Indiscernible] but they did not let me and so that is why we are using balls if you don't have a thumb roller.

I will show you with each of the balls, as you can see we will start with the hand treatment, the first thing we are going to do here is a, basically you want to get a back-and-forth movement in the finger in a normal movement to the finger but most of us have not done that before and so to move it push down in the push down with your first joint push down on the fingertip and if you have nails you can push a little flatter and that's fine and then you will be able to go straight down and then you push down with that first joint because you want to get that flip going so you do that for time so I recommend trying to hold the ball in the palm like that with two fingers and hold it against your palm and then push and then down so push and then down, three,

four, and then we will do each finger and the beautiful thing about this, if you have never done this with your fingers before, you're getting motion.

Now you may find and I can tell you when I first did this, I could not do it with my third finger and I could not do it with my fourth finger so if you find that, that is okay just push this down with your index finger with the other hand and when you come to your pinky you may find it is not really doing what you want it to do so push it down because you want to try and get the motion. And then with your thumb, just it is pretty easy with the thumb but this is again, it's movement going and start stimulating things and if you have pain in your arm a lot of times it can actually help relieve it so this is pretty powerful.

Now we will go to the other side and I will do it with the racquetball again, with the racquetball especially an old one that does not work very well and has lost it, again I'm holding hearing going here, if you want and you're having trouble you can recruit and it does work better with two fingers because when fingers work together they actually function better and again. It's the communication thing even the fingers like to work together, that is kind of funny right. Just four more times back-and-forth, back-and-forth, getting the range of motion in the fingertip and if anyone is getting thirsty take a drink of water. I am getting thirsty this is making me thirsty and my body is getting tired during that but I will do this again where I just went right to this but I want to take a moment for one thing and before we go through the rest of it I want you to take in grip your ball whether it is the racquetball or your lacrosse ball and grip and see how heavy it is and see your arm and shoulders we are doing [Indiscernible] and I did not do this beforehand. Just kind of pick it up and go like that and I will have you do when the other thing. And put your arms together and if you can't see this sometimes it happens but just go ahead and see how tight you fill in the shoulders it is pretty tight in the shoulders and open up and see how much of a B you can do sometimes and when I'm really stressed out my V is like this so just some people have really good ones and they do a lot of push-ups and stuff and then it comes back but just see how it fills and we will recheck that at the end so now we are going, I will move my table down or my camera down to the table now that we did our fingers, find some sort of something where you can go and I have a table here.

What we're going to do I will start with the racquetball first and I want you to put, I will say put your middle finger here and I will show you two angles to do this, it is just going to be four times so we're doing a smiley face four times and we do that I will show you this just a smiley face four or five times and with this and we will use the smart, the racquetball and once you're done with that then just go right to your thumb and go here. I am going to give you little secret. This area right here if you do, if you have pain in this area of your body right here, if you have pain going to the back doing a simulation right here actually is really good so if you or if anyone has that pain right now do a little higher up right there and see if you get some relief in that area and you may find you do and that is pretty cool. Don't move the ball around much just move your hand and take a deep breath and hold it while you are

there and relax and let it sink in. Now you will feel a little puffiness. With the other hand I will use the racquetball and again we will go back to this and then we are going to hear, here and then hold for a moment take a deep breath in and let it go. We are not doing all of the compression point pressing it is just a little faster treatment but the last point is the rinsing and you get this area on your palm and we want to rinse that over and if we did all of the position point pressing to show you that it would actually just be where we go up and down and even though on each area in the middle in here like that, I just skipped over that today to make sure we get a little extra time because it takes a little longer but now what I want you to do we will do a rents and now we have a puffy area here and move the fluid up our arm and in order to do that you need to do a rents and as you saw in the video where you go down the finger and here if someone asked me about carpal tunnel I would see if you had that one, you can do this very lightly and it is never used Mika Cross lacrosse ball or even racquetball I would use the soft MELT ball because it is super, very soft and I would just go superlight like no pressure and just doing this, the cool thing even if you did this just lightly without putting any pressure, it should not hurt and if you are hurting you're doing it too hard, it will still work because the sensitivity of our body just a sensation just the movement is enough to actually start moving things in the right direction and it does not have to be a move where you are doing a full group force and everything and just touching like this and even just touching when you do this is enough to stimulate your body to do what it needs to do and I have had people get incredible movement just doing it superlight so I will go back to using this and again I could not get you the balls and these will work you will still get these and this is actually pretty heavy so as long as it is not hurting you will get a good result with it you want to go over each finger about four times so usually I go down and in the down and up and for your thumb it is really important to make sure you do that work extra rinsing do a little extra right now and it never hurts and so I will do it with the racquetball and again your thumb, just go down and it is not have to be over it can be between her on the finger, it does not matter and again this is something, the MELT, the coping it is [Indiscernible] because of the COVID thing and it is really for taking it and it is a three month, the Level One training is a three month course and there are videos and you will spend a lot of time doing it so give yourself about 3 to 5 hours a week practicing. Is pretty intense but you will be well trained by the end of it and it is made for laypeople to learn it so if your clinician it's another thing and frankly if you're interested on your own I think it's a \$35 course or something like that that you can take on your own to teach yourself how to do it and I am doing more because I'm talking so I'm doing more than the four times.

And last I want you to take a ball and do a general friction and the interesting thing is just simulating your skin you can even track here just to see and actually stimulating [Indiscernible] but the move is to be random stuff you don't want to undo what you just did and so it is just random movement so down to your wrists, and then I will go ahead and switch out the camera.

Now I want you to go ahead and grip the ball so take it in your hand and grip. And grip. And grip, and see if you notice any changes in your grip strength if you are stronger and I love people who come online and give me comments about this , try with the racquetball again grip it and then put your hands together and now you can go ahead and see if you fill, feel I can actually have a little up to my shoulders but I definitely feel the decreased tightness in my shoulders and I hope that showed you how to string something in your hand it changes things and I want to show you, why would that be the case? Holly can you go ahead and share screen again please.

[Pause]

What I want to show you appear, these are your fingertips and your tendons that go to your [Indiscernible] and they go all the way up and the bottom line you have , you're connected all the way up and when we increase the flow, and this is muscle of course in the tendon but your faster layers and layers on top also we are creating a bolus and all of the layers from your fingertips up. Holly, stop sharing screen please.

What is going on, you're getting flow going from basically from your hand and all of the tissue, all of this tissue the flow is getting it through there. Can people give me input how they felt and did they see a difference and did they notice it they saw a difference in how either the shoulder or you lighter and I guarantee you this because we just got your tissues moving better, you're stronger and I have done it where I have shown people and actually had them lived 20 pounds and would give them 20 pounds in a gym or something so I would give them 20 pounds to curl and Caitlin said my shoulders were aching beforehand and after treatment it was no pain or achiness so there's also a comment grip is noticeably stronger. This is a fast thing. It took me a long time, but you can do this in a moment, the short treatment. So it is great and you can carry a little ball the MELT balls are tiny and you can carry around her put them in a backpack or whatever and if you are in the military

I recommend doing this before you go to the fire range because it will help save [Indiscernible] to get shakiness out and it will really help us getting everything fixed up before you go to the firing range so just a little tip. So now we will move to [Indiscernible - low volume] let me just get my pointer back. So, we will do fascia release and after this we will take a break. This should take about another I don't know half-hour at most and then we should be able to take a break until about 11:00 or so. So, I will take another sip.

So I noticed some of the people answered they had their own scrapers and obviously some people have done this step before so we'll talk more about this in the bottom line is when I want to show, how to go ahead and show your patients how to do this because it's interesting when I was working with [Indiscernible] I said Patrick you show your patients how to do this and he said I never really thought about that and so this is something, if you do the right technique you can show your patience but the technique I will show you is very safe for your patience because it's a very low stress technique and maybe in terms of the

[Indiscernible], cupping is a little different but I will do a little demonstration but I will show you techniques.

Instrument assisted [Indiscernible] this is a wonderful little slide that Patrick found in the Journal of exercise of rehabilitation and it shows how the instruments assisted helps information and helps reduce scarring and increases your stem cells which increase your fibroblast and it makes all of these are what all you need for your collagen and realignment and it helps increase your microvascular microbiology so it makes the [Indiscernible] and increases the blood vessels and tissue perfusion so basically you get tissue turnover and regeneration and what I think, this is a great way to work on scars for patients and if they are not a fan of getting it done quickly with a needle and knocking it out and my patients are not a fan of that and you can give them their own little Gua Sha and Mica said we will tried out and, and like I said we will try it out.

How does it work, there is not a research on Gua Sha it is in China and there are a few good research sites from China that talk about the, if they're looking at the micro fusion and things that are going on and this is a good study to talk about how all the Gua Sha is a fourfold increase in micro fusion perfusion unit how they were measuring microcirculation perfusion like and seven a half minutes they found it increased microcirculation during an entire 25 minutes of the study time and they did not think they did not see effects after that long but they did the study 25 minutes and they were still seeing an effect after 25 minutes and it shows it was very powerful. Interestingly females showed slightly higher response rates than the males and in general more sensitive to these things and something to be aware of but it was a decrease in myalgia I will ask if there's anyone when any significant areas of pain in their body that could come online and let us know where it is if it is something you could actually treat because I would like you to try [Indiscernible] because I will ask you to treat it for 30 seconds up to one minute and then stop and go to a different area and come back and go and see if you see an ecclesia because I guarantee you, you will because everyone I have done I will treat the area for about 30 seconds a minute, very lightly and then we will come back to it and people get [Indiscernible]. But I would love to hear some people if they have personal stories they want to share.

Recovering from shingles on upper back into my arm. Amanda we will talk about things like the rash but if you just have scarring now no scabs anymore you can obviously this will be able to help. The Gua Sha did increased microcirculation to a treated area and it caused decrease in myalgia and other unidentified pain relieving bio mechanism and bottom line is think it will do the same that we are sending for everything that fibroblast in college and create local effects but also create [Indiscernible] and we are still learning now what that is. And how it is happening. But we are finding it is doing that so I think it is [Indiscernible] and obviously it's a little more [Indiscernible] and we can create a giant circle and it is well supported and negative pressure [Indiscernible] and the Ecchymosis [Indiscernible - low volume] the mechanism here, there is a little more about [Indiscernible] what they found it breaks down came into the irons in this create indirect

and direct effects on your body and crematory [Indiscernible - low volume] and again it can have local and systemic effects and obviously they are working along the same system as each of them so there are effective therapies and they are , they are going to cause pain relief and it is very reliable and obviously going to help over time and this can give, it can really empower people that come see you and as you are helping patients, and people, [Indiscernible - low volume] but in the military and the veterans as you're taking care of them the bottom line is this will help empower them being able to get pain relief and I think you'll find it [Indiscernible]. What are the tools that you can use and maybe a scraper or you have prepping things and I will show you a puffing kid?

This is a [Indiscernible] contractor so I mentioned them because it is easier to find things and they don't have many websites and you can use the porcelain spoon and I had someone drop the spoon and on the vinyl tiles it shattered and I don't think it's a good idea and so some of those are really sharp and so I don't recommend even though I love the porcelain spoon as a tool so someone has one at home they can use it but I don't recommend it for the clinic because if they do drop it they shatter and they can really be sharp and that's just not a good thing to have in the clinic but if they have one at home that is fine the other thing is the small rectangle and Patrick told me he had the large because he had a really big and so just pay attention to the actual size because people have the Kansas Mullen will be too small but either way the small ones are six or seven dollars and they are not that expensive if you want to get on to your patience but again they can use a spinner other things at home.

Another is the lid from a urine cup and I would recommend if the sides are tough you can just use the top of the lid and you can even use the urine cup itself like the bottom of the urine cup and just away from the sharpness just scratch the surface and create a little bit of massage as you do it and have that elicit a response over time.

Making sure or a Mason jar lid and I bought some on my own and I'll show you again we do the individual thing but weirdly enough, I looked it up for GSA a year ago and it was a dollar 26 and that is not the cheapest thing in the world but it is another option and certainly cheaper than the Gua Sha tools if you just want to be able to give it out but beware of what kind of metal it is and if people have metal allergies.

So, the takeaway, they are scientifically based and low cost and they work.

I want to go over some considerations. When we do cupping, especially, let's say a consideration for Gua Sha maybe fair skin over other things, you can move the cup around but you don't want to move them over a hard area so I will show you cupping and obviously there is not a lot of tissue there uncapping the whole goal is to grab tissue, deep tissue so it cups it and get circulation and if you do it over a joint it can actually hurt. You can go close to it right where the tendons are and do it near there and get relief that way and that is one way but be careful if you have cramping it may not be the best thing in the world because

remember it's a technique and you will get more circulation and fluid into the area you are cupping so if you are not hydrated it's not a good thing for them and that is why if someone has active cramping it is not a good way to help because you will take more fluid away especially if it is an injury or something and so [Indiscernible - low volume] and I would be careful about that and screen for bleeding disorders and they are rare but things to consider .

These are contraindications and over inflamed skin and the rash is gone that is fine if there's a pain syndrome this may be helpful for that and I would like to hear what you feel but if you have increased sensitivity it will be superlight over the area and as we know even with a [Indiscernible] you will want someone to be touching the area because they nerves are not reacting critically to what is going on and so there can be hypersensitivity with people and then it is not really a [Indiscernible] [Indiscernible - low volume] because it does not meet the criteria but some people have the sensitivity to hot and cold and it may not be the definition but this could be helpful. Why is it [Indiscernible] and the main thing is because chemotherapy gets into the tissue and I can tell you this during the ball treatment during chemotherapy it is very helpful from people who are trained in meltingly, money give us think that they do like rinsing and basically keep everything going and you don't want to do too much bumping you want to do rinsing, and the finger they say doing this why you are doing chemotherapy gets the finger moving and you're getting the flow going to your hands and so if you want to try it one time if your hands are a little stiff just to the finger movements that I showed you and see if it makes you feel better because a lot of times I can do that especially if I am sleepy and tired I will just do the finger parts and just that alone gets me stimulated so you're stimulating circulation in the fingertips what happens in chemotherapy it accumulates in places where you do not get flow and so doing fingertips or the rinsing in the one direction gets the flow going and again you have to be very careful they may be blood thinners and you don't want them traumatizing their scan so just very light. Contraindications on abdominal areas her lower back during pregnancy and patient choosing a pacemaker or suffering from hemophilia they are contraindications for cupping.

We will do a demonstration. So, what I will do is move the camera again I want to show you mine cupping kid first so Holly if you can go to movement please. For the cupping basically I will show you [Indiscernible - low volume] this is a cupping set that you can get, this is one that we have that comes with different cup and as you can see most of the same size as the smaller cups and it also comes with a device so I will switch the camera so I can show you to give a quick demonstration of the cupping and then we will go to the Gua Sha where we can all do it together.

One thing you'll notice I have a lot of hair on my legs. [Indiscernible - low volume] most people don't have hair in other places but what you will notice is the hair can sometimes make things , you can use a lotion sometimes and help create more of a [Indiscernible] but one area load of people get , this is not a bad area and I recommend if you want to do cupping in your practice [Indiscernible - low volume] it's like 40 or

\$50 or nothing compared to the supplies for other things and with this Patrick normally says he would do about two pumps so do one, two, so I will go over and show you what that is and as you can see it pops up the skin and it will start creating your edema. You can go sometimes, he would Sam people with chronic back pain he would do a little more and people normally will tell you, you don't want to make it uncomfortable and causing more pain for your patient is not a good thing necessarily. You just have to be careful about that and people talk about a good pain and some people like that but you have to be careful how much extra pain so I will not leave this on for too long really is just a demonstration to show you and you can leave it on maybe for about 20 minutes and obviously it is already going away because it did not create a lot of effect yet but that is what you will end up getting with this. You get circles and some people don't like the circles and so something that lasts may last for a couple of days in terms of what happened so that's an important thing to be aware about.

I will put this aside and I will tell you what I like to do and I actually buy silicone coated mason jar lids for this demonstration and I have them in my clinic and I give them to my patients and I also have a spoon and if anything I will bring a spoon for my breakroom area and show them how to use the spoon so a lot of people if they have spends I will do spends on one side and I can show you how to use the lid on the other side. The first thing will start them here so go ahead and you can start anywhere in your body you want and if you have a painful area I recommend you try this but first get some lotion and I hope you have lotion because you do need lotion and I forgot to remind you about that but just lotion up the area and you can use a massage: that is fine and if there's anything that is made for skin I don't recommend stuff with a lot of sand because it needs to be something that is made for manual work and Patrick loves Shaye better and what we do is actually get Shaye better and packets, Shaye better but you can get packets for work and he would purchase that and then he would use that and so we will try with a sense of what I want you to do is very gently go back and forth and don't float to Hargis gently back and forth and I'm just checking my clock and I will go ahead and counter my head about 30 or 60.

You can take some of the lotion and if it hurts just be gentle on the key thing is, be careful some strains have a sharper edge than others so going back and forth I'm going that way with the edge and some people you can actually take the handle and do the handle like this. So go over the area about 30 or 60 seconds and then give it a break and I'm just going very light and I'm not going very hard and I'm starting to get a little bear, little bit of [Indiscernible] right here so I will go to the other side what I will do I will go over here so pick a different spot on your body and because I want you to give it time to see the effect usually about 30 seconds up to one minute people will get analgesia from where you did 30 or 62nd so you can see, you can show patients how to do this and they will be like but is so cool so here's the lid it, I like the lid because you can use different parts and again just really nicely, I'm not going aggressively not pounding, you can go harder but really show the patient how to do it right and if they want it harder themselves they can figure that out over time but you don't want them, you want to make sure they don't injure themselves and you can create

injury with this stuff. I will have to say I did this yesterday and today I am responding a lot faster and so obviously I needed this because my skin was stressed out during this and doing this definitely, yesterday it was helpful and again I will go ahead and stop. I want you to go to the other area and it's hard to see and I have some sunlight coming in but if we can get this. It actually looks very [Indiscernible] which is hard to come on here but now wants you to go back, let me take this pain since we were working with the Spencer go back with a spoon and I can tell you even though I did not have painful areas, I can tell it is less sensitive to my skin, it is just not bothering me as much as it did before and now I will go a little deeper and here's the thing once you get a little bit of the surface you can go a little deeper and work on getting the [Indiscernible] part and actually I do like using the handle so I will try the handle, I did not use this yesterday I did more of the Mason jar lid that I put up a new pull and saw there were spends and I figured I'd use the Sprint today. Now you should be able to say I'm getting some [Indiscernible]. I am going to do this pretty well, and you know it is becoming a little uncomfortable for me and if it is, go latter and I'm not causing too much harm and it may take longer and my legs may have needed it because they're not responding quickly and obviously they needed better massager simulation and I think you should be able to see right now there is some [Indiscernible]. You saw how long it took and so to me I think it is indicative, my purple circulation is not that great right here and I need to do some work but now I will come back to the other side just because it's a little dry so I will go ahead but more lotion so I will go back and I'm using the lid and I love the jar lid because it's pretty easy to use I like using it on the backside and again you can use the urine cup lid, this is not an expensive thing and any clinic will have a urine cup and you can give them the lead and maybe you can trust spoon at home but if you have a metal spoon in the break room maybe, sometimes a dollar store spends have sharp edges to them so you have to be careful with those because they are cheaper in they cut them and they can be a problem so be careful about that.

As you can see, we will stop and I will actually go ahead, I want some comments please so let's go to the [Indiscernible] view please Holly.

I want to give a little extra time and I was running short and I want to give use about 15 minutes from now so that way I can give you more time to show you more things. What I would like to do at, it is 10:34 so basically at 10:50 I want to come back in between that time, please give comments on what you found and if you found you had any [Indiscernible] or what you thought of the technique of you have questions on the technique and then I can go over that and we can move on to the next section okay. Okay so break. I'm going to put myself on mute.

[The event is on a break. The session will reconvene at 10:50 Eastern Standard Time. Captioner on standby]

I will go ahead and get going and the first few slides are just billing so if you are coming back, we'll talk a little bit before we get to the hands-on stuff. To go over the billing these are the codes, and I will not belabor this because they are and your handout or in the slides and

you can take a look at them. Manual therapy and kinetic activities. I'm not sure you can code for, I would code under education for the Gua Sha and if you do Tran3 yourself that is one thing but if you're just educating think you'd be better off coding for educating on how to use the cell procedure and I would have to look into that I do not have one. It is just something to think about.

This is some of the justification for CPT guidance and you can read this letter on your own time. We party gone through our break. So self-care, why is self-care essential and this is what I really want to try to focus on because the bottom line self-care helps patients remain a level of control over their disease and we're trying to empower them to feel [Indiscernible] but to feel empowered they can make a difference. Also we want to be able to, self-care can be preventive and I know the armed services, resiliency is tied to how you take care of yourself emotionally and mentally and the techniques were lining at this conference this week.

[Indiscernible-low volume] for anyone who wants to justify this course, a cool thing about if you decide to go and develop training again I love it because it is reproducible and I can get results every single time and it works. Actually, if you could hold on one second, I need to do something.

[Pause]

I will go through some of the questions and I'm wondering if Amanda, if she chided if she had any relief at all and I'm curious about that or she's willing to tell us and any other [Indiscernible-low volume] and again chemotherapy if it is really close to when they are getting chemotherapy, I do not know about oral and daily chemotherapy so I would be careful with anyone getting daily chemotherapy whether or not to give them or to do Tran3 on them because I am not sure if it will concentrate on the skin or not but maybe it depends on how quickly it distributes in the body and you can probably figure that out and I figure that would be a consideration, I'm just going to the questions.

Someone had a question about how well do patients with fibromyalgia top, tolerate cupping or Gua Sha and actually very well. Bottom line, capping I have to be careful about in with your patient on whether or not it can help them and they would do well sometimes with things they get temporary pain relief but Gua Sha can be really good because they can be really general with themselves and maybe differ 30 seconds up a minute and get pain relief and they can, it can be very helpful and I have not a lot of fibromyalgia patients lady but, lately but I have done that in they find relief in certain areas and obviously have issues in their back and it's hard for them to do their own back.

A reminder keep drinking water. You will need it for the next step. I will go through other questions and I am sorry about my microphone being on earlier and that is one of the where things during this from home and Amanda said, yes and right arm, finally and that is awesome. Here is someone who is [Indiscernible] from shingles and it made me think about this. I don't know if I used this technique or had a patient try

this technique with shingles pain and probably why I did think about it but sometimes you forget to think about things because I had another patient who did have shingle pain and maybe because the pain was mostly gone by the time I actually saw him so it is great to see and that is awesome here it is she had pain from shingles and thank you for showing that we really appreciate that because it is helpful for people to see that you had pain relief and so there you go that is awesome to see that and thank you Amanda for sharing I do really appreciate that.

If you want to justify doing training the cool thing is last year [Indiscernible] did a whole talk and had a presentation and someone give us a presentation on the procedural instructions for pain management of opioid safety so I'm putting that aside from here for you and the purpose of this, it's just so you can see, the outer circle of the oval is self-management.

You go, you can say self-management is the crux of what we want patients to do, we want them to self-manage. This teaches them and helps them to stay out of pain and treat pain and get themselves [Indiscernible-low volume] because you increase flexibility and tissue strength and basically get her shock observers working more [Indiscernible] so a great justification you can put in in your letter so the fact it is all online so just be aware the trim, the three-month program and there are some classes for the actual final part and there used to be people do it online for 12 weeks anyway and then they would go and do a week in person and obviously it will not happen now because the climate we are in but the cool thing is there is a complete online training and she thinks it will be cheaper that way the whole time and so it lessens the cost so you don't have to pay the housing and the fees and they may get a lot more [Indiscernible] for people to learn this because they cost will be lower. These are some, there are a few pages of this so self-care modalities we have MELT and the channel 3 and you saw how it actually, and the Gua Sha and I hope it excites you guys and anyone here who treats patients are pain is an awesome thing. There is yoga and [Indiscernible] and home exercise from OT and PT and so MELT at the lowest level is about hydration and it does not substitute and it is not a substitute for OT or PT exercises but it is a great pre-thing you do before going to PT so if you teach patients have them do this on my wake up in the morning and get herself hydrated and then go and do home exercise program and it will be more effective because they will be moving looser already before they start and you still have to do exercise and start to do things to strengthen but is not a substitute for that. There is aerobic exercise and we are finding you need less and less of that even once a week now they are saying 20 minutes is good enough just some sort of staying where you're at and obviously folks in the military do a whole lot more than that.

Diet, we still need to keep working with the chow hall to do better with their food and I know it is not easy but something we need to keep working on. Self-massage and Gua Sha in a way is a way of doing that and different but [Indiscernible-low volume] but there are ways you can self-massage. Pneumatic compression and one of the cases actually, actually two cases we use them attack in another case is tactile and we discussed that and will go over that at the very end so if you have not seen these

devices, they are made for neuropathy originally but I will tell you how we use them in our clinic and we had letters from the company and we have them and use them on our folks.

Alpha stim is another thing and TENS and there are different kinds of TENS type of things they can use in summer cover and some are not covered so it's important to find out what those are in obviously meditation and I want to say something about meditation I think we need to use a different term but I think when people think medication they think of sitting in going meditation but literally maybe we should use [Indiscernible] rather than meditation and it is anytime you're worrying about stuff but if you're in the moment it does not matter what you're doing whether sports are building a model or just walking in nature and allowing yourself to absorb nature and look at nature without worrying about stuff that is meditation so just a thought. Self-forgiveness and I bring this up because the fearful side is really important for patients in dealing with their emotional pain whether it is moral pain from soldiers or otherwise for the military because of some experience about being deployed or even an accident where maybe they were responsible for someone dying and a lot of times that makes it hard for people to emotionally stabilize and overcome some of the things they are doing so some of the things out there. And then positive affirmations and that's extremely important. Thank you, Holly they said veterans can go through the VA to obtain the alpha stim and encourage all veterans to sign up at the VA in that is awesome. And taking time out for yourself and a lot of times none of us take care of ourselves and we need to and we need to start that with ourselves and if we don't do it with ourselves how will we teach our patients to do that because we have to start. I think everyone needs to take more time out for themselves and self-acupressure is good [Indiscernible-low volume] and pressure of the emotional freedom technique which is tapping and using different things that you say to help and some very awesome things to do I would highly recommend people look into that and I think most of us could probably self-teach ourselves that just tapping and showing the patient how to do it and I would try it on yourself first and learn at first but pretty easy thing to do. There are probably more.

My thoughts on this is taking care of yourself and that's the most important part because we just have to take the time. Some self-care message or methods are more time efficient, I think more to follow on that because we need more research but one of the things I think is most important when you take out something for your patient, have your patient tell you what they like to do so you can pick out something. Have a menu, maybe a menu of all of these things you can do, and which one seems like something you want to try and try it. Okay if that did not work so try this. They may not know and so if you think if you have intuition maybe this is something that will be more helpful than others, I think that's important. Tailoring it to patients and having them be involved in having them get excited about what you will offer them is really important because the patient needs the buy-in and if you don't have patient buy-in they will not do it and there could be a lot of reasons for that not just the treatment but their own issues so we have to be aware of that and see if we can help with those issues.

So, factors that need successful self-management people to be in a place they are willing to help themselves and so if they are not mentally the behaviorally you need better ways of helping a patient get ready for that and sometimes with the alpha stim actually it helps calm people down and get them in a place where they are willing and ready to go and move on so micro technology can help. Willingness to gain body awareness, patients don't want to get into their body at all because there are too many memories [Indiscernible] and it reminds them and therefore they don't want to go see if you have a patient like that, I will have to say microcurrent, the acupuncture, it could be very good for that if they are willing to go through that because it can help them tune back in code to their body and it is like they have cognitive distance to get into their body and the other thing is we used to have very [Indiscernible] and I think we're getting out of that and developing out of that which is very nice and all of their patients they probably still need that and want that because basic programs for years and years and years that have that kind of model so it will be harder for them to break out of the mold but some of them are more than willing and you still get some [Indiscernible] [Indiscernible - low volume] and just take over their care and one of the, Holly can you put the last poll up for me .

I am sorry, sir, which one?
The one on body awareness.
There you go.

If you don't mind advancing the polar quick.

I will broadcast results in a moment.
So, it looks like we have 34 participants so
[Indiscernible - low volume].

[Event is being polled]

So, we have about, I would just go ahead and in this so out of 22 people that answered about 50-50. For those who use it and how you can move that off. For those of you who use it obviously I love to chat about whether you find it helpful or whether you find it is helpful for you to increase people's body awareness and I find it is essential for helping people get better because if they are not body where you need to find out if someone is body where and if they are not body aware they may have a hard time seeing anything work and so I think, I don't know , the assessments I show you will be good for helping people become body aware and I don't know if anyone has any idea and I'd love to it but I don't know or I don't know what would be a good screening test for telling if someone is body aware so if anyone has good thoughts on that please let me know or let the group know because I think it's important and people without body awareness will not do as well because they are not going to be able to tell if anything is working because they are so out of touch with their body and they may have people coming thing nothing works and nothing works in really they are not ready to allow themselves to allow anything to work and it may be a real issue not that something is working and especially if you do a treatment and you see they are better and say did not do anything for me but yet you saw them

adjust to really get better and this is something they actually [Indiscernible] from the standpoint people get out of their body and so I don't know I'm not sure why or what a good screening device would be but it will make a difference in how they respond to your treatment are trying something on their own .

So one other things a lot of times it is interesting 50% of the folks and 50% don't and have the folks listening to the stock are not using body awareness and that is really important and it's important to know and that we are not and when I was doing [Indiscernible] yesterday and learning Bacher body awareness it can be very frightening for some people but the other thing is we need to train people when they are [Indiscernible] before they get to the point where they get out of body because if you're not training prior to an incident of trauma whether it be emotional trauma or physical trauma and you are not ready to think about body awareness and you try to train someone about body awareness and they are having pain and when they think about being aware of their body all they think about is the bad pain they have that so worst time to train any want to do anything and you will not be very successful. So, try to meditate when your pain is at 100% and I guarantee it will not happen. That is why people have to practice when they are not feeling bad him and they have a good day and that is when they should practice and that way when they have a bad date they can keep the tolls and hopefully help them have less of a bad day so if we can do this ahead of time and have people have techniques to help them out before they get into the situations and then when we give them advanced techniques they may be better off because they will understand it better and may work for them better.

All right.

One of the things interesting notice people stop doing self-assessments. They don't continue to see [Indiscernible]. Why is that? Again, I think it is because you have a neurological system that your fascia systems basically part of your neurological system. It's got all of the receptors and all communication going on. Part of that is too communicate cognitively with your brain and say, I know that this is working. If you are not doing that with whatever you do, and why I think actually incorporating this, every provider should think about incorporating and self-investing in treatment.

Because I think if they don't, that's one thing your patients, especially the ones [Indiscernible] through the body and will be, doctor, it's not working or whatever. Because I can guarantee you the patients that don't want to get into their body do not want to self-assess. They are the ones that will come back to you over and over again saying nothing is working. They don't want to sit working because there's something blocking them from getting it into their body. I just think they are much challenged. This is a question. Feel free to write in the chat box how you would work with body awareness, giving people ideas of what you do would be great. Thank in.

MELT, the techniques I have been showing you, again, if it wasn't a clinical tool used for pain I don't think would've been [Indiscernible]

but bottom-line is it's to treat patients. After 10 years of doing all of the research on her own with a well, why don't you make this into a [Indiscernible]? If this was just for private practice, we would never have these tools to use. I'm sure there are a lot of brilliant people out there who are doing brilliant things on their own, and if they don't share them with the world, we are not going to learn about it. Keep sharing this with the world. We are fortunate she did, and she has brought a lot of work that one, it's reliable, dependable, and easy to train. She keeps her standards super high and it's easy for patients to learn. I don't know about you, but I took the Tai Kai and [Indiscernible] thing yesterday. My parts of me were like, oh my God, this is so frustrating. I cannot do those techniques. MELT is a lot easier for people to learn it. It's still a little bit [Indiscernible] but you will see when we get to some of the stuff there are some things that are a challenge for people to learn, but once you learn them they are pretty cool. Even MELT has some things a little difficult, but I think we have to be careful about that. Anything you do you need to be fairly simple because patients can get frustrated with that. Some patients are great but most of them don't spend the time. And after that. I do want to talk about important things. I think this is actually, you can use this in any practice doing physical modality. She has labeled it and I love the way she has labeled it. You can use it and give her credit for it because it's a wonderful thing, but we can rebalance and rehydrate.

Very interestingly enough, if you look at most of the lower-level exercises you will learn number one, hand-foot. It is a global treatment which is really cool that reconnects, rebalance, rehydrate, and everything. But most of the things are going to be on the hydration part. We hydrated ourselves so how do rehydrate your feet and get your whole system hydrated internally Rick it helps rebalance, reconnect, because you are doing the self-assessment. Reconnecting is really important. We need to do things but I'll tell you on the level two level journal release she teaches, which is very powerful but you got to do a lot of other preparatory moves before you get there to make sure you will not hurt yourself doing it. And then she has something called [Indiscernible], reintegration. Strengthening the small little muscles. I think that over time now it looks like people are starting to pick up on that and do more of that in Physical Therapy. It depends on how people trained, where they tried to whether they are aware of these things because these are new things coming out. For many of you in the field and I remember seeing there was a physical therapist assistant and I think MELT is a great way getting patient warmed up and having them getting moving and other things. I just wanted to spend a few moments on that. Intentional lines in the body, so let's try this out a little bit. Tensional Lines in the body, so let's try this out a little bit. Thank you.

I wanted to share. This comes from her hand and foot manual. These are anatomy toys which is why I am not sharing them with you. Holly, I will take over from here. I want to get out. She got reproduction permission from [Indiscernible] for training. I don't have that permission, so I am just showing them to you. He comes one of her training books. She did a nice thing showing you Tensional Lines direction. There is this Steve arm

line where you have connecting muscles here. There is a back-arm line of these are connecting muscles there. We will go to the next page.

Superficial back line see you have the tendon from the finger that go all the way up, really important. These are all different muscles that are using this pick she talks about the fact that copper example rear deltoid seems to be weak neurologically because connected to [Indiscernible]. She has an amazing understanding and I'm kind of learning all of these things. Just understanding a little bit about it will be all you need. You do not need to understand it all in order to help your patients because there's lots of things we still do not understand about this. This one here is the other superficial back arm line. And then there is, they don't have a slide for it but where it is a deep arm line. Holly, you can take that away. We do have -- I'm going to step back from the camera amended.

I just lost power from my apartment.

I cannot move it.

Okay, I've got it.

I will do it.

Go over to this is a good. Bottom-line is we also have lines here. We have a line that goes all the way up and down. We have a front line. It goes up and down. We have a back line here. The other thing is we have the elliptical line. Anyone who's had acupuncture, we have intentional lines. Here it is because we had the tensional lines they go to the body of work for the lines of tension. They join our lateral line, are front and back line and help autopilot. I just wanted to show you that. Okay, this is just more. I want to move through because I want to get you to the movement so I can show you that Rick you guys can read this later. Again, when you take anatomy training like online training and stuff if you are into that. The key thing is, why is it important? You got someone with a problem with tennis elbow. They are telling you, and anyone, I'm going to go back to the movement for a moment. Bottom-line is, anyone who place tennis probably had an in truck -- instructors say move your hips. Notice I'm not really moving. You are supposed to keep your arm tight and really do hip movement. What happens is they are tight here. Maybe they are once a week guys with beer gut and they are tight here, here and here so they do a lot of this, using their arms like this. Notice I'm not moving any of my hips. What is going to happen? All of that pain is going to go here. You could treat this all you want but it will not get better because if you don't treat here, you don't treat here, they are still going to put all of their pressure here because they are not doing this. They can't do this. Just treating your elbow is not going to help if you don't work on up here and here. I just wanted to make that... -- I just wanted to make that. Point now were going to move to actually trying a Rest Assess. I love Rest Assess. It's a great way. Ever since I learned how to use it, actually it shows me all the time what is going on with the patient. It's a wonderful way to do a physical assessment. I think PT could use it too. What we're going to do, I'm going to go to movement, so if you have a mat or get on the floor. Make sure to drink some water. I

am now going to take you through some movement we are going to do. We will first do a foot movement. I am going to go to -- let me actually go to push on these different parts of the foot. I will take you through the rest that is laying on the ground flat and I would take it to that. I'm going to show you some things. Can you share my screen, please?

Right now, what I am going to do is show you real quick some things. I'm going to share my screen and show you some of the moves with the for treatment. Holly, are you able to do that?

Can you share my screen?

[Silence]

What happened? Are we having technical issues or is everyone back online?

Okay, so, I just wanted to share my screen. Can I do that, Holly? Do I need to do it?

Here we go. Sorry, I'm going to do this. I've got it. For the foot treatment I'm going to show you these. We're going to start with the foot with the ball underneath the metal. Just so you can see where it is pick that is one. We're going to do this kind of move after we stand on the ball. Then when we are pushing on things, now, we obviously are using a hardball. You can see if you are using ESOP ball she squishes down. I will tell you most of your patients should not do this ticket they have any kind of pain they should do superlight. She has been doing this for years and years prior to making these videos and stuff. Your normal patients who have foot pain are not going to be able to do that, just thought I would show you. I am going to show you what she is doing when she does some pushing up and down and moves over to the next joint then goes down. Again, you will not go that hard on it for most of your patients because they will not be able to tolerate that they are having any kind of foot bank. That is what she is doing. She is on the foot joint, toe joint when she is doing that. I'm going to go to the next set of videos to show you just like and how we did with the hand, we are going to do a glide. You are going to see this. See where she is going back-and-forth? What you are going to gradually do is move the ball towards the back of the heel. I will be going over this with you. See how she moves the ball towards the back of the Hill and, obviously, you will not be able to squish the ball because you will have hard balls or tennis balls you will be doing this on. These balls are fine for athletes who really do not have problems. Although, the smaller ball I like. You can get a little closer and in spot, especially the little ball when you are trying to just add more treatment. This right here what she is showing you is the sheer. She went back-and-forth through the Hill then back to the front. When she goes there, she does the shear. The shear is here. I wanted to show you so you would know what is going on here. Then there is going to be a rents. One of the rents is from here, here -- actually she's still doing the other foot. I did not bookmark that one so I will stop and show you what is going on.

Holly, can you go back to sharing the screen?

Thank you.

Just kind of, I will be going through these things and you do not have to memorize them. No worries here. We will do this for treatment now. Holly, go ahead with the movement. Everyone grab your ball. I'm going to put the camera where we are going to need it. One or the other or a tennis ball. Initially what we are to do is I want you to go ahead and stand with your feet apart. Just to see if you have any type of issues. Feel how you feel here. Ideally, when you are doing the foot treatment the normal assessment is a standing assessment, but we will also do a Rest Assess real quick to because what I'm going to show you just doing it for treatment is going to impact from literally the flow from the deep tissue flow. And deep tissue all the way up. It will work through your pelvis, work through your diaphragm and go all the way up to your neck. That is how critical this is going to be. The hand one, work through this whole, the superficial and why it works in the shoulder, back and [Indiscernible]. You can do the short one quickly with that and a little bit longer one with your hand. I'm going to do this, see how your balance is.

Take a look at it feels. Now were going to have you get onto the mat or onto the floor wherever you have a nice comfortable spot and lie down. We going to do an assessment here. Palms up relaxing yourself. The first thing I want you to do is gently turn your head from right to left. If you can rotate it instead of going like this, a lot of times people are tight. Their heads our coming down like this. You will be like top that not really like if you rotate your head like this versus normally when you are tight you will rotate to the side. Pay attention to that. That's a wonderful assessment to watch patients. Ideally now, without stressing your body you would go live for guys brought line for women by where the practice muscles are. I get a little stressed out when presented. Your diaphragm has stress and it. Find your belly button. You can see for me I can put my whole hand in here. I'm pretty stressed out today so it's pretty high. That is your diaphragm elevated. We are going to work on that today.

Third place is very common for all of us is your pelvis. When you have stress in your pelvis a lot of times it could be tech. Took a lot of times because of tightness here and not disengagement from the back. And [Indiscernible] lumber arch and I will be off the ground up. Or you can have the other all on the tailbone and kind of tilted like over tilted. It just depends. You may find if you got stress you are all on your tailbone and not on your butt cheek, and well off the ground because of so much stress there. The final one is your internal GPS system. If you feel comfortable enough close your eyes. Divide your cell between the right and left side. [Indiscernible] down one side with the other. If you fill one leg is longer than the other. A lot of times you feel energized more on one side and the other. Lastly, don't look at your feet. Just think about where they are in space. You can move a little bit and think about where you think they are. At the moment you determine that, take a look at them. Do they match? I can tell you this, my left foot fell like it was over to the left way more than I could see it. That is your internal GPS and efficiency. When you get an efficient in your internal stuff because of stress in your system you do not even center body

correctly. This will correct usually right away when you do treatment but is something you will notice. Now I want everybody to remember these, how you felt right now because we're going to do the foot treatment. Keep your knees up. Open your eyes again. Go to the side, one side or the other. Take your time. Pushed yourself up to the seat. This is a way not to undo everything you did because we're going to be doing some relaxation and stuff, some movement, and you don't want to just jump up and tighten everything up after you just got relaxed. Now we will stand and start doing the treatment. Get yourself hips apart about the DV. One way to do it is just to go one, two.

Actually, I'm going to take another sip of water because I got thirsty again. Take a moment. Get yourself lined up. Now, what I want you to try is with your eyes open first lift your head off the ground. I will take a deep breath. I am going to take a nice deep breath and go, make sure that your feet are perfectly aligned this way, perfectly aligned this way. If you have tiles on the floor you can use those to line yourself up. If you feel like your feet want to go this way it's because you have tight but it muscles, tight external rotators that are not loose enough to allow you to rotate your feet straight. That will make you feel like you want to go that way. Pay attention if you have any of that, were you feel like one foot is in front of the other without looking at them. Now, what we're going to do is take a deep breath, breathing, breathe out and lift up your toes. Are you wavering around? If anyone has balance issues, don't do this unless you're next to a counter. Breathe out and you can see how long. Open your eyes first if you do. Then close your eyes and you can try it. As long as you were not almost falling down. If you were too not do it with your eyes close? If you have balance issues find something to catch you. I don't want people falling down and hurting themselves. Take a deep breath and as you breathe out lift them up. Take a deep breath and let it go. I am kind of floating a little bit forward on that. Some of that is normal but normally your balance will improve if you get out some issues. I will start with the bigger ball first because most people have the big ball. Too give you a comparison, the large ball versus the little ball. If you are putting this on your foot, and we are going to step on the middle of the ball. Start putting your foot on high hill and guys put your foot into a boot and put a little bit of pressure there. The key thing is don't cause yourself pain. You can do this, if you have any pain, literally, I want you to literally just very, very gently kind of put this down. I'm sorry about the lens not being so focused. Doesn't seem to be focused very well. Like that. Just very gently, just touch it. To show you from this angle, just kind of put most of your weight on your good leg and just a little weight they are. What you do, again, I'm going to show you at an angle here. I want you to go and just do a nice movement. You are moving around and feel how stiff you are or if you are not. Once you do that, take a step back. I am going to show you from here what we are going to do. Now I will put my weight here. The ball is a lot bigger than the other ball. With the other foot, I would do it with a large ball. Do an initial point of present. We are popping up the tissues to make my extracellular fluid [Indiscernible] pick that way when we do the rinsing move we get this slow going. I will pause for a second and see how the ball goes down and then up. It's down the front and up and actually up interiorly. Get flowing again. Loosen up in your knees as best you can. To that and we will go up and down. We're

going to go again second, third, fourth, fed. Then we will come to the middle. It's that tendon that works the big toe right under the arch. Press up and down. If you have any pain all you have to do is tap it. It will be just as effective I guarantee you. You're getting that whole thing. Then over here just to show you it's going to be on the side and then the middle. More like right there. It's harder with the big ball.

The last spot is right part of the Hill pad. Because the ball is big you cannot [Indiscernible] said there. Go back to the middle of your foot, and then go back up. I will show you in real-time. And under the arch like right there in alignment. Onto the side there and then on here. Once you get to hear we will start [Indiscernible]. Basically, just back-and-forth. I'm going to go here to show you for the front. You kind of want to use your whole hip, not doing too much with the knee. You want to do it from the hip. Use the whole hip. If you've got some hip issues, this may be a little difficult. Now gradually moved the ball back. You just go back to your Hill. Then back to the front. And then you just go back-and-forth like this. And then, so, yeah, that was the shear. The shear is where you are just doing a little bit of moving here. That's it. Then just let yourself take a nice deep breath top and out. Now we will start with the rants. The first rinse will be across the toes, not directly but sort of what if I degree angle. Recognize I'm doing it like that and taking your foot off the ball and keep going around, doing it four times. That's it. Then bring the ball behind your other foot. If you don't you will have a problem. If you have the ball here, you'll start doing splits and that will create stress. To decrease the stress put it somewhere a little bit before your other foot. You start from the toe and go in one direction to the heel. We're going to bring it back slightly and then just go through. Again, bring it back into the third. Feel free if you need a Chair or a counter if you have balance issues, just do that. Fourth, fifth. We well do five more of these. You only do the rinsing just by itself, you can have your shoes off, just always just rents. You can go back-and-forth but what they don't realize when you go back-and-forth it does feel good, but you are not helping your body return to its normal circulation pattern. We need to do things smart. It may feel good to go back-and-forth on your foot but if you are not restoring your normal circulation pattern it's not going to have lasting benefit. You are done with that. A really nice little, just very light stimulation.

You can do this anywhere. Take the ball and go anywhere in your body. It stimulates the flow. Try that out. Then what I want you to do is reassess. Again, reassessment, again, I can tell you what you learn to do this you can do quickly in the morning and five minutes. It's a wonderful thing also before you go to bed to get you aligned and help you sleep better. Stand up to see how you are doing. Try to get your feet a straight as you can. Then SecOp how does that feel? Focus on the leg you did not do. Do you find the difference? Lot of times it feels energized. I think it's smooth, let the joints don't Phyllis join T. Just notice the difference from the one you did not do to the one that you did. Now we will go ahead with the other one. I'm going to use the racquetball to you something a little more flexible. Again, put your foot on it like your putting on a high hill for women or putting on a boot for a guy. Front of your foot first, and if it's too painful, do not put all of your weight on it if it hurts.

When I first learned this, I don't normally have fasciitis, but this was so tender I could barely put the ball on that. If you think of a point as a general is there in the body I call it the GPS reset moved to but touching that point is all you need to do to get the benefit out of it. I'll show you what it looks like to put the full weight on it. I've done it before, and it doesn't hurt me so I'm doing that. I got a lot of pressure on it. This is not something, pain is no game. Again, get nice and loose and relaxed and kind of pump back-and-forth. You can breathe out. Breathe out with each of these. It's a nice relaxing kind of thing. Then we come into the middle, and behind the big toe, and I will flip over here to remember to show you the side view. And then you can kind of almost do it with the racquetball because it's smaller. Then back to the middle. And then back to the toe. Notice how far back it is. It's not here on your toe. It's a joint because you're trying too pop-up the joint. To show you here again, here and then here to the other side like that. The last one is at this point when you get there you are going to move it around. And we go back-and-forth. Back-and-forth. And then I gradually just move the ball forward and let that Baldo. And when the Hill at the ball flips out that's okay. It's not an easy thing to learn - when the Hill and the ball flips out that's okay. -- Heel.

I will do what I can without pain.

Then we will start rinsing. Again, like that. For you guys, just one way with any kind of pressure. If you don't do any pressure just touch it, moved, touch it, rent to, and leave it. If you can't do pressure because of pain. Then we well do the rents. The Reds behind your foot or you will be doing a split. Go forward one, to, one, two, you got the connective tissue pumped up and now moving it. This is what we hydrate all of our tissues. It's going all through our fashion. It will get you super loose. On a day where I have taught this three times to two people, I feel like I've got the loosest pelvis in the world. Doing this three times a day will really loosen you up. It gets at all those in your pelvis. It's just amazing. Very surprising to me but I had pain in Colorado because I was teaching a lot a patient's and really helped. I'm losing track a little bit of time of how many I'm doing. It's good.

Now we will do little friction. Again, it's just doubling -- scribbling. Like a little kid just scribbling. Go back to the other foot. Is to call it party in the foot because when I first did it my foot would be vibrating with all of the flow and the friction felt really cool. Now, I want you to see how you are doing. I want you to bend down and see how that feels. I am always more limber after I do both feet. Without having stretched, you know. And then I want you to take that deep breath. Close your eyes you can do it safely and lift up the toes. Ideally you would jump back a little bit under the center. And then just take a deep breath and let it go back-and-forth. That is one assessment. We'll go back to the ground because I want to have you feel what it feels like on your whole body. Gently get yourself down. I wanted to see if you notice because, go ahead and turn your head from side to side. I feel improvement in my head, and I've been doing this a lot. In about three minutes I can tell all the way up to my neck it's looser. That's how powerful this treatment is. It really gets everything going. See how you fell on your shoulders, on your torso. Are you a little more flat?

Sometimes you are and sometimes are you -- you are not depending on how effective it was. My diaphragm dropped down more than it did before I started. Go to your pelvis. See if you have a little bit more [Indiscernible]. Did your butt cheeks get puffy or? I got a little of that rotation away. [Indiscernible - low volume]

Lastly go ahead and check for efficiency. Divide yourself in half and see how you feel. I'm still feeling a little unequal. Some days when you are more under stressed and like today when I give the presentation it's hard to relax. With my higher stress level right now giving the presentation I'm definitely tighter. I will put my knees and set up to show you what we're going to do. We will go ahead right into the move. If you've got your towel, wrap them up nice and tight. You've got it in a nice role. If you want it a little thicker than the other but that at the bottom because you will have most of your weight on here. If they are not quite as big as mine that's fine. These are Beach towels. She does it, multiple times during the time she is doing things. We already did that so we will go right to would be a roller thing. I want to take a moment to show you [Indiscernible] so you know what it is. Interesting thing about a roller is she made it. I just want to point it out because it is unique. It's very soft here yet it has a pretty solid core. It's a lot softer on the outside yet has fluidity in the middle. She spent a lot of years designing these things specifically that way. There less difficult on your back. Even though it's got a hard-core the outside is not hard so it's not as bad on the back. I just wanted to show you that. If you have some with back pain, sometimes you have to start them on towels.

I had a guy who came back from a deployment for back issues. I had to start them on a flat tile. Literally something that big just to get going sort of a pain exercise like we are doing now to make sure they were able to do that. Here we go. I want you to start with your tailbone on the very edge. You want to be able to have your head completely supported. A lot of times even [Indiscernible] I will have to get myself and make sure the head is below the top of the roller and fully supported. Once of their put your hand down about 45-degree. You are going to roll like someone super glued your back to your towel so that you have to turn your whole body. This is a great way [Indiscernible]. It to be looser because we did something to warm up. I like to do the foot treatment before doing anything on the roller because we're duplicating with a towel. If you have a roller it's fine. Then were going to do something new to people. I want you to put your hands up like that. With the base of your hand, for guys you may have to move your stuff out of the way. I want you to find your pelvic bone right here. It's going to be that hard bone right there. Figure thumbs down on your belly. We're going to do a tax. I can feel my thumb go down. I'm going to exaggerate it. I normally don't want to exaggerate with this but I'm going to show you just to see. It goes up and down. You are flattening the back toward the role. And then when you come up it comes up. That in the back toward the roller, then you come up. It's a little bit exaggerated but I wanted to make the point on video. Now we well do a breath 3-D Breath. Your towel or roller allows your ribs to be able to open up. Around the roller it can do this. If you are flat on the ground, there is no way to do that. Put a little [Indiscernible] or something. You start doing some movement and move away to get flexibility. Bringing hydration, fascia and motion to these

things. Put one hand on your stomach, one hand on your chest and take deep breaths. Breathe in two dimension. Breathed up and back down. Again, breathed up and action toward the ground. And towards the ceiling. One more toward the ceiling. One more toward the ground, expanding. Now I want you to put your hands-on your chest, on your ribs right here. I want you to breathe in and focus on breathing out. Focus on that movement. As wide as you can. If you are not able to move at all it's okay. Normally people will have a lot of movement to start with. Now we will bring length to the breath, 3D breathe breakdown. You want to breathe and drop diaphragm down to pelvis. You want to elevate level: As high as you can. You are bringing link this way. 3-D Breath in and elevate. Elevate your clavicle and try to drop your diaphragm as low as you can. Really span it so you are pushing your guts down to your pelvis. One more move. Put your hand on your stomach and take three directional breath. Hopefully, you see a difference. If you don't it's okay. It is still working. Now were going to do a core 3-D Breath. A 3-D Breath is we are going to breathe out. We will gradually create tension as we breathe out making a sound. You want the whole court to go down like this. I was show you we will start with a shift down. So shhh. Do one more of those shhh. We will try a few sounds. Again, and have you tighten up in the core, shhh.

And a haaa sound. One more haaa sound. Haaa.

Whichever sound you like the best. Shhh.

Now I want you to go back to your pelvis to see how you're tuck and tilt is. A lot of times on a roller you will find you are doing a little shaking our wobbling. If you notice that it's your Internal System resetting. You're internal GPS and nervous system resetting. She doesn't like to have you stay to long on this so we will go off of the roller for a moment. Moved to one side because I want to get back on it and show you a few other things. Just reassess. Do a quick check on your neck. A lot of times you will feel like you might have just dropped into the floor like you are sinking into the floor because you feel flat or. You can see how much we dropped as the core flattened out. Your diaphragm is elevated. Sometimes I noticed people will change. Maybe get a little flattered toward the thigh but still on the tailbone because have not quite adjusted fully. When it works really, really well it will take a lot of stress out of the area sometimes you will feel change in your buttocks. Last time check autopilot, GPS system to see if you see a difference there. I notice a little difference in my. Again, this is all psychological stress can make a difference because stress, 22. I'm not relaxing. You may find that when patients our learning stuff they may feel stressed but when they do it at home it works better. I want to show you something where we go ahead and put the roller underneath the pelvis and do some things because there is some cool stuff. Just use one of the rolled towels. We're going to lift up and put it so that it is right under your tailbone. If you go like this, you should feel that it's quite comfortable. I'm going to move down a little b it. When other way to show, so if you go here and check for the top of your hip bone, it should not be on the roller. The roller should be below the. Then if you go and look at enter your interior iliac which is down here, go about 1-inch down and that to be where the center of the roller is. It's kind of hard to see this. I'm going to switch because the color is not showing up.

It's blue on blue. I'm switching over to my red one. You can see that one maybe a little better. A little bit. Sorry about that. What I want you to do now if you're comfortable so, hopefully you got in the right position. We want you to go up like this. May become a little bit toward you have vertical. Now ever so slightly, very little to 1:00. Move just a tiny bit over. This is an aside here. Very gently seeing movement. It's an SI here very gentle. At the end pause for a moment, take a nice breath, relax, and just do some marching very gently. Take it slow. Then bring feet together and go back to the 12:00 position. A very slightly over to the 11:00 position and do it again. We're just doing a warm-up. It's always like the first warm-up whenever you come onto the roller. It's like the first thing you always do. I highly recommend it. It warms up your tailbone. It warms up the [Indiscernible] joint. It's called an SI here. This is a wonderful way to warm up your tailbone and allow your own endogenous way to take care of itself. And then just do a nice little March. That allow your feet to come down. The next thing we're going to do got double check if you are on a roller, find the interior iliac come the most prominent in the hip area. About 1-inch down about the middle of the roller. It's a little harder with a towel. If you've got a roller, use a roller, it's fine. Now we well do a little bit of a modified to compel them. For the menu may push your stuff out of the way and women don't have to worry about that. Find that pubic bone and put your fingertips there. Make a triangle with your time. Then drop them because we're going to practice taking and tilting to help with the deprivation. This direct -- help with the differentiation. The differentiation helps with the tailbone and vertebrae. A lot of times I have towels for patients on this one because [Indiscernible] half roller. Either they are to tender or do not have enough to do that. They have to do a tiny amount of the rotation. You gain differentiation between vertebrae pelvis a differentiation here between pelvis and hipbone. That's the way to do it.

Now we will move on to the next move. Single leg movement. This is going to give us does what we well do is bring the leg appearing keep this leg up here and do it with my left. I'm keeping my left up. You are going to feel tension going into your thigh. It's got, basically are going to create tension. We're going to lift it, take a deep breath and as you breathe out and bring this in we're going to pull down with this. The careful getting cramps. People get crabs when they do this. You will feel tension pull, tension pull going all the way up, especially basically you are creating inches again and a line down this way, the tensional line down this way. Keep yourself lined up. Do one more. Push down with your foot. Just do two. Be very brief with it, in and out. Bring the other one up, bullet and push down with this. And breathe out. Then breathe them. Relax and then breathe out and push down. You are going to bring tension there. You feel that and as you push into the ground you will feel that tangible. We have a little extra time. I'm going to go to the next move. This is a cool move where you punch your foot out straight. Then prop up your toes. What I want you to do, you will bring it up. Actually, bring it up to this level. Now you're going to engage it by tilting your pelvis. A lot of people if they are flexible can bring their knee way up. Don't do that. Just bring it up and engage the tension by tilting your pelvis forward. You are going to feel that whole pull all the way down just from tilting. That's what I want you to do hold it, relax for a

moment, straighten up again, built into it, breathe out and that's it. That's all I want you to do. Now with the other leg out, bring it up, tilt into the back, tilt and feel the connective tissue elongating. You're getting all of that and bringing hydration to that whole area. Relax for a moment and then breathe out again. Tighten up and tilt into it, and that's it.

Now, we're going to do a last one before we go back and bring both of your legs up. This is one of my favorite moves called a drawbridge. First point up your toe toward the ceiling. Right toward the ceiling. Called on either here or here, whatever is more comfortable for you? Let your leg just fall down like a drawbridge. Just go ahead and let that happen. You should be able to see just that is your tensional line. Again, where your tensional line is. Again, pull your leg up. Once that is there your arm is the other direction. I'm going to look away so I'm doing my right arm looking towards of the left. I well my hand down. Then what I'm going to do is take a deep breath when I breathe in, pull my leg in and move my hand and foot away from each other. 1011 and just relax a little bit and do it again. Take a deep breath, keep your head down, to the left and breathe out, stretch, stretch, and stretch as far as you can. It's getting tissue elongation, fascial elongation, then bring them in. We well do the other one. Point towards of the ceiling got double down. Hold on and you should be in a place where you got the attention going. Then bring your arm up and then look to the right creating more tensional tension. Then bring your hand down. My fireplaces getting in the way but normally it would be a little straighter. Then take a deep breath, another deep breath out couple on the leg and the other hand foot stretches as far away from each other as they can. Relax for a moment then come in. One thing I forgot to tell you is you want to be in a good talk for this. Normally I get into a tech position, but I did not point that out for you. Just go ahead and reassess well more time. And I like for people to come online and tell me how they felt with all of this. Now you should fill a lot flatter in the areas that maybe you didn't. Again, reassess your head. Sometimes certain moves, you can get more strain and stress in certain things as you learn. Hopefully feel a little bit flat or down towards your toe so, you're brawl like, and your bra line. See if you notice any difference of the diaphragm, whether it's a little lower than it was before. Notice whether your pelvis has changed. Do you gall more a little on your butt rather than tailbone? Maybe your thigh changes position. It's funny, sometimes when my pelvis adjusts, sometimes my thighs go up a little bit because there is tension and other muscles that are getting loosened up that our still tight and maintain because increased tension in other ones. You may notice that with some of your patients. Lastly is the right and left. Just see if you notice any differences there.

Please feel free to come in online. I'm going to go ahead and quickly go to a case because we have about 15 minutes left. Take some water. You may feel dehydrated. I'm going to literally run for a second because I need some water right now. Take a thirty-second break. All right, thank you for that. We're going to move through the cases here. So, Monroe. Here is a guide with the painful knee. He was the guy with the shoulder. He had AC joint reconstruction completed rehab on shoulder was fine but still was having issues. What happened here? This is where he had scars about

three centimeters long and had to redo the joint. In the top of the scar I noticed a few things. He had a quarter size, like an area about this big where there basically was tension. If you go to the top of the scar and add an area this big, that is where he had all of his connective tissue. Literally, want to go into two millimeters of skin. I'm going to the scar at the bottom of the top is super tight. I noticed all around, again an area like this big, super type. What the loosened that up and went to the other scar it wasn't that bad. This is what happened. He got 20 degrees greater range of motion literally after I finished the procedure, which is like astounding. Too me it was, I was dumbfounded when I saw one of the first cases where had this really happened to me with a dramatic increase in range and motion. I don't know why that's of the case what I'm working on skin. I asked Sue because she's good and she did not have any idea either. Basically, I asked smart people about this. I asked another guy I know what's going on. He's like top I don't know why that worked. This is amazing. I'm doing a procedure on the skin, not even touching anything deeper and I'm getting 20 degrees more motion in their movement. Is the thing in what I say, treat every single scar. Had them do self [Indiscernible] on their scar having them massaged them, Assa'ad them, façades them. Anytime you get a patient after surgery, I don't care what kind of certain you are telling them [Indiscernible] their scar. If you have a hard time telling them that and [Indiscernible]. Having trouble sorry -- you can remind them when you say that. Literally all of the scars they got from anything. They need to start massaging. Once they are sealed and scabs are off you cannot wait massaging the area. Then they can do some [Indiscernible]. They can really get that scar working. You don't want them to be aggressive because some people can get keloids and they could get worse. You want it to be mild and gentle, but it can work. Anyone if you want if you are near a computer can type in. Please type anything you've felt from the procedure we just did.

I would love to hear what people are feeling from that. A few more cases, these are some questions. Feel free to e-mail me later on what you think. It's not always the same. Some people have different results. When you get them it's still astounding. So, Brown's and thing I did a lidocaine procedure on him. He had these tiny scars that did not feel [Indiscernible] at all. They required maximum force. I had to go to 22 gauge because they were type. Also, but lidocaine into his muscles during and at the very end of the procedure to give him a little lecture. That I had them get manipulation right after anesthesia. I think that's critical. I don't know why it's not done more often. If you are going to inject an area or anything to try to increase range of motion, they are numb. For the time I was there with the procedure, I put a lot of lidocaine and the whole joint was done. I sent them right to therapy to get them mobilized for GNU the knee was find and he got an increased range of motion of 30 degrees after the procedure. Awesome. Amazing. You can do this with them working on [Indiscernible] is what I figured out later. I had not been a lot of that before but after the class last year I started to do it more and more Rick I notice people getting great results with just doing [Indiscernible]. Pretty cool.

Start Long. What happened when Walt went home it felt good, like with pain. We talk about that good pain. She hit it really hard but then it

got really bad. I had her come back. I had to do it in front of me. She was like top it's going to hurt. I had her literally touch the ball, just did her touching. Touching the ball, just gently she felt better at the end of the session. That's how powerful your skin input is. Just touching the ball doing the procedure touching it, your skin is that responsive to things that it made her feel better? Obviously, there is something there we are not understanding, because in the skin and the way the skin interacts with the rest of the fashion because it is part of the fascia, that input is making a difference. It's very sensitive. It's very effective. Don't underestimate the power of your superficial dermis. And they got this one and these are some things become sorry that I'm moving fast because I want to get to this and have time for questions. And then there's Captain Howard. He is an infantry man in physical therapy with post lateral bilateral fasciotomy and wasn't doing very well. This is where used the [Indiscernible]. I also instructed him, he had back pain and was super sick. When I put them on a roller he cannot do a pelvic tilt. You got this guy with lower extremity and then it is super tight in his pelvis. Well, you know, once I got him doing some things to work is back he did way better. This device called this pneumatic device he had a chronic swelling for six months or more. I was able to get them a device to take him. He needed to do this every day. You did a pneumatic device as well as getting him to do this. Is that I can go regularly, but this is wonderful for my balance. Thank you very much for that. This is an additive thing. MELT, along with using pneumatic device to basically duplicate what the Specialist does. Any of you try to get anyone a massage [Indiscernible], tactile device is one device. I recommend that if it's strictly lymphatic. The [Indiscernible] does work to but I think [Indiscernible] really you need to be gentle with that and work it out. It can be great with her arms if they are an old breast cancer patients with chronic lymphedema. This is a device they think they are eligible to get they get incredible relief. I just wanted to point that out.

And then PFC Skyler was a soldier with recent femur fracture. This is one of those things we used [Indiscernible] on him right after surgery because he had ongoing swelling and pain. Rather than say just take more medication we went ahead and gave him the [Indiscernible] and used that. Could help decrease swelling. Swelling did not come back because it was postop swelling. I thought was to talk to the surgeon about using it more often. Let's get our folks recovering quicker by getting the swelling out so they get increased range of motion, less pain, less tissue narcotic, et cetera, et cetera, et cetera. I think this is wonderful. I think PTs thinking about getting [Indiscernible] from your company, they want you to write it as a prescription for them. Have to time, I would say about 90% of the time we are just using it in our clinic and about 2% will write for someone to get it for home. We do most of the stuff in our clinic because a lot of times you need [Indiscernible] minutes and they are done. I will not get someone to buy a device for a few minutes. You can buy-in for the clinic and get credit for it under modality or whatever. If they feel better and I don't have the expense for them. Specialist Brooks was our last patient. He was interesting. He played a lot or brought be and the [Indiscernible] prior to coming on. I had them do [Indiscernible] on his shot -- on his chin. Took me forever and then just to see him like top can we try your arm? I did his arm and his arm responded right away. If you are ever doing something on a patient and

our like top this does it make sense and why this doesn't seem like a normal one? What it did was I tried an arm particular red right away. Obviously, he has a chronic hyper profusion in his shin for who knows how many years from chronic trauma, Rugby, soccer, getting banged or whatever, and just doing the wash on helped reduce underlying knee pain. That is how powerful the techniques are. Even someone with years and years of an issue you start this technique it's like you turn on a repair system. It doesn't matter how long they had the issue, if you can turn on the repair system in the right place it will get going and it will do its own thing and start repairing stuff. Obviously, it cannot create a new joint or things like that, but it can definitely help at least the flow and some of the pain get better. As you know, not everyone with arthritis has painful joints. You can have someone feeling better as long as you get them hydrated again, there's something about that it seems to help their well-being. They may still have the same arthritic joint but do not have the same pain.

That's it. These were some things that we did. Time for some questions if you want to stay on. I know we had 12:30 so I appreciate the time. I hope you guys all enjoyed this, and I hope you got something out of it. So, any questions just put them in the chat box or unmute, whatever you want to do.

Event Concluded]