

Your body will convert sensory issues to emotional discomfort if they need to do something. Okay? I also included to the download for one of my favorite studies, back in 2010, I believe, when Sean Mackey and researchers produced, you can look it up, it is surgical, pull that up under Google, but he was doing a functional MRI and see how different emotional states impacted their functional MRI and also what was the difference. So just very quickly [audio cutting in and out] we know distraction reduces pain. He found that that is also [audio cutting in and out] the critical thing is they found that the romantic partner [audio cutting in and out] eliciting the reward centers. So I did want to put this out there. [Audio cutting in and out] she talks about the fact [audio cutting in and out] she clearly so all the time that people who are more joyful, the one thing that was critical and common to everyone across the board was that they did daily gratitude. They had a daily gratitude in their life, giving gratitude for everything that came into their lives. So just having a patient be grateful for one thing a day is a wonderful start to changing their outcome. [Audio cutting in and out] catastrophic side, just have they look for one thing to be grateful for every day. Once they start that, they start actually changing [audio cutting in and out] impacts the fascia, they will not recover as fast, and we have all seen it. And this is the reason. There is neurological, psychosocial reasons, or your body and why it does not work. It is not just all in your head. Okay? Is really important. It is important to understand that. All right.
Next slide.

So basically, you know, [audio cutting in and out] but a lot of times [audio cutting in and out] and we will get more into that [audio cutting in and out] so like we said, involuntary compensation your trying to system, so next slide, so psychological stress can be the driver or we can get stressed out our bodies which then tells us to do things. Obviously you break a leg, you either change your behavior, and you created a motion and remember that pain is not an emotional state in your brain. It is not [audio cutting in and out] that tell us there is something wrong in our bodies [audio cutting in and out] so what interferes with the fascial system? Everything. Next slide. So you can just make it a triad of environmental, structural, psychological/emotional that impact it. For your awareness, if you have somebody that is not progressing as fast, you know, [audio cutting in and out] therapy to help out with what is going on mentally.

All right? Next slide.

What are examples of stress? So fascial dehydration, actually, whatever reason, we ran out of water, so I'm going to run, so if you want to get a quick glass of water for a minutes, I will go get some water for a minute and I will be right back.

[Pause]

Thank you for that. I was getting a really dry mouth. All right. So, and this goes into, you know, like I said, this is going to be a lot of what I was talking about so we will do this quickly. [Audio cutting in and out] nonjudgmental with my patients. You know, it is up to them if they will smoke, drink, whatever. So I take a very nonjudgmental perspective. I don't say there are consequences and it's really her choice, whether or

not you want to go there or not and participate in those activities, just know that your body will pay the price and that is all, you know, there is no way around it.

Next slide.

I've seen a lot of younger folks [audio cutting in and out] -40, but the problem is HCTZ causes dehydration overtime and actually is long-term, it has long-term effects. I just wonder how even though it is a great blood pressure medicine, is that really the right thing to be giving because of the dehydration aspect of it. Is it really contributing more to their bodies being sore and achy that we understand? Okay. And I don't know. There's not really data on there. But just based on the mechanisms of dehydration, we know that dehydration causes increased.[indiscernible] And the tissues get stiff, they do not move as well, and then what happens is your joints that are basically , the ball joint gets all the stress and they are no longer flexible anymore. The joints get hurt the most. We also know, of course, you know, tissue injuries and scarring are affected.

Next slide.

I do want to say, for those who did not attend my lecture last year, even very small scars make a difference [audio cutting in and out] fractured femur and was not able to get good range of motion in any. [Audio cutting in and out] surgery done on the leg [audio cutting in and out] I only created topical scars. There were four stars they were so hard and literally it was the tip of my finger long, and I had to leave my whole body forward to get my needle through there. With a needle using lidocaine treatment, literally, right after that, I sent her downstairs to physical therapy, and [audio cutting in and out]and he got another 10 degrees. So he got 20 degrees.

That is with treating a superficial star. So there are mechanisms of their. And when I asked that she has other people that she knew in the [audio cutting in and out] why is this happening, I got zero answers. Like, no one really knew, no one understand how that works. Okay? So there are other mechanisms going on that do not, we do not even understand yet, okay? But they are really powerful. And I just want you to understand that doing a treatment on the skin, no one understands why that works. But it does. I have seen it multiple times. I have done it multiple times. My last [audio cutting in and out] a lot nicer than a needle [audio cutting in and out] and other things to work scars out. Also as a reminder, use in silicon tape. Okay? [Audio cutting in and out] patients can put other scars. Use it. Use it all the time. It works great. And when they get softened up, it takes care of [audio cutting in and out] just a little advertisement [audio cutting in and out] works great for scars. Next slide.

Now we will get into [audio cutting in and out] we will go back to a case [audio cutting in and out] ACL, currently about a month recover. Now he is having low back pain. There's tight muscles in the back with a fixed mild convex curve in the back. Okay? So like right here, he had this, like, curve, he could not straighten that area. It was fixed and occur. Okay that he did not have scoliosis or anything else, but you know, he had this curve created by muscle tension and he was having lower back pain. He works out. He is a big dude. He did a lot of working out. So if

people want to write into the comments any type of assessment you would use to check it out besides , I mean, what if you want, and how long do you think it would take to fix this guy, please, if you want to put it into the comment, the chat box, do that. Yes. That's a good one. [Audio cutting in and out] attending my talk today.

Any other comments? So obviously we are going to get into what happened. Next slide. All right. So we are going to do a few assessments. [Audio cutting in and out] actually do them now. So hopefully you can participate. If you cannot, that is fine. You know, you can try this on your later. So the return touch test is a very simple one. All right. So I would just start and actually [audio cutting in and out] next slide. So we are going to do something called autopilot where [audio cutting in and out] next slide. The single lead balance assessment, I am sure [audio cutting in and out] next slide. And then we are going to do something called rest

I love Restasis. I talked about it last year. It is really one of my favorite assessments to do. I found that this really helps [audio cutting in and out] going on with the patient, better than [audio cutting in and out] and we will be going over that. So move forward to where it says practice. Yes. And let's go to showing just me and we will do some practice together. All right. All right. So the first assessment [audio cutting in and out] if you're sitting, you don't have to stand up if you want to stand up, that is fine. You basically are putting one finger up in the air so you are doing like the number one sign. Okay? And then without looking, close your eyes and see if you can touch your finger to the other side. And you can see where I am at about midway through, [Audio cutting in and out] okay. So now go ahead into the other side put it up, close your eyes, try to find your finger and see where you are at, a lot of people, sometimes I will go and not even find it some days. I would just do this, I wanted to fight my finger, so I've been doing a lot of practicing lately so definitely a lot better and [audio cutting in and out] so now the other, the next assessment

Sorry. Can we get the phone closer to you?

Sorry about that.

Can you hear me better now?

Yes.

Okay.

I think right there will work.

All right.

Can you hear me right now? Okay?

Yes.

Sounds good?

Yes.

All right you're great. Sorry about that. I forgot about that. All right. Yes. So just go ahead and stand up and then just, we will soften up your right knee and then, it so that you do not break it, then we are just going to lift up on her left knee, and I will take a look at the 30 seconds here so soften up when he and stand and see how you can do. You will see me shaking a little bit left and right. And this is my better leg, so [laughter] not great. I am tapping down. This is, to me, it makes me not a stable and that is 30 seconds. All right. Now we will do the other side. Again, soft and the one knee that you will stand on the left leg of the right leg, and he we go. This is my worse side we will see if I can do it.

I can tell you that when I first tried to do this, could not even do, like, 10 seconds. It was like 2016 and she said do this and people were standing there for 30 seconds and I was like I can only do five seconds. I mean, it was really bad. So this is a lot better than I was since I have been working out. So [audio cutting in and out] so you can see me on the ground. I know I need a phone close to me so you can hear me. All right. Just lie on your back, palms up. And just notice that you know, it should be comfortable for everyone. But a lot of times it is not. Like when I first started doing this, I had to have, you know, talent of my head because I was so curved in my upper back. Okay? It was really uncomfortable for me to lie down flat. Go ahead and move your neck left and right and note if you have any crunching and don't do it if you do. Ideally, you should be weighted at your bra line or grow line. That ideally is your ideal weight area. But if you have stress in your body that is there from whatever, you may find that is elevated because -- friend your belly button, sorry, your shoulder girdle will kind of make you feel like you are on your shoulder blade. Find your bellybutton with one finger just to know where that is. Ideally, your lower back for everyone would end where the bellybutton is so when you have a tense diaphragm, it may be lifted up, okay, and you will notice an increased curve there.

Then your pelvic girdle, take a look at what is going on there, and you will notice that if you are ideally balanced out, you are size will be weighted down and you'll be on your butt cheeks. But when you have stress in your pelvis, you may have some twisting, some rotation, and you may feel you are on your tailbone instead of your butt cheeks, you may feel like your legs are elevated off the ground.

Okay. So the four most common imbalances are feeling stress in your shoulder girdle where you feel like you are on your shoulder blades, elevated diaphragm, a pelvis that is stressed out where you have elevated legs and you're on your tailbone, and lastly, go ahead and close your eyes and see if you notice pain from one side to the other. If you are weighted down more on one side or another, see if you feel like your feet are at 45 degrees. Just feel what they are. If you want, you can look at it. I will tell you that sometimes I look at my feet and they feel completely different than what they look like. Okay? Sometimes they will feel more lateral than they actually are. And again, that is where your autonomic system is not balanced. You are fascial system, for whatever reason, is tell you that your extremities are at a different place that

your body thinks they are. Okay? And that is already causing compensation, evidence of compensation. That is why I love this assessment because that can really tell me that. All right. Now bring your knees up and then to your site and we will get up it will go through a little bit more didactics before we actually get into some other stuff. Okay?

Go back to the slides.

All right. Okay. Next slide. Drink some water. It hydrated.

So I'm curious if anyone wants to [audio cutting in and out] okay? [Audio cutting in and out] missed his hand on one side [audio cutting in and out] not neurologically stable. All right? His initial single leg balance assess, he was unable to stand on one leg and basically started doing this the minute we went on one leg, he started doing that, literally, that is exactly what he did. He stood on the other when he was literally doing this. He had no balance whatsoever. It was really odd for me because he is an athlete and very athletic and was doing a lot of working out. But again, he had low back pain, so he had significant instability. He definitely had come I felt like it was on his shoulder blade, significant arch in his diaphragm, it was elevated, he was on his tailbone, thighs were elevated. Okay? So right there, with those pre assessment, you are seeing neurological instability.

All right? So they may have properly functioning muscles and everything else, but this tells you all you need to know right now about how stable they are or not.

All right? Next slide.

So the physical therapist know this very well about phasic versus tonic muscles. The muscle fibers. You know, we have this thing where we talk about muscles, okay? [Audio cutting in and out] talk about muscles all the time. Is really, they are not, your muscle system is really a fascial system and you will have to think about it that way. [Audio cutting in and out] that contain muscle because if we keep talking about muscles, we are going to forget some of the other tissues there that are really impacting things. And I think we lose that we go to certain muscles and in we focus on [audio cutting in and out] talking about fascia, the fascia that contains your deltoid, your shoulder, and I will show you, we'll look at some cool pictures and stuff where you get to see that, there's just so much more to these little guys right here. There is a whole system. But fascial muscle fibers, they are large, powerful movers. And then you have slow twitch once. They work on stabilizing. They are constantly acting. They are really good, they are like the marathon runners, they can keep going, and they work on stabilizing things and [audio. Cutting in and out] contraction [audio cutting in and out] so we can stand. I need my back stabilized and working 100% of the time to be stable enough so I don't fall down. Okay? So next slide. So you know, so what you will find sometimes is that some soldiers will bulk up and it will have issues and they will end up [audio cutting in and out] biceps and bulking up different parts, working out and growing and [audio cutting in and out] Special Olympics, the warrior games, sorry, for, and, you know, they are working out. That obviously, if you have hypertrophic phasic special system, sometimes they are already compensating [audio cutting in and out] area in your body. If it is

constantly contracted, then you do not pay attention you do not work it out, you do not stay hydrated, it is dry, it is just not working well. Guess what is a forest? Your large muscle movers. Your large muscle start getting stiff before you even use them. Okay? That is how instability starts. Okay? And then once they get stiff, then they are already protecting an area. That you want to move. Well, they will not move as well. They are going to be painful. They are going to be, like, ouch, I am already working to do something else because I am compensating for this other area that is weak. So that is how I want you to think about these things. Okay? And again, we say muscles, but really it is the tissues, the tissues are all compensating together. So yes, the muscles end up eating the movers that we focus on, but they are surrounded by mass around this area.

Okay? Next slide. So what are the drivers of compensation? So compensatory pattern started in the early 80s. There is actually [audio cutting in and out] compensatory pattern. We talked about how, you know, compensation [audio cutting in and out] or just from infancy that you start creating bad habits, basically. Okay? So next slide.

So in an instant, you know, you learn something, a nice beautiful slot, they will what beautifully pick something up, and you see a one half euro, they are just learning, they see [audio cutting in and out] a lot faster by doing this. So then they start shortcutting and they would do things like reach for things but that is not really good for our backs. But that is how it starts. And then pretty soon, you [audio cutting in and out] up and down is really the best way to go. It is straight down we talk about proper lifting and I cannot tell you the number of, you know, [audio cutting in and out] see your kernels I go to back class and they went earlier but they were not paying attention and finally because they're back is aching so much, I am I, yes, I learned so much, I wish I knew this earlier, I'm sure they were told, but they probably did not listen, so the physical therapist, you know, they are laughing because they know, right? These guys finally know when they go to that class and they are like, oh, wow, these are all things I should have done years ago. You know, we are all [audio cutting in and out] next slide.

All right. So the body is going to follow the path of least resistance and they will create these involuntary shortcuts meaning it is not something that you do not want your body to work more efficiently but they will if it is what it takes. Your body will do whatever. So an example, like scoliosis, we have a 12-year-old that has early scoliosis. Sometime you can get improvements. If that is the case, so the cool thing about [audio cutting in and out] if you become an instructor, [audio cutting in and out] there's one person who was talking about this 12-year-old that had new scoliosis. And you know, going on in the back, but they were only able to show [audio cutting in and out] which we will do today and I will show you that. And literally a few months of just doing that every day, we went back to the doctor and the doctor was like oh, you must have grown out of it, but still, I mean, obviously, [audio cutting in and out] so if you did a lengthening move every day, that actually helps [audio cutting in and out] so who knows if she was compensating somehow pick then you have a 50-year-old who has had scoliosis for many years and you know he has been compensating on those

legs are pretty fixed you can still get improvements. But it is not going [audio cutting in and out] okay? So you know, once those things happen over time, it is not going to get, it will take a lot longer [audio cutting in and out] next slide.

So this is saying the same things. Overuse, over strengthening, you will get voluntary or involuntary compensation and that is where stability hurts. Repetition, you know, if you are a teacher or you just do something repetitively, your body gets tired and starts compensating. Why? This muscle is tired and you have an extra set of muscles here and, you know, it is just going to do whatever it takes if you have to keep going and doing things over and over again. And that is why overuse injuries, basically you tire of the muscles that you have in your body and they get tired and, you know, [audio cutting in and out]

Next slide.

This is a reminder about your nervous system. [Audio cutting in and out] take all the input and it is going to do what you want. So you know, [audio cutting in and out] nervous system is like your nanny. [Audio cutting in and out] CNS and PNS. They are working and they are doing whatever. [Audio cutting in and out] during the day when the kids are [audio cutting in and out] needing to do stuff. The nanny will take care of it [audio cutting in and out] your brain and consciousness. That's the thing. You're on anonymous system is your nanny until it is so broken that it is, like, you need to, you know, pay attention to something because there is something broken in your body that needs this. All right-that is what the fascial system does is it is literally everywhere in the body. Okay? We cannot separated out from other parts. So what you do physically, and I would just say this as a physical therapist because you guys, everything you do to help a patient, you have, it appears everything, you know, not just improving one part of them. You may be working with another but you give global treatment that also helps them become more hydrated in the body along with what you're doing specifically for whatever part you are trying to work on. I think you are going to find better results ultimately and that is why I like MELT because I like the tissues and a lot of the bases stuff is all about reconnecting in balancing and hydrating and I really think that you are not going to get a good result if your tissues are not hydrated. And I really believe that this is a wonderful thing audit [audio cutting in and out] you guys are working on a higher level stuff, you know, [audio cutting in and out] manual stuff people whereas [audio cutting in and out] self-treatment. They have special passes [audio cutting in and out] so again, they are still hoping to get [audio cutting in and out] makes it a lot easier to work [audio cutting in and out] go on Amazon and order.

All right. Next slide.

So just to review some comment compensatory patterns for the shoulder, like rotator cuff, it is susceptible to over strengthening. A lot of times it happens when you talk about getting weakness here in the rear deltoid and the fascial system in the rear, so when it is not working well, you know, because you don't do a lot of rowing, everyone is pushing, pushing, pushing, and let's say I did 500 pounds and they failed to do, you know, rowing and taking care of their backs and they wonder

why they are doing this because they are not strengthening their back, you know, or they over strengthen certain parts of their back but not in a balanced way. I know physical therapist know this well. The other thing is weak, inhibited, and poor timing of the following external hip rotators. [Audio cutting in and out] externally rotate your hip. Those will get week in the timing will get off so neurologically they do not work as well and that definitely impacts your ability to run and jump because those quick movements that need to be timed correctly. And if you don't get it times, you start getting to function. And the dysfunction to compensate in the hip joints pick so you know, we have, you know, [audio cutting in and out] that hits and hip replacement. Sometimes it is an injury. Okay. That happens. You know, you wonder how much was because of the fact that just over time, repetitively like running everyday are the things they have done, it is because of that. Okay? So that definitely impacts things, those of the stabilizers we want to work on, getting more stable and but stronger and timing correctly, it is getting the timing correct. How do we get timing back [audio cutting in and out] next slide. So optimally functioning fascial system requires intact connection to your neurological system. So I will take a sip of water. All right. We need a balanced neurological connection. Your body will be balanced and that is what we are measuring on the assessment. We need a well hydrated fashion water is not enough?

Drinking water is great. When I went [audio cutting in and out] when we were there, [audio cutting in and out] Camelback [audio cutting in and out] I had no issues with [audio cutting in and out] here we are in the desert we are not having issues. Why? They were able to sip water all the time and they had to stop what they were doing they went back to what they were doing and they were able to stay hydrated way better than I would have ever imagined. [audio cutting in and out] and we were not , you know, we were from Georgia, so we had some conditioning for hot weather and humidity, but so I was surprised that we do not have any issues so but the problem is [audio cutting in and out] if you got thirsty, the reason for that is because you are getting tissues going in your vascular space into connective tissue and you are creating [audio cutting in and out] and these are all things we need for a working fascial system. We need to reconnect. That is neurological reconnection pick when we are here and we are missing our finger, we are not connecting. Why? Because our financial system is not aware or balanced out. Sometimes it is as simple as hydrating or tissue and enter system aligns. We are not balanced neurologically, we are not hydrated, [audio cutting in and out] all four techniques can be done in minutes. For those [audio cutting in and out] for those that learned [audio cutting in and out] in the morning, you can do it shipment in about five minutes. It is a short treatment, like a mini one, [audio cutting in and out] on the video, see Jessica few of those [audio cutting in and out] but I can get , if I wake up in a feel little taking my back, I do a full treatment and it goes away. [Audio cutting in and out] my patients were not doing [audio cutting in and out] I mean, we all do this stuff, but, right, okay, that is okay. We don't have to judge a patient but we have to let them know to do their homework. So anyway, but that is why I love it because the techniques we have will get you hydrated. So re-patterning and reintegration, there is no way I could ease those without doing a rehydration. We rehydrate and rebalance first. If you actually want to

try it today, you need to be at least moderately rehydrated. [audio cutting in and out] for about an hour and 15 minutes right here, next slide, I think that's where we're going to practice, terminology, okay, yes, so terminology, autopilot is your autonomic system that we have, stuck stress, I used to have mnemonic with stuck stress and I tried my hardest to say [audio cutting in and out] and after a while, I realized once, [audio cutting in and out] because if you try to explain, you end up getting into electoral like I just gave you about your facial tissue. [audio cutting in and out] read up about that stuff and some people are [audio cutting in and out] really want to know all about the fascial tissue, but otherwise, the bottom line is [audio cutting in and out] it is either fascial stress, chemical stress, [audio cutting in and out] gliding, you'll hear that a lot, [audio cutting in and out] preparatory moves, slow, consistent, to directional movement. It's where you have [audio cutting in and out] and other things. Next slide.

Shearing is the other thing. Interestingly, this drove me crazy because I thought the study and had about 20 of them up in my Adobe Acrobat and then I think I closed it realized I lost the slide and which study that was, but there was a study that showed that [audio cutting in and out] that your tissue really likes that. Then once you start going over a certain amount of time, over that minute, the tissue didn't like that is much. So gliding, moving, [audio cutting in and out] and. shearing, you do a short movement where you are putting the tissue. It looks like I am moving my hand but really if you look at it this way, I'm just moving the tissue like that. So that is shearing right there and create loosening of the superficial fascia [audio cutting in and out] underneath then you can also do, yesterday during the talk, we talked about [audio cutting in and out] a study on rolling in some manual techniques which were effective. It is very interesting. But I think actually that you can treat a lot of stuff on your own. So one last thing I really want to point out is that a lot of times, and we will get into the rest of the talk where I will show you stability for your system, you can have issues in her shoulders but it really could be instability created by lower instability. Okay? That is based on factual lines. You can have an ankle and then get a shoulder problem either on the same side or the other side. Why is that? It is because the light of the tension in your body is lines attention. You have tension across the body, you have circular tension, spiral lines, you have frontlines, and you have back lines. And we will go over this a little bit and I'll show you that. But those are the things. Next slide.

All right. So I want to take you through a MELT sequence. This will give you, I will give you a minute to get yourself situated.

Unfortunately, you are not going to be able to do some of the sequences if you do not have a roller. That is just the bottom line. But you can watch or listen and then maybe you can watch this later because it will be recorded. And then you can try these things on your own. Okay. All right. So we're going to be starting on the ground and then we will go from there. I am just going to show you the roller. I will use the MELT roller. I like it just because it has a certain amount of [audio cutting in and out] firm in the middle and soft on the outside and it still gives you a letter from the so it is just not squishing all the way through soft on the outside and firm on the inside.

Just to let you know, for those who are interested, the performance roller, it is just a little stiffer on the outside that is it is made more for athletes and [audio cutting in and out] half of this. All right. So we are going to go and lie down. [Audio cutting in and out] right and left. [Audio cutting in and out] can everyone hear?

Sorry you need to get the phone closer.

I left it on the table again. Sorry about that. [Laughter] Okay. Do I need to repeat that what did people hear it okay?

I think it would be better to repeat it.

Okay. So sorry about that. So on the ground, my apologies, okay, so what I was saying is again, just move your head right to left. Just know that if you have any tightness in your shoulders, notice that you could put your finger to your bellybutton and notice if your back arches past the bellybutton, notice if your legs are off the ground, if you are feeling you are more on your tailbone than your butt cheeks and also divide yourself mentally and have a close horizon to see if you feel weighted on one side more than the other. All right. And then what we are going to do, we are going to get on the roller. For those who have a roller, if you have one, we are going to do this. If you do not, use a towel for this part of it right now. And you can just roll to tell up and I can make it better. Does anyone need any extra time to do that? Or are we good? If you do, put it into the comments. If not, I will just keep going. I will wait for 30 seconds in case somebody needs to type out something.

Please type if you are ready, take it to the chat box. Ralph is ready.

Thank you, Ralph.

All right. So we are going to go. Can everyone still hear me okay?
I'm sorry. Just a minute.
[Pause]

Okay. Sorry about that. Okay. One of the beautiful things about being at home, all right, so can everyone hear me now? Sorry about that. Okay. So what we will do is get on the roller, on the edge of the roller, we went to get here and hopefully you are in a place where you can see me. You want to make sure that the roller, your head is well-adjusted and you are putting the roller really on your spine. If this is too hard for you, it is hard for some patients, I will just put them on a towel and the first thing you want to do is put your hands out. I will get a little bit farther here. So 45 degrees, literally we would just roll back and forth. Okay? You want to pretend that someone include you, you know, glued you to the roller and you will to go back and forth. All right. Now what we are going to do is one of the most powerful moves you can do in the sequence. We would do a breathing move. So put your hand on your stomach and a hand on your chest and we will brief and we call that the breeding breakdown. [Audio cutting in and out] down toward the back of the roller. Let's take three deep breaths. [Audio cutting in and out] all the faster,

layers and layers that hold all the internal organs in our bodies, all of that is being moved right now. It is really powerful. Then we will put one on her collarbone and one her pelvis and we will pretend like we are breathing into our pelvis but we really are just breathing into it, dropping the diaphragm, pushing it down so if you like we are breathing that way and we will lift the collarbone as high as possible.

[Pause]

All right. And then do it all together. All right.

Now we could do all three together. Hopefully you will notice [audio cutting in and out] and hopefully you have expanded in the two directions a little bit. You may feel [audio cutting in and out] that is how you get hydration into [audio cutting in and out] and it creates [audio cutting in and out] connective tissue space. Now we are going to do a formable breeze down and we will contract our core using [audio cutting in and out] so breathe out. And you may find yourself moving a little bit as your autonomic system adjust itself, your nervous system is finding the center of gravity again. We will do that again.

And as you do that, you tighten up your abdomen and allow it decreased down like a tire that is deflating. And we would do that one more time.

Now we are going to work on a different [audio cutting in and out] make a triangle like this. Okay? Find your pubic bone, for guys, [audio cutting in and out] and then put your thumb on your belly and I want you to drop your back toward the roller. This is a wonderful way to practice tilting with your patient. Go on a roller, drop back, [audio cutting in and out] hard concept [audio cutting in and out] to understand. And then tilting forward, so you roll your pelvis forward. Okay. Normally a lot of times when we are like that, we're actually more, we are not balanced out, and it impacts the large glutes and that put you back on your tailbone more than on your side. Okay. So just practice that. Take a deep breath. When you breathe out, just talk. Readout. Tuck. Can everyone is still hear me okay?

Yes.

Okay. Great. We will do this a few more times.

All right. Then let's get off of the roller. Extend one leg and then roll off the roller. Okay. So now let's do an assessment. I love this. It always feels like [audio cutting in and out] move your head right and left a notice any changes there. See if your arch is lower than it was notice if you feel you are a little bit more on your butt cheeks. Feel if your legs are lower. Assess your left and right sides. See if you are more balanced. All right. I would just take a moment to get up and get a drink of water. Feel free to get into the water. I want you to dehydrate. We will keep going. And we will do more. I am moving a way to get some more water.

All right. So I hope you hydrated yourself a little bit more. And I hope you are feeling some of this. It is a little hard to do this without feedback from the group. But we will go back onto the ground. And then we are going to get back on the roller. Okay. So go ahead and just lie down [audio cutting in and out] and we are going to get back on the roller. And we are going to do some hydration moves for the upper back. This is for our shoulders and [audio cutting in and out] make sure you are nice

and balanced out. And now what I want to do is pretend like we are holding a FedEx package of your hips. And then very gently on the out breath, without trying to engage her whole [audio cutting in and out] movement like this where you are just trying to move your shoulder out of the socket and back into the socket. Move it on the out breath. And then breathe in. Try that about eight times pick this the gentle motion that is really good for your solar plexus. [Audio cutting in and out] gently. Moving on the out breath and forward, it just helps you relax a little bit more when you do that. [Audio cutting in and out] better to do it the other way for myself when I first started doing this stuff myself. But over time, you realize it is much better to do it moving with the out breath. Okay. And then after you have done that some now what we are going to do is the single our reach which is just a movement where I will take one hand and move it up where I can still kinda see it and one is toward my knee and then the movement is breathing and then breathe out and your arms move in a gentle motion in the opposite direction. Breathe out and do it again. Breathe in and breathe out and do it again. Breathe in and breathe out. It's a nice gentle movement going in the shoulder again. [Audio cutting in and out] and again.

Let's do three more.

Now we would do something called the double our reach. I love this because it works on your factual lines that move from your side to side. So if you can, just put your hands like in a W but then your elbows so that they are in line, perpendicular, and then you go out and you creates tension. So keep them above, keep your wrists about your test and stretch it out if you can to keep a little bit of a W in your elbow a point I was down for the ground until you really feel it. Keep working on it. Focus and you feel tension between a. Want to have attention, we are going to pretend like we have a spring between her fingers and we will move her hands as if we were pulling a string in the opposite directions and hopefully you can see this and I know this is not the easiest thing to do without getting feedback from you guys, but I'm trying to go slowly. And you go back and forth. Keep the tension. Now we are going to try this, make a fist all of a sudden you are really feeling the tension coming in, get the whole line of tension and hopes rehydrate the tissue and it pulls all the fluid from your vascular space into the connective tissue when you do this move. These are all rehydration, gentle rehydration, reconnection moves. Okay? And now if you can , if you are able to do this, and again, if you cannot do any of these or if you have pain, please do not do this because you should not do the moves if they are causing pain anyway. Here we go. And now just to see if that made any changes. Just try a simple back and forth. I noticed that a lot of times, the gentle rocking just to see how you feel, the gentle rocking gets a little bit better what I do certain things. And that we try to talk and tilt and see if you notice any difference in the talk entailed. Then we will put one leg down and then go down. We are going to work on some lower body hydration moves. Okay. So what time do we have here? 10:10 AM. We will keep going. Hopefully you guys, are you all good with keeping going, we will keep going, so take another sip of water and I will take another sip of water. In order for us come if you want to participate with some of the reintegration stuff, it will be really important to hydrate our tissues. So we are going to start with a move where we are going to work on rehydrating [audio cutting in and out] so we are going to start with, I want you to go on your side, so you can put

your hand up or however you are comfortable, and you are straight and put the roller right here . And then what we are going to do is bring any slightly over. So you keep your back and I want you to keep this whole unit, your upper back from here to here, straight like a board, okay, then if we do a twisting, and you don't keep straight, you are actually going to aggravate your back and twist it. So keep this whole unit here, the torso units, as one solid unit, straight. And then we are going to put your hand out to wherever it is comfortable and then go down, keeping your foot on the ground and do a little role on the inside of the knee. That is a critical area where everyone, all sorts of people have all sorts of issues with tightness, with dehydration in those areas, that inner ligament that holds your knee where you have got tons of receptors, this really helps get a lot of hydration going. Okay. This is called the glide move. So we are starting a glide here where you are gliding across the joint and you are exploring and seeing where you have tissues or bands and then once you want, you can stop when you get close to one and don't necessarily get top of one but get close to it and you can do it here, if you need to do an indirect sheer, this is indirect motion where you are just moving a limb and you can bend it and do this back and forth like this, okay , or just do where you pin the tissue and you just pin the tissue onto the roller and you do this. Okay? I will hold that. All right. We are going to go up to another area. It is the middle of the thigh and we will try this again. Again, keep the back straight. Allow the hip, and I can tell you that this is a challenge for me to do. It is until you get looser. If you are having difficulty with it, a lot of times, it is because you are tight and it is hard to get this motion going. Okay? You will probably feel a lot of the bands. I am rolling over one right now. Sometimes you can go around in circles to try to get it working. And then pause. I would just do an indirect sheer right now. And then pause and let the tissue adjust. Again you pause and let the tissue go for a moment. Then we will go and move a little bit higher. So keeping it out still and go back and forth. Back and forth. Keep the back straight in one line. User shoulders, go up and down, use your foot, sometimes you can actually just keep your toe on the ground, you know, but the key thing is not having your foot come off of the ground. Okay? And then once we pause, I will do a direct sheer. I am pinning the tissue against the roller. Okay. I am getting a little bit of a cramp in my foot right now. All right. Then I am going to flip over into the side. Now we can do the other side. Get comfortable. I will put the phone over here so it is close. There we go. Go ahead.

For those of you that you have rollers you know, hopefully you are enjoying this now. Sometimes if you have too hard of a roller, it can cause PPT to have pain, then I would say that you should get a different roller or do not do this. If you have pain, you should stop. Do not do this. Do not continue. Discomfort is one thing. Pain is different all together. And then we are going to go up and go to the middle. And again, one of the things we talked about, what I made the mistake, I thought I would do a whole lot of rolling, my inner thighs, and I would tell you, I did 10 or 11 times on each area, and I was so sore the next day. So just be aware that you can overdo it. Okay? So doing a little bit is way better than doing a lot all the time. That's when it come to this, you can overdo it and be really sore. So I am pinning the tissue now and moving the leg while I pin it down. Okay. And then we are going to go one more time up. And then roll. Sometimes you have to get a little

flattered. But again, keep the back and hip as one unit so that you are not twisting around it. Okay? You are just using your arm to hold you and move you and help you with where your back is. And then just let the thigh, the inner thigh glide on with preparation and shearing us really we are working on getting that soft tissue unstuck. It is breaking up the cross-linking that happens when the tissues get stiff. Pause for a second. All right. I will move [audio cutting in and out] roller underneath you. [Audio cutting in and out] we would just move back and forth peeping the tissue underneath your thighs and do this with the thighs. Drag him across the ground. Bring them in and go down. So do one leg at a time. Do one, out and moving it and rolling it in and you can do both of them. Today we will just do both of them. I would do both of them right now. Point externally in Dragon you don't try to move too much of it. You are just trying to pin the tissue and get your energy tissues and deep fascia over the superficial fascia and it is breaking up all the connections that again it is moving all of that fluid over. While your back because you do not need to. It is really, the place on the ground of the places that we want to be working on. Okay? So again, coming out, in, point your feet out, put your knees out, they are out, bring your feet and knees in, and go in. Do that. Pause and let yourself adjust. You can see if you do have [audio cutting in and out].

That we will go down, you can push down to where you get the top of the calves. All right. So what you will see here with this one is, you straighten your knees out and if you will come up off the ground. Straighten and come up towards the ceiling. Come up and raced toward the ceiling. Flex and extend. Or you can do a direct sheer way you can pin the tissue. Then adjust. Use your foot to go down to the middle of the calves. You will have a little bit more range of motion here. Extend your feet. The key thing is keeping pressure. Keep consistent pressure down on the roller. Keep consistent pressure down on the roller as you roll. Nice and slow, keep consistent pressure. And then pause and then flex and relax, indirect or you can just do this direct which is about side-to-side where you pin the tissue and we go side-to-side. And then pause for a second. Let the tissue adjust. Then we will go one more time down to the lower part of our Achilles, not right into the ankles, just write about it. You will have a lot more range of motion here. Straightening and bending the knees, you will be able to go a lot further here. And sometimes you can turn your legs over to one side or the other where you will find a court. Do not get right on it. Get right up to it. Okay? And pause. Then I am just going to do a direct one here. Pin the tissue and go side-to-side. Get all of that college and worked on and get that fluid moving. We are going to do, this is a really hard move to do with the roller, so I will show you just with the hands. So this will go up and back. Up and back down. Up on the side and then comprehensive go down. Up and cupped hands on the side okay. That is enough for there. Back at the going. And then we'll do up the thigh and then down. And you know [audio cutting in and out] for where the fluid goes. [Audio cutting in and out] bringing it in and bring it like that [audio cutting in and out] it is like a self-massage. And then do the same, up, down, up, bring it down. This is just a really nice way to do this and you can do this anytime, even without [audio cutting in and out] if you are feeling a little sore, it is a great way to get the circulation going back in your legs and this is the way goes, up and then down in the back, up, coming underneath,

bring it down. All right. We have one last thing to do and I will get a little bit more water. And we will do a little more upper body hydration for we go into the reintegration stuff. We would do some more talking so I will do a littl bit more and then we would just take a break.

I hope you guys are enjoying this. It's a little weird with no feedback. Please comment on how things are going. All right. So this one, I will put my phone down here, so the position, I want to show you the side so you can see what I am doing. [audio cutting in and out] you want to get down and you want to be able to reach around and feel your shoulder blade on the bottom of the roller and the tip of the shoulder blade should be able to, you know, underneath the roller, on the anterior part of the roller, so you want that on that site. [Audio cutting in and out] so then I want you to practice talking ~little bit. Tilt is pulling out and talk is bringing it in. I want you to talk. And then go ahead and put your hands up and so without, try not to let the back elevate. See if you can, you are trying to measure how much you can open this area up. We want to keep the back down and we want to see how far back we can go without taking the back off the ground. And you really [audio cutting in and out] tension we have got [audio cutting in and out] a back. Okay? All right. And then we are in position and you will take a breath in. On the breath out, we believe to one side and check how that feels. Breathe out and come back to center.

Breathe out and come to the other side pick we will check out how that site is going. And then breathe out and come back to center. All right. The next move, we will actually do, in order to prevent all of these nice things your back from getting mashed on them if you do this, I do this with my hands out at it is just on your nerves are going to get crunched up, you want to bring in your shoulder blades, bring your arms because the things in her shoulder blades are over and it keeps your shoulder blade compressing, it keeps all the tissues and herbs that you have their, okay, so you want to keep them in. And so what you want to do is you have to move your feet over a little bit and we will just go in a shoulder enroll back and forth again and this is a nice move and we did a body to be well hydrated and we have to go back and forth in the recur forward and we come up slower about the middle of your shoulder blades, and then we are going to roll. So keep your butt up in the air. Keep your core tightened up. Role in the middle of your shoulder blades pick it's just one or two inches. It is a very small, small area. This is all you need. That roll forward, took your shoulders, and do a sheer on your spine. And then we will go down to our lower shoulder blade, and then down, and back and forth. Okay. Rate. Now what we are going to do is work on in her shoulder blade. We will ~little bit, point the one shoulder, we will curve a little bit and just go back and forth, work on the inner shoulder blades, keeping both, dropped out, and then what I want you to do is to stay on the roller and keep the pressure and we would do an indirect year by putting your head on your shoulder and just doing a circle. I have shoulder issues and a lot of the people in the military, [audio cutting in and out] like this as a way to, I mean, you can do it, but I have people that overdo it and they can injure themselves. I like starting this way. Let's do that.

[captioners transitioning]

Back and forth an inch and down and move around. And then the change the position time and now I will go with my right. And I go with my left shoulder blade. So the right elbow up, over just a little bit. [Indiscernible - muffled speaker/audio] and then stay that one area, bring arm to the shoulder and so it's a direct here. If it's painful, you can stop and then you we have to do some other different things. And then we will go to the upper shoulder starting the lower area. Again what we're doing, these are very basic. If your roller is really hard, [Indiscernible] role as a little softer. Sometimes if you get too soft of a roll, that's why roller seem to work best [Indiscernible muffled speaker/audio] some rollers like it better in there. And again let's pause. And then we will stop there and reassess again. Go back in a position where shoulder blade is below, and the assessment is to see if you've got a little bit [Indiscernible] again tuck it in a talk, not a kilt but a tech tuck a. And ago one side. And find we have a little more [Indiscernible muffled speaker/audio]. Then the other side. A little length there. And now we will finish up with a [Indiscernible] let's go back down. And sometimes I find that doing some other stuff especially if it is new, you can get active in Crete [Indiscernible] a strain in certain parts of your body. See how I turn my head left and right. See how your shoulders feel. You fill little more balanced on your [Indiscernible] Find your [Indiscernible] line. Your butt cheeks. Your butt cheeks. And bring these up and come to the side. And then set up when you're ready. Okay so it is 10:33 and we have any comments and about how that went for you and we will take a 15 minute break so everyone can go out and relax and readjust and see whatever they need to do for a few minutes and we will start back here at about, let's make it 10:50. So come back at 10:50. All right?

Please let me know how that went for you and hopefully it went well for you and you enjoy that I got some benefits from that. And I will put my phone on mute. And I will be right back with you guys. Yes, is okay?

Yes I have some people typing in the chat box, don't know if you wanted to address that now or later.

Yes, I'm just going let them write in and then I'll get that afterwards.

Does have everybody come back by 10:50, right? 15 minutes?

All right.

Please feel free to type in the chat box any comments. Doctor [Indiscernible] will address that later we come back from break. Please be back by in 15mins.

[Event on recess until 10:50 AM EST. Captioner standing by.] Okay, about a minute and we will get going again. I haven't seen any questions yet, that you ask, you can put in the chat box. So the thing is it looks like somebody some people had [Indiscernible] you we do a lot of the hydration stuff. I'll talk a little bit more about that in a minute. I don't want to start yet. People still getting back. [Pause]I didn't hear what you said.

So sorry, given the size back on.

Okay, well welcome back everyone. I hope things are going okay. So someone said I have any questions, please put them in the chat

Chat box [Audio cutting out] now we will move into more point of trying to make is literally everything affects your stability or your emotional point to anything you do. So it's just not I mean before we think of our special system, our muscular system is like separate and the rest of us. But the more you learn about fascial. It affects everything you do. The matter what you do, the really cool thing is annual improvement because they work on restoring your dehydration, they can get you balance be quickly. Even if you have all that stuff going on. And it never fails. I had the same with rheumatoid arthritis that I was doing acupuncture on and I just learned the [Indiscernible] treatment so I will show her how to do hand treatment and she has like gnarled the pens like this. After I did hand treatment she still felt better with the hand and reacted to do really matter how bad you are doing, hydration if you have the proper technique to hydrate your tissues, you can get improvement. And I think that's the thing. I don't know if it's because of the vibration the ball are moving the ball across our moving the roller across her body, it creates hydration, it creates sound, it creates frequency that your body is doing and wonder those other things that her body is picking up. I did notice that using vibrant prohibition really helps with what you do with rolling vibration. So this is techniques can help as well. But I think you have to be smart in the way use the roller and that's what he is about [Indiscernible] and 30 years of the career and creating the techniques and villages go down and have to work on them and they were happy with just being okay with [Indiscernible].

So next slide.

[Audio cutting out]FEMA concern so next slide. So I think anytime Audio cutting out] so you can just do a foot treatment in hand treatment and get a global reestablishment and that by itself would be problematic for patient.

So what we did is a very similar program and the one they had to do, we didn't do like the [Indiscernible] and will do a bit of that before you do some other things. When we do our next sequence. Okay?
So next slide.

So we start with did the region touch test. We did touch the middle of the thing on both sides. So I take a moment. So go ahead I figure out and see what you can do. [Audio cutting out] you can have your I suspect your eyes closed. [Indiscernible low volume] and will just take a moment [Audio cutting out] so stand up if you're able to. And will start with the right leg up so relax the left leg.
[Pause]

All right, so I guess I've got some improvement there. And the other leg. Stand on the right one and lift up on the left. Definitely improved here too. We can hope for the full 30 seconds. We already did the rest reassess. And there we go. And they stepped away from the microphone,

right? So sorry about that. [Audio cutting out] yes a rough was saying the patient gets improvement in mindfulness and focus as well as facial mobilization which is a great addition to the technique. We need in the breathing, it really is, if focusing on medication or meditation. You're focusing.

Ralph was saying.

[Pause] [Audio cutting out] a microbiologist who is with us said she was selling fantastic so people who are athletic who already are in good shape maybe the bodies are not, neurologically compensated [Indiscernible] making this decision, he did connect with the methods and it just creates a whole disconnect in the system. In the great know every day function and your brain has certain thinking for breathing. It's like your brain automatically thinks you are overwriting that with the thoughts of breathing and that creates movement as well as the fact opening closing. And [Indiscernible] to go through is so much special movement and there's a huge [Indiscernible - low volume] stretching moving around.

So we'll talk a little bit about narrow myofascial core and it's interconnected through the nervous system and the fascial system. With a training and so is mostly auto neurogenic we are in voluntary control. And the system is what drives a lot of the checks and balances.

So the park that consists of the diaphragm, the transverse is a Dominus, the multipurpose and thoracolumbar fashion pelvic floor.

So now move and show you so Carla are you seeing my screen right now?

So your work as stabilizers and you can see here. In this idea you can see things. You can see the layers and just look at all this different and look at all the layers are adding on all these layers and layers And here's I went to the Website the [Indiscernible] website I think it's an army thing.

So is major that you have spinal stability. It becomes a special issue. Becomes with the diaphragm. And keep going in the layers there.

[Indiscernible low volume] you can see it goes all the way up. But just to go back down, I mean it's not separate. Okay, it's not separate from here. It's not so right from here. Although it's up rating, okay, there's all these layers that work together in the system. You can have a [Indiscernible] and [Indiscernible low volume] is what I'm doing right now.

So that we have more layers. And on top of that. So the rhomboids on top of these different layers and layers. Has your shoulder. [Audio cutting out] and this is really really strong [Indiscernible] and overpower the system.

I wanted to keep showing you the layers here. And look how many nerves come out of the system. And I remember when people have. And your natural tissues can be tight or whatever. [Audio cutting out] this is part of [Indiscernible low volume] and it's really important. So when you say

that right now and go over. This is very cool. So I was just over here. And now we're going to go down here to the functional anatomy.

And look at the shoulder here. [Indiscernible low volume] so you can see the shoulder coming up. And the agonists and antagonists. We can turn this we do this. [Indiscernible low volume] and see what evolves and think about, so even though we just do the muscles, so all the layers. So I will go and show you [Indiscernible] has his hand up. [Indiscernible - low volume] [Pause] and refocus so all the layers often moving around [Indiscernible - low volume] so that back and the other pitcher. It's just not letting me go back and forth. Just put back appear. There we go. And again [Indiscernible low volume] all right so there are tons of layers.

We talked about lines and got to layers. The one is again, it's muscular [Indiscernible] and it's got the frontline and shows you the path it takes. So functional lines in the back functional lines. They can see how crosses over. And there's that X support system. That includes's party a shoulder function. And then your [Indiscernible] [Indiscernible low volume] you can see also he's a really big and over strain, you have an issue because you have all these other areas in here that are also working on your this is on your side.

And supporting it and all these of the places that are doing things so the muscular parts of the fascia, it's going to not balance and have to be in balance and you have the frontline and he can see the different tension. The frontline goes through the deep tissue. And now here's the online. Just like the arm line.

We're so used to thinking of the shoulders that you need to include the back. And that whole back area.[Audio cutting out] can have your hand on your side and lift up your arm above her head and you feel the movement and other tissues moving for you to get your hand.[Audio cutting out] but up overhead, all that should be moving. So going to become unstable there.

So again my lines attention there.
And they call it muscle but it's really fascial.

And their weakest pardon a dent enough to strengthen it all the way. A lot of times what happens is [Indiscernible muffled speaker/audio] and maybe they're trapped with the power thing. At [Audio cutting out].

The last thing I wanted to show you is a public floor. And come back to hear. So here again from the pelvic standpoint [Indiscernible]. And here you can see the pelvis and this is [Indiscernible]. This again is your fascial with your thoracolumbar fascia. And for taking things away. [Indiscernible low volume] and let me just see so with that one here's a different picture [Indiscernible low volume] so let's see if we can get [Indiscernible low volume] So here's your inferior Jim Ellis Jamila gemellus. [Indiscernible low volume] not as happy with this view. Again we talked with the muscles that really they are in fascial tissue. So you get a scar and a. fascia. And this is where we want to get to. Look at the [Indiscernible]. Look at how this tang and I know we talk to this is

the view here is of course the front. And we just are filling up with all the fascia so look at all the fascia caring up all the different parts is the area here. And here is more transverse [Indiscernible] and hear all of it, the tissue the keeps your stomach in place. One surgically to make an impact in their ego.

That's one and another view to bring in here.

All the different [Indiscernible]. So when you're breathing, think about all the different layers of tissue I that's really break down, you're moving tissue here from here. But staying on a roller or what you're doing is the back in the reps can stand [Indiscernible] in your allowing others tissue All your organs.

So many different layers. Of that fascia is getting drowned heard?

And right here with us on the layer. But transverse abdominal.

Diaphragmatic. When you breathe it standing there and breathing deeply as you can, impact solace and all this tightness, if you don't have to do a stomach with a stomach breath is. Here, all the scanning hydration is getting stuff in the movement. If you don't breathe well, that's a disability. And you think about that you're stressing stretching out using about all these tissues when we go back to not sharing the screen. Okay stop sharing. Working fine so far. Any questions there so we should have it to access through the deity computer. So initially went and talking through this civilian standpoint. So DHA has a license. Actually got permission and the movement that I could support talk and also did coordinate it on the Internet and each has purchased called anatomy TV. And I got into it and go to [Indiscernible] -- the made you go to the Internet some of the virtual library. And I want make sure I show you next slide and we talked about and mobility. And talk about things like diaphragm it's a huge system there the whole systems activated. But the diaphragm movement, you move from here to here, think about all that move in a tissue. With each breath. And then [Audio cutting out].

Transverse his abdominals. This is a tonic contractor. That's how it works. It sustains a low load. [Indiscernible]. Using muscles. But really it's in particular the backup system of your thorax stabilizes you. But yes are specific as you can do. And then so and [Indiscernible] if you've got a large [Indiscernible] you have a large abdomen, you have a shoulder girdle in your load will work very hard.

And we went over the anatomy of this and went over transferring loads. And [Indiscernible - muffled speaker/audio] and creates a network there. And that functional rotators become active and working on external rates and [Indiscernible - low volume] and [Indiscernible] before and for your body to a residence well-known to how you treat stress. Say decreasing your stress do something physical which I think it's wonderful you do something physical and picture tensions to what you're doing. That creates presence. The residence decreases overtime all the time at without fail. So just doing something that your focusing on it helps. And if you do these things and we talked about to the instructor and say well when you're teaching this a lot and you really have a built in here what to do. Always recommend be thinking about it. And start compensating and it's interesting. And even if you do the same thing will repeat the same thing over and over again. And look consciously and compensation and

also [Indiscernible - muffled speaker/audio] how much you are expanding and contracting. And building the 3-D part of your breath. When I started this thing [Indiscernible] they said how did you improve your breath and unlike what you what you talking about? And I was so tied up here. And you don't realize how tight you get.

So reflexive core. You've got this core here and there's multiple layers. And [Indiscernible - muffled speaker/audio] [Indiscernible - Static on the line] on the website. And asked if I really want to delve into that wonderful things you can sign up for and you they take you through [Indiscernible] even on YouTube there are things you do for free and look at that's critical. And [Indiscernible].

So the root core [Audio cutting out] it keeps everything stable from the top we've had two toes. Including together, create your neural core stabilization and you can day together stay upright or protecting your spine. [Indiscernible] uses these terms, the MELT term that she comes up with. With a reflective core and [Indiscernible] in the core from the top to bottom all working together to create stability.

So she causes neural core, and against easy way to fill system and you can see what happens when you have a functional cascade. You have the reflexive core [Audio cutting out] [Indiscernible - muffled speaker/audio] [Pause]

Has to tighten up and your shoulder girdle [Audio cutting out] he get functional recruitment and that's just one way [Indiscernible] and you're able to stabilize and the consequences that your joints lose space without you problems.

So and the pain and chronic aging. And I don't know that we fully understand just how much stuff is accessed I think that will be going on. And if we have the proper techniques of self-care that we can [Indiscernible] I would love to see them do that rather than what they could be doing. I think we have a lot less injury over that and [Indiscernible low volume] and you also know how to take themselves better and I think that's the bottom line. I think uses tools to light it will help on the [Indiscernible] side [Indiscernible low volume] and not be bothered with injuries.

I saw question says I usually start each session with three five minutes of breath work to center us both and synchronize our bio fields. So now you know what you doing, you're activating the fascial system. [Audio cutting out] you can tell that you're actually [Indiscernible] so we give these people different framework to look at this, not just [Indiscernible] your hydrating all year [Indiscernible] may take a deep breath and that's a, that's a power doing this. [Audio cutting out] answer to patients with what's going on. Not [Audio cutting out] [webinar buffering] it is a powerful.

Next slide pelvic organ prolapse treatment. And the files and download. [Audio cutting out] and tightening things up. And because [Audio cutting out] your pelvis. So the pelvic tissue. So bottom line is what they said

is based on bio tends gritty that is contributing to the problem. And next slide. So what they did is a good director sustained myofascial release and that article, but they demonstrated, the bio focused therapy that has a philosophy that muscles were over tightening, he had too much, chronic contraction that created this active listening pelvic organs. You got the pelvic organ and have prolapse which is totally different than what the surgeons are going offer right now. There like when to tighten things up, tightening things upcoming government there. So we need to rethink a lot about what we're doing. And again a small study but it's very indicative of the fact that maybe we are not really thinking about a lot of the smaller things in the right way. And we need to rethink like what stability is and what creates the need. Is it really [Indiscernible] or is it that the wrong muscles and actually have wrong muscles that are tight and we've got over tight [Indiscernible] it's not come again through the model of the configuring that they did it and like I said you go to the details there on how and what the model was at they use. But I think it's just very important. That something like this is coming out and we need to be focused on what we're doing and surgically will if we're doing and taking the right approach or can be doing more nonsurgical intervention. Nothing wrong with surgery, you need a fixed at some point. But maybe there's better ways. It looks like potentially as potential better way keeping yourself [Indiscernible] so it's pretty cool.

Are so indirect before direct. One of the things is as all-time you the potential line. [Indiscernible] affects others. You want to go with the upper shoulder pain, you want to start addressing [Indiscernible] and probably not. Because that is going to be super tight. Because that's really pain. Actually start on the bottom. Start with like a [Indiscernible] and you can use it to work with the ball and any ball work, like if it harder to step on it so much and you will get results of that and then you can start working on the lower extremity in the pelvis, and then go up to the back. Because by doing everything else, people will start getting indirect, even just getting on the roller and [Indiscernible] about is that. And I love you with back pain can get on the spine but it's of the spine. So not having [Indiscernible] most of them can handle it now. And you have to do something different. But those of you who don't have [Indiscernible] is just [Indiscernible] and a lot of people get on there, if you want to [Indiscernible]. So another option though so if you get half roller you can put it on the side and [Indiscernible - low volume] [Audio cutting out] so next light.

So just going into some of things to talk about with transfer solace fascia. [Indiscernible low volume] go under the rib cage and adheres to the.

So the bacillus the psoas, it is continuous with that diaphragm. I mean it really doesn't add, but comes the diaphragm and the fascia. Say have these layers of fascia run the muscles and I like calling them, we label these again and talk about them, so we should say the fascial system. When you have reared deltoid system, then you have trouble. When you have time in your pelvis it's wrong. Going to have neurological stability.

So reintegration. So the next level, so as you see this is not something you can do right away with the patient. It's something that they need to

get their system hydrated first, then you can bring the stuff in. Some of the patients are healthier patients, they can do right away, or a healthy person. And start doing this right away, but they still need the preparation [Indiscernible] but even if someone who thinks her health in a fine, like my one soldier came in with having back pain was totally imbalanced but how fast it take me I fixed up, it to be literally an hour. One section basically and doing a few different moves got him rebalanced, and it was just so amazing to see. [Laughter] on that literally for second. So like, all better, I'm here standing on one leg. And we didn't have any instability whatsoever. And I think with the young folks, look at them tiny back and that's the thing with physical therapy, I think bring in the sin as preparation, you may find that the results get a result. From an PT standpoint, using hand treatment, I have given patients a lot of the hand treatment and [Indiscernible] is very event gentle hydration techniques to use and they just have to very gently and having to do other things to get that down.

So I just think it's really [Indiscernible muffled speaker/audio] it doesn't substitute, you still need to strengthen things I just donated other things, but it's the techniques that we have that really star.

So keep going. Let's do this we can actually Jason is move so we integrate the awareness of the area and that's the thing is reconnecting [Indiscernible]. And you're breaking an unconscious pattern. So set up has become the support thing. Spend a lot of time and set up [Indiscernible low volume] for some examples. You concentrate not on the movement, but you concentrate on what stable. Because what happens is your body tried like heck to compensate with all sorts of other muscles, but you're trying to actually stop compensation consciously which then helps you get your time back in the seriously trying to work on. And then you work on time.

So timing movements are slow and also very [Indiscernible low volume] for integration. And those, that's all you need. You got the right form and you get a real quiver. You know you're doing it right when you are shaking to get this one little area and with those areas that are probably overworked and that's what you're trying to do again. Use muscle to and really the whole system in that area. A time, it's not [Indiscernible] neurologically effective.

And of course. If you feel pain and that's the thing, if you hydrated, a lot of times [Indiscernible - low volume] at all. You can get hydrated well.

So and again, you do self-timing. [Indiscernible low volume] compensation, you don't want to move to the next step. So what you do is we integrate and re-neurologically integrate and get that going. So one body reconnects that's the way I need to do it. You're making a neurological connection. So if you have a lot of compensators and restrain muscles. It may last longer, but one thing to talk about is this is part of the [Indiscernible] unit is once a week and I'm still learning what a lot of these moves are and someone not been really good with my body so try to do my best to date to show you these but I'm still kind of

working through them. If not I get the level III training at. But I feel comfortable and actually those moves.

And one is very cool. The clam which is done a very specific way and I realize [Indiscernible] and that's it.

So that's it. You change the timing make changes. And I love to hear from very interesting.

So I'd love to hear after you use some of these are you feel and you may discover [Indiscernible low volume] you just have to [Indiscernible low volume] re-pattern in.

So after your able to reintegrate again this is all step one. It's a reason why it's a higher level training. And some of the lower level stuff and we're not great with it but adding in some of these moves from the level III would be what would keep them are functional. And look forward to learning those. But also if you want to watch these moves with your critical therapist, and get and take a look and [Indiscernible] the training is spectacular.

So question says however timing and motor control very specific. Slow velocity exercises good to learn the motor control, however slow velocity exercises won't translated to functional demands during gait and running. I'm not a therapist however I do believe are model I've seen it work myself and been so much better all week and it's not [Indiscernible] and working specific areas of timing and working on [Indiscernible] very specifically does anytime he and neurological, help make myself clear on that and I timing is what screws up during running. That doesn't mean they do not need to do a kind of a training and by how you run and other things, not saying that that substitutes for. Just trying to reconnect the neurological timing and external rotators in a doctor's are not reconnected or that you are abnormally compensating them. And this comes directly from [Indiscernible] I tie am an expert on that. Because really I'm an internist and from the standpoint just projecting [Indiscernible] it's something to consider as a model. So I'm not going to try to get into some of the exercises so just keep going here.

So Kristin wrote is important to build the base, build the control -- timing and sequencing. Then once you have the foundation the next up is ring it to the functional demands. Yeah. And that's to talk about. This is like a building block. Like what you do [Indiscernible] and functional just added thing, but I think it's an unbeatable additive thing. They can just latter problems with the physical therapy networking NOT networking. And you don't have any techniques to get the body hydrated. And handed for treatment and something Jan a few minutes. And maybe enrolling but we know people are starting to do more of. I think there's a lot of that has to be done on the bottom line and everybody before you can start working in higher level and I'm glad, and make it more difficult. Thank you for adding that in. Once you constantly reconnect the brain and reestablish the connection anybody gets more aware of that. Really your unconscious [Indiscernible] maybe conscious in your system in your systems like oh [Indiscernible low volume]. But that is what you're doing. This is one of those things and as per to talks about getting to the point where you

have neural strength moves to help stability but your body will compensate whatever it is. Okay stack role. I was her talk about this.

And it takes a while to get my so comfortable with this. I would take one minute to fill up my class and take limit because we will get back on the floor again.

I will be right back and then we will get going.
Bring my phone with me so you can hear me.

Okay so people do everything. And move back and forth and check to see how your shoulders are and you get the stress in his shoulder [Indiscernible] and see if you laser straight down or not. And your buttocks are on the ground. And then quickly [Indiscernible] right left. Close your eyes to see if you feel weighted down a twisted on one side.

So I want to go over [Indiscernible]. Because we're going to do a plan. And I love the way she does this. So one of the things is you can use your roller or pillow or anything. [Indiscernible low volume] on your head. And is a roller and what you want to do, a lot of people and again our side like this and there on top shoulder. So what is he said his get off the shoulder. So extend your arm out.

And then noticed here I've got actually this leg up here is behind my other one. Also know that the lake in front of it. So year here and there and you actually want to be [Indiscernible] so you don't want be in your hips here. You want to be on your side and on your hipbone so a bit over so one of the things we talked about putting this for down and using this as a way to get your butt going. And then again we put her legs right over here. And then you're not [Indiscernible] it. You want to actually, so one of the things so you go into a tilt. But again tilt is bringing your pelvis tilting up and making the arch in the back there so your scoping the pelvis, and extend here. So do that extension right here, that makes a difference. So you are extending so [Indiscernible] you tilt your pelvis and you extend here but you don't want to get your, you don't want to extend so much that you're hurting that. You want to keep your wrist heavy and just extend out. So extending and you probably going holy crap, this is not easy. So pay attention. That's the thing. It is in. And you want to bring your role a little bit so your top nasal of it over the about me. So going, tilting, and stacking. Over. And then she has you start with the clam and come up in the whole.

And come down. And then you come up. And you hold. And then she has you redo it. And she's like okay take a look. I see your stack. And not pushing down on this like here. And then you down. And then you go up and hold it. And you should feel it here. If you go like a bit sometimes if you're not feeling it right, or feels really easy, you and I correctly.

And up. The down. And my going away.

Up and down. And just relax for many. And the do every patterning. I don't have any feedback from you so I'll keep going and otherwise I'm going to do clam and do this and using like your IT band. Using your large glutes that you really want to get those external rotators. So if

you don't have good position is not going to do what you need to do in terms of getting the limit on that. So again is to show you the one shoulder. And to get off you. And he can use this like.

And then three does make it into adults. And stack and extend over. All right and then roll a little bit and that's the position, and she does look for the armband or have a bad hearing allow people to have that. And different things. He's a position for that. And also has another position where she brings a slight up and you get back in the tilt and roll them bring your leg here. So you're going down and what you try not to do is bring the tilting forward and getting that in a 90 degree angle. And making sure you not acting the whole thing up, and the move was internal and external rotation. Internal rotation, and I'm not even in the right position. And external rotation. An internal. And external. This one again for the timing, so you trying to re-create the timing.

There. So it's all about again not getting working on the timer.

I am going to take you through, so take you through a few other lives that should of a comfortable with. So that tilt stack and role is challenging. I still find a very challenging myself. To learn and I think it's a matter more of the position I have to do in order to get comfortable. But thank you for that that comment and let's see what I'm looking at, [Indiscernible] thank you and I found many SM do not like foam role because it causes more pain. Offering a softer option like a softer ball and teach them to use it properly they attended it more. So I think want to purchase a few rollers and I know it's really hard to do anything [Indiscernible] and see if I can help her get on their having some trouble come I don't know. The government hasn't been very responsive to them putting in applications are not going anywhere.

I know that the same challenging trying to get their equipment on there.

[Indiscernible low volume] so that's good to know, thank you Kristin. But I really do like the message. So for those who have rollers, we're going to do a bit more right now and I figure [Indiscernible] so let's start out what to do is [Indiscernible] this is not something that's easy to do. To pay a roller with got. The first go ahead and so on the roller [Indiscernible muffled speaker/audio] and this is just pressing. Then we'll have one hand behind and the other behind and we will go down a bit and start we call the triangle here. Of the SI joint. And then we just go investigate over to the right and tighten up your core here. And be able to pretty balance. And just go [Indiscernible] I can tell going opposite from the direction. And then just keep rolling there. And this is just a regular kind of plan is in direct here. And then go ahead and explore little bit on the other side. And this is easy way to he can do without, there's a different way to gather roller. And show you what have to do a many different things you have in the message. And then he can do a little bit district the indirect [Indiscernible].

And then go ahead,, we're going to go out a bit more and maybe put a hand here outside insight and he going to year deep hip muscle and there's usually a lot of different things in their I can benefit from and is a lot of tissues there with dehydration, so we're getting all that tissue

hydrated by going here in the deep hip. It's a wonderful preparation for any kind of lower extremity our physical therapy they need to do. And then you stop and pause on a certain area. And go ahead and do an indirect [Indiscernible] and will go on the place a little bit. And will just move on. The site hip on that one. So put your arms down. Forearm down and I will going to go and get them between our interior Spinal between your [Indiscernible] so you like on their and you decide you can keep your hand here for extra balance or you can put your hand here. If you need it using your inside leg. To be the guidance on the ground are just above the ground. And find a spot maybe and if you find it Temple and get a source fighting it closer and closer and from here you want to stay off your you don't like it off your sciatic nerve. If you had to go forward more, you can go more forward. And then direct here are just a rolling. So this is a nice technique care.

Do that.

Now it's go ahead and do this on the other side.

So first with your hand on your hip here and I find for myself [Indiscernible muffled speaker/audio] in the inside leg and have the hand here for stability purposes and go forward in gliding and then [Indiscernible low volume] and do the clam indirect here. And then I'll do one more spot there.

That's a big things here.

I guess so. Things are really [Indiscernible] and I've used talismans have rollers for those who really have difficulty. I have a guy with a genetic issue with the [Indiscernible] and he just again a roller to go the flat side of roller, then to and then the clam. And after the regular roller. And now we will go and get off your elbow. Get on your elbow. And get ready between your [Indiscernible muffled speaker/audio] and [Indiscernible low volume] [Audio fading in and out] and the first time I did this, oh my God, it killed me. So there's lots and lots of stuff here, and then here with this one, it's either more rolling like that or cited for because you want to be off that know, and getting on their end direct you.

So now we could do from this, is going to right under it do more of a plank almost and I'll go [Indiscernible] actually [Indiscernible muffled speaker/audio] is a bit of a plank in a put my phone a closer. So on the side of would do the IT band. And he just go right low the [Indiscernible] and yeah. But here's the other thing. We also talk about getting in and out. But don't get too often. The detail on. Just a little bit. Okay, and then down a bit more. And you can do an indirect here and pause just moving up and down. Okay. As an indirect here.

And then don't go to the middle, okay so avoid the middle. Avoid the middle the IT band. And I'm sorry, moving way back here. Directly in front, and of the knee. So just kind of role there. So there's always lots of good things there. So I am kind of in a plank. I'm using my answer put my focus on the roller. And then you can kind of doing

indirect here. By moving [Indiscernible muffled speaker/audio] okay? Will do one more area there.

And this is specific standard compression and yeah. Is a cheesy.

Got to keep an eye on the clock. And then, so we balance out. Go on the other side. Put this hearsay can hear me better. So we are right below the [Indiscernible]. And you can use all right worried and then just an indirect here. And just go a bit lower and upper part of our [Indiscernible] just one or two inches. Again I think if we make these things short for soldiers, maybe that will help where they don't get too long. She just goes in and out that's we talked about, quick in and out. And even with the fascia, not a lot of compression is needed like a minute and at the most. In one area. So you a body just like too much compression anyway. And now we're going to go [Indiscernible]. We're going to go right above the knee. And then indirect here. And then go a little higher up. And then indirect here.

Now if you want, I'm going to take you into a four plank. A for think we, this is very good for that. So sometimes you can either do all [Indiscernible] so staying a plank, and then just roll the top of resize? And then you can do it again, indirect here. He can do it on side. So you have sometimes we just do, he going once I. And be on their side. And then do indirect here. Or it can be a direct care. And clam. Tissue again, again addition to the roller go side to side go to the middle. And keep your, treat try to keep reform up and then here. And we're indirect. I just kind of doing both of them to be a quicker side, okay. And now what we're going to do is a show you a few other things so is when it's really cool is called the rib girl. And will get back on the roller. The way it's on any get on a roller, I love this. When there's a [Indiscernible] any potential [Indiscernible] yourself [Indiscernible low volume] [Indiscernible muffled speaker/audio] this helps you reconnect a lot of the signing movement. And what we do is hold it up their will on the roller and then we'll go up a little bit more and work on getting that [Indiscernible] in Basha in your fascia.[Indiscernible low volume] and then so and this is a very quick move. So you put yourself like this and literally wire in this position, equalize your pelvis again [Indiscernible low volume] [Indiscernible - muffled speaker/audio] and a little extra and you will feel like a tremor and then come down. It's literally that fast. And so you come up and come up a little extra and wait for the tremor and that whole area and then go down. And then you switch. So that your grip and then you come up [Indiscernible - low volume] and down. And then you go up. [Indiscernible - low volume] and get the tremor going and then come down.

So that's a really cool one. So now when we just [Indiscernible] a little bit. They thought a little bit. And that lower body compression. Made everything feel better. [Indiscernible - low volume] definitely helps a little bit more, but. And [Indiscernible] a little lower and he get those indirect attacks refill more relaxed in the upper body they are doing lower body stuff.

So now to show you there's a way that he can get a little bit last time, but you put the roller right underneath here, or even the talent blanket

or whatever. This can be challenging for a patient they may have to use like a half roller are just getting on account works fine for this. The proper position is one -- your waste is on the roller. So want to make sure, and then you can test it by putting up your legs and you should feel that you are well-balanced, so if you have your legs up here, you can fill well-balanced. So when you go ahead and show different angles here. All right so normally with [Indiscernible] here you can do it where you do a little bit of it here and you kind of get, you work your site have a little bit on your knuckles at the Michael. And you go here and here [Indiscernible low volume]. And again these are all hydration that you do. We already did [Indiscernible] here. And I want to show you different move. So the hit to heal. You get into like this is, this move is actually called forgetting the name of this one. Oh yeah, Hill press. This one actually [Audio cutting out] and you got your the lake on the ground. And what you do is the movies to actually breathing and when you breathe out without like in, but this like [Indiscernible] and you will feel the tension pulling over the lake. You want [Indiscernible] [Indiscernible muffled speaker/audio] and then try that and say going to do the site again. And try to keep your pelvis square. Because a lot of times he want to go out with her leg. And Venus in. [Audio cutting out] and then as you tuck, you push rather put into the ground. And breathe out. And a lot of times if you're not well hydrated you get some camping in there. I remember the first time I did it, I cramped so bad. And then push down. And I need to work on this one [Indiscernible low volume] and be working on this a bit more.

Now going to show you one called low back decompress. So just go here again. So if you also as a way to check where you are at, feel where your superior [Indiscernible - muffled speaker/audio] is so filled with that is. That should be above the roller so in front of the roller here. And then go down about an inch and that should be about the halfway point. And if that's where you are, that should be a good position.

All right, once you're there, Accenture likes up in the low back, so because we haven't done this first because you [Indiscernible] put your hands here. Put them in your hand to slightly. And then you take a breath and you actually tuck and then breathing and then tilt. Tuck and then tilt. This provides good different Tatian different Tatian tuck and it one time. And then tilt. And take a break. And modify the tuck and tilt and people are starting might be too hard for them to start here and tuck and tilt, just a modified version I guess, trying to stay square. So now we're going to go to [Indiscernible] and what it is as you don't move it's a position a minute. If you have relation push into the movement with your hand you are creating that sense of tightening the core. You can do that [Indiscernible] sound if you want. That you did when you did the previous breath, and that will help. So you do the "shhh" and you tremble. And it's a reconnect of movement and [Indiscernible muffled speaker/audio] and you find that that happens, a tightening in your leg, Indiscernible - muffled speaker/audio] And really want =to get [Audio cutting out]. So it is called F-18 it is 12:18 and everyone to get [Indiscernible] in. Make sure you're a good place on the roller. Bring your legs up. Oh one. Get into great tuck. And get into eight tuck. In point that other leg up to the air like a ballerina. And then we drawbridge it down. And that should say talk

because you on, because you are pulling in this. So the fascia keeps it tight. [Indiscernible low volume] with her hand up and bring down in this direction. And lift your head up. Look to the right, so if you doing the link to the left the new look to the right. Take a deep breath and when you breathe out, move your foot in hand as far preferential as possible. Keeping that tuck and [Indiscernible low volume] and breathe end and it will breathe out and do it on my time. And stay close to the couch here. And do it one more time. And let's go and do the other one. And get into the talk. So again bring the foot up. Topic down. Get into a good tuck and bring her hand up and drop it on the drawbridge letterhead up, look to the other side. And then the move is [Indiscernible low volume] like really close to the couch here. I'm going to move down. But go ahead and do the move if you're in position. Breath out bring in the knee. So again, sorry I am just repositioning it.

So tuck, down, it's really important is basically you're getting into up and down. And it's important to do that. Lift her head and look over your locking in the tissues in a certain way by doing so then you pull. And that's a wonderful breathe out. And do that, and that's a wonderful way to [Indiscernible] I really like that. For people with scoliosis also.

So all right. It is 12:21. We end at 12:30. So I'm going to stop here, and all right. And take some questions. Let's see. Oh, I'm sorry, let's do one thing. Let's do our last [Indiscernible low volume]. Udell the stuff, was get back on the ground because that's the thing. To me the other thing we can do to get enough [Indiscernible muffled speaker/audio]. I think you ought to [Indiscernible muffled speaker/audio] is the assessment helps people get into their body. [Indiscernible muffled speaker/audio]

So yeah, thanks for the input doing that. I agree. A lot of clients. So I will say what though. I love doing this with older patients. Because the MELT stuff is gentle and just the underground, because I think a lot of this is gentle hydration I think you will be shocked at how much they like it once they get down and just the challenge of getting up and down the ground is really good.

Is a stuff we have been planking other things, but that would be too high for some of our patients. But doing a fall treatment, Interpol treatment is awesome and you making alot of fascial treatment just at the ball treatment and like I said, I really think you can go to this and learn to be a MELT instructor think everyone would benefit I think [Indiscernible] so get the people there so they can take these classes for clients or whatever they are seeing. And I think of it really add a lot. And all specialists. So the occupational therapy assistance and take the class learn I think [Indiscernible] the MELT hand treatments are awesome.

The lower level you can work on these teachings in the MELT self-help classes I think that's really what we're trying to do in the system. Is to get more self-help going to their focus can take care of itself and we don't need them coming to us. We don't want them to come back to us and I mean it from the standpoint that we want to take care of them but we want them to be a ticket himself.

Now some people never will. We have some patients that they are going to want us to take them and that's just a shoe. But a lot of our soldiers want to take themselves. They don't like coming in seeing doctors and therapists they need and there's nothing where they would like them to stay at the office.

But some of them also have self sabotage skills to like they go drink every night and that's can [Indiscernible] as well.

So I'm glad you liked it, thank you for the compliments. Are there any other questions that people would like me to answer?

Otherwise very happy to let everyone go about five minutes early. Because I know we have [Indiscernible muffled speaker/audio] this afternoon.

Thank you so much, Doctor Passamonti. If you have a questions, feel free to type in the chat box and you can also unmute your microphone by pressing*-pound. We have like four minutes left. Before the next session that starts in 30 minutes so we can go on break.

So I will stay here for a few minutes if people have questions. Thank you very much. Thank you.

Thank you everyone. Please don't forget to fill out your CME sign in sheet. If you are connected on your cell phone, tablet, iPad, please send me an email. So I can send you all the files.

Thank you so much Doctor Passamonti.
Thank you everyone.

All right, well thank you very much folks. I really appreciate it. Thank you for taking your time [Indiscernible low volume] so no questions I guess all right, I guess we will call it. Right Carla?

Thanks everyone.
[Event concluded]