

Dear Fellow Rolfers,

### BACK WORK

I want to communicate an idea about back work - an easy way to reset vertebrae that are out of line.

Although I had been working along those lines in terms of Osteomassage technique (which I developed before becoming a Rolfer) and Manual Therapy (Norwegian physiotherapy system combining massage and chiropractic approaches), Jan Sultan in his 5 day seminar clarified the whole subject for me.

Jan himself said that part of his intention in his present teaching in the five day seminar was to give us Rolfers a clearer way to talk to each other about structure. In that spirit, I take the time to write this to Rolf Lines.

Ninety-nine per cent of this information I got from Jan in his workshop. I am writing because of the one per cent addition which I have added on. I would like to get that one per cent out to the community because it represents an idea that I have been investigating with reasonable success in my Rolfing practice.

### A NEW THEORETICAL MODEL

I want to communicate the one percent because it works in practice and opens the possibility for a new and useful model for us in our Rolfing work. (By "model", I mean a way of looking at the body and working with the body like "blocks", "cylinders" etc.)

The new idea (for me) is that the acupuncture meridians are a map of the planes of fascia as they manifest in the superficial fascia. By putting my hands on the meridians in certain ways (other than traditional acupressure), I can produce some predictable improvements in structure, easily and with little effort.

I have never been one to get excited about theory and then to try to apply it into practice, but prefer to explain why something works with a theoretical model. For me the technique works. The acupuncture model is a way to explain it. I want to you give something which I believe can work for you - and if it does, then we can talk theory.

For those of you who already are using ideas from acupuncture in your practice, I would like to invite a communication of the things that work for you in terms of producing structural changes. For those of you who have tried acupuncture concepts and rejected them, or if you are a purist and do not like any ideas to come in other than straight Rolfing, I invite you to forget the following theory and your past experiences and try the technique.

I also know that many of you are already doing this work intuitively, or doing the technique and using another conceptual model.

This letter will present just one of the ways that I have found working with the model of acupuncture meridians as a map of the planes of fascia in the superficial connective tissue. I hope to find time to write about the others later.

#### THE BACK WORK ITSELF

Analysis: Finding out if a vertebrae is rotated out of its proper alignment.

The method that works best for me is to have the client seated on the bench and to roll forward and to see "where the movement isn't".

Another way is to feel with my fingers the alignment of the spinous processes. But I always remember that a spinous process can grow into a wrong shape - because the tip of a spinous process is out of line, doesn't mean that the vertebrae is rotated out of position. Conversely, because the tip feels in line with the rest of the spine, the body of the vertebrae itself might be out of line.

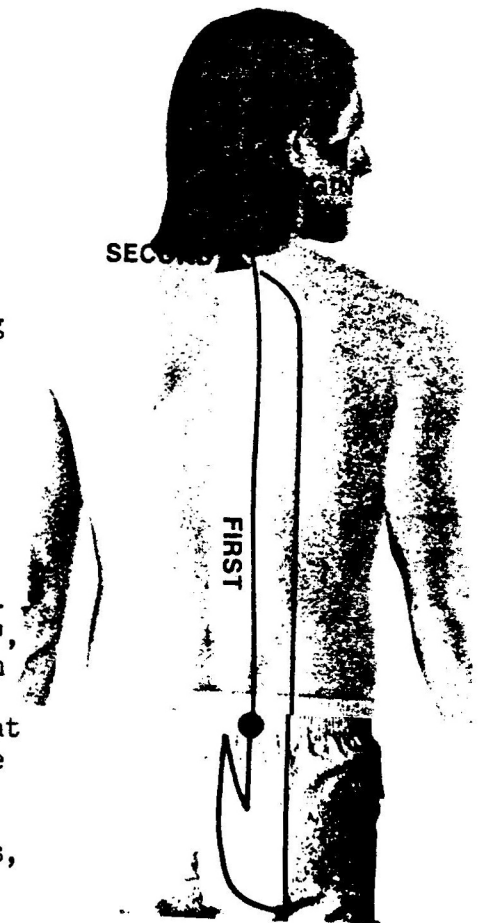
A third way to find out is to get feedback from the client about where they are sensitive when you palpate slightly lateral to the spinous processes. The pain is usually on the side of the vertebrae in the direction of the rotation. If there is sensitivity on the right side, then the rotation of the spinous process is to the right.

The fourth way is by intuition which we admire in teachers and experienced Rolfers and which most of us have at peak moments. Just looking at the person

Easing the vertebrae back to its proper alignment:  
The simplest way is to use two fingers, one on each side of the spine. I place my fingers in two of the four branches of the bladder meridian (refer to the drawing) in the following way.

As you see the bladder meridian has two branches on each side of the body. One branch runs along the medial edge of the erector group and the other along the lateral edge.

If the vertebrae is rotated to the right, put one finger in the medial branch of the bladder meridian on the right side with an upward direction. Put the other finger on the lateral branch of the meridian on the left side with a downward direction. You should be able to feel in both areas that the connective tissue is thicker and harder. Then push - one finger up and the other down. (When I say "push", I mean that you keep the finger in the same place on the surface of the skin, and not slide across the surface.) In about thirty seconds, you will find that both areas have softened and now are more in balance with the levels of tension in the surrounding connective tissue. Also, the vertebrae is now in place. That is all there is to it. After a few tries, you should be setting vertebrae in a lot less than thirty seconds.



BLADDER MERIDIAN

The beauty of the technique is that you can set vertebrae quickly, easily, precisely, and without the force or speed needed in chiropractic techniques. Also, you do not need much pressure since you are not "setting bones," but giving the body information. You slightly increase the pressure in an already overtense area of connective tissue. The body self-regulates. You only need a few ounces of pressure.

Often you will find that you have a rotation of several vertebrae locked together in a section. You can use the above technique. In addition, you can have the person rotate their shoulders in the direction of the vertebral rotation. That will say, if the spine is rotated to the right (counterclockwise), have them rotate their shoulders counterclockwise (right shoulder forward and left shoulder back).

In terms of the roll forward, I have the client stop rolling where I observe the lack of movement in the vertebrae. I have them hold this position while I work the meridians.

I often combine the roll forward with the shoulder rotation to get the maximum effect in the bench work.

I also use the same technique in sixth hour with the client lying on their stomach.

#### HISTORY OF IDEAS

Almost all of the above is my interpretation of part of the back work Jan shared with us. The rotation of the shoulder girdle might be something that Jan taught - it is something used in the Manual Therapy. My memory is not so clear on that point. The addition which is mine is the use of the acupuncture meridians and the direction of the push.



Stanley Rosenberg  
Denmark