

The Curve-Top Table

A New Tool for Creating Structural Integration

by Richard F. Wheeler

Rolfing usually requires the use of a horizontal, padded surface that is somewhat wider than the usual massage table. Various positions (prone, supine, side-lying) enable the practitioner to gain anatomical access to the client. Each position has relative advantages, depending on the client's structure and history. For example, the outcome of Rolfing's third session, focused on the lateral line, will be different when the client is reclined on his side with his head and torso congruent with his lateral line than if he were lying in a C-shaped, fetal curve, as usually occurs in the second or third session of advanced Rolf processing.

The common denominator of these positions is the *underlying horizontal support*. A non-horizontal, curve-top table presents alternative possibilities for supporting the body's non-linear contours. Such a table could give additional choices of positioning, self-use and treatment strategy.

The Curve-Top Table

The curve-top table, such as that used as a prop for yoga¹, has a full-length, curved surface. Its contour resembles the French curves used in drafting. It supports the body in a variety of positions that are intermediate between horizontal and upright. The two sides are cross-connected by a series of evenly spaced staves which insert into mitered joints on the sides of the table. A layer of cushioning material and a soft blanket renders the surface comfortable for lying or sitting².

When used in addition to a standard, flat table, the curve-top helps to stretch tissue and create linear extension in the body in ways consistent with the goals of Rolf processing. Different client

¹ The curve-top table illustrated in this article is the "Backbending bench" (about \$300 in kit form) available from: Yoga Props, 3055-23rd Street, San Francisco, CA 94110 USA. Tel. (415) 285-9642.

² Suggestions for improvements in the curve-top table design illustrated in this article: Both a larger and smaller size could be helpful. Arm rests added to the sides to support the elbows and forearms when prone or supine. Slots could be added to the sides to serve as handholds. It would be convenient to have variable height in a more portable, folding model. Stretched and pushed closer to the core. Having deep layers closer to the surface improves their availability. Less effort is necessary to reach and change tissue.

positions can be used to facilitate accessing the frontal, back and lateral planes. It can also provide improved leverage and support to the practitioner.

Curved Support

Each part of the curve-top table has a different slope which gives the practitioner choices for using gravity, positioning, leverages and movement not possible with a horizontal working surface. New anatomical layers and angles are presented to the practitioner. Different positions and movements result in pre-stretched tissue, capable of change with less practitioner effort.

In the core/sleeve model, human bodies are envisioned as nested sets of elastic, fiber-wrapped cylinders. When an elastic cylinder is bent, its core is

The curve-top table is of particular advantage during the advanced sessions of work, when a client is "warmed up", flexible or possesses an intrinsically elastic or youthful physiognomy. Use of this table is particularly good for dealing with problems such as stiff, scoliotic or kyphotic torsos or for work relating either girdle to the axial core, as in Rolfing's core/girdle or 8th/9th session focus. It can be used for post-advanced series work, with long-term clients and in solving special structural problems of all kinds.

Figures 1-15 demonstrate some of the many approaches and working positions possible with the curve-top table.

Advantages for the Client

In the horizontal-lying positions (prone, supine and side), the weight of those portions of the torso which rest on both sides of the curve tends to stretch and decompress the center of the torso. The varying slopes support the body according to the orientation of the client. Body weight can be used to pre-stretch tissue by hanging or draping limbs or head over one side of the curve.

In the prone positions, the curve-top table is used to decompress and lengthen the back and lower torso. The lumbar spine can be held in *flexion* by the supporting curve, in contrast to the normal prone position on a horizontal table, which results in a more *extended* lumbar spine.

The supine positions create extension and linear length in the tissues on the front of the body. Here the curved surface also gives good support to the lumbar spine.

The side-lying positions serve to stretch, decompress and lengthen structures on the top or superior side of the torso. The lateral approach also offers good access to the rectus abdominus and the deeper quadratus lumborum and psoas muscle compartments.

In the kneeling position, the pelvic girdle is gravitationally loaded and supports its own weight. This allows a posterior approach to tissues which in the horizontal prone position are inactive and more difficult to establish contact with. The kneeling position also makes the back of the client's torso at waistline and shoulder levels exceptionally available to the practitioner.

When the client sits on the curve-top table facing its shallow side, the convex curve provides a supportive, comfortable fit for the back of the legs. In this position, his feet rest on the end of the table where his arches fit its contoured end. When facing the steep side, the client's torso is held upright, his knees bent and his feet resting on the floor. This is an excellent position for seated backwork. The slope of the table reduces pressure on the hamstrings and places more reliance for seated balance on the ischial tuberosities. This means there is less tendency for the pelvis to rotate posterior.

Practitioner Advantages & Adaptations

Advantages to the practitioner include improved leverages, more efficient energy-use and additional self-use vocabulary.

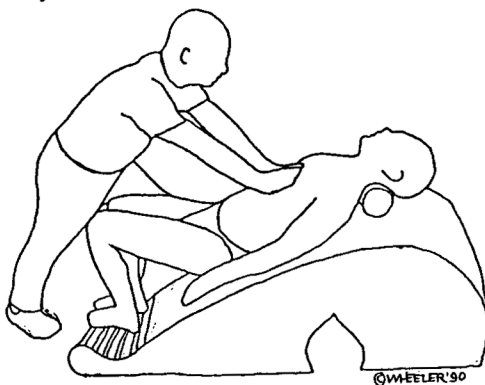


Fig. 1: Supine torso I

The technique demonstrated here is analogous to first-session Rolfling, where the practitioner's focus is on the superficial and pectoral fascia. Note the use of the cylindrical pillow. This client's anterior line is short and stiff enough to require the extra support.

The inclined position of the client requires the practitioner to adopt different working positions. Figures 1, 2, 6 and 9 show adaptation to working with a client's anterior body. Work with the lateral line (Fig. 8) is facilitated by the practitioner's

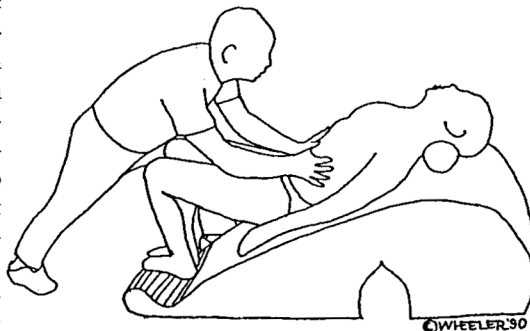


Fig. 2: Supine torso II

Here the practitioner is working with the superficial fascia at the level of the costal arch, and with the deeper abdominal and diaphragm-related layers. Like the previous figure, this approach is related to a classic first session of Rolfling. The client's inclined position enables the practitioner to work with both right and left sides simultaneously. Note the wider base of support and low center of gravity used by the practitioner.

foot position at the end of the table, his midline parallel to his client. The rest of the figures show positions for gaining unique access to the back of a client's torso and legs.

The curve-top table may also be used for support while working in both kneeling and standing positions (Fig. 3, 4, 5 and 7). Improved leverage for working with a seated client's back, shoulders and arms can be gained by standing behind the client on the surface of the table. The supine client's inclined position (Fig. 15) facilitates the use of a low center of gravity.

Cautions and Contraindications

Safety is important in the use of this table. It should be used only with healthy, flexible people. Fragile or delicately structured people or those with a history of low back pain should **not** use this table. The client must be warmed-up and positioned so the curve offers optimal support. The curve-top table should be introduced in the middle or toward the end of a session. Clients should not be left on the table for extended lengths of time, as they will likely be stiff and need to get up by "peeling themselves off the curve".

It is strongly recommended that practitioners unfamiliar with the curve-top table begin by exploring it themselves passively, to become familiar with its effects and then receive work on it from another Rolfer, before using it with clients.

Small children and toddlers should not have access to this table, as they could accidentally catch a leg between the horizontal bars and injure themselves.

Conclusion

The curve-top table is a versatile tool which can help Rolfling practitioners use gravity, leverages and positioning to create new kinds of access to their clients' bodies. This table will support or enhance many styles of work and treatment strategies.

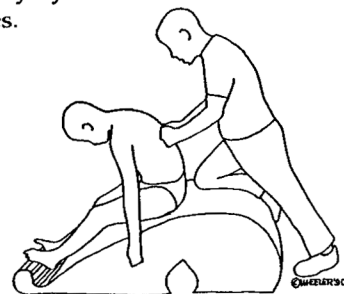


Fig. 3: Seated backwork I.

This technique is similar in intent to the Rolfling series' first-session, seated backwork. The practitioner is focused on the client's superficial fascia and trapezius, latissimus and erector group compartments. The curved surface supports the back of the client's legs and enables the practitioner to find forward-leaning, rocker-type support for his right knee.

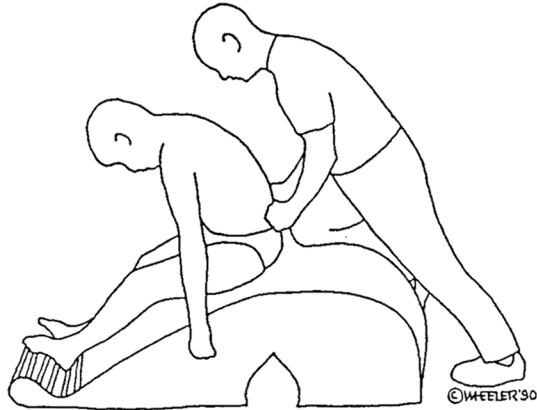


Fig. 4: Seated backwork II.

The practitioner's hands have moved further down the client's back and are working in the superficial fascia and the deeper layers of the latissimus, erector and lumbar fascia.

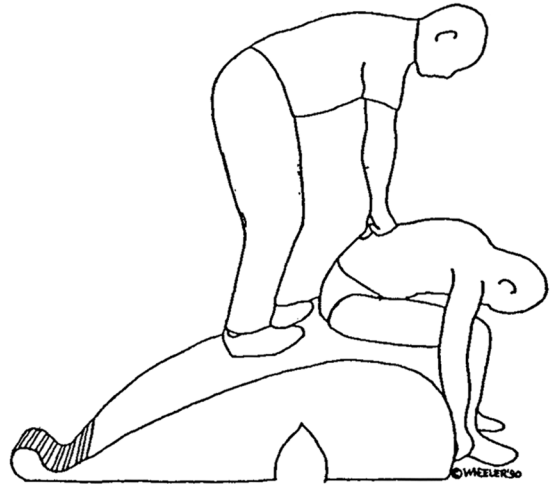


Fig. 5: Seated backwork III.

The practitioner is finishing a stroke that began at the top of the client's shoulders, with the client sitting upright. The practitioner progressed down his back as the client slowly bent forward over his knees. This approach is similar to Roling's second-session, seated backwork.

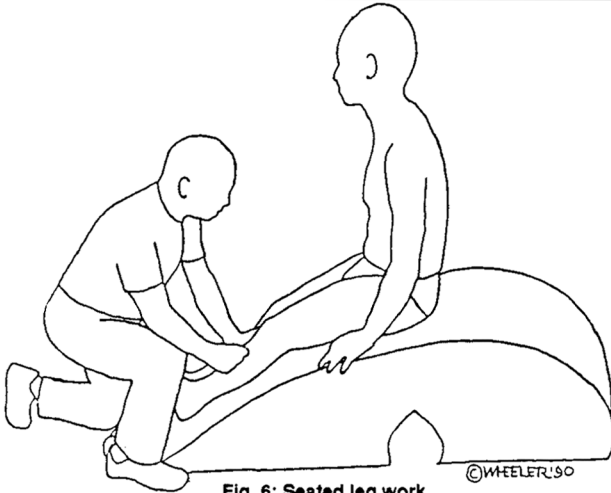


Fig. 6: Seated leg work.

The practitioner is working with the lower leg's anterior muscle compartments, as well as its more superficial layers of fascia. Leg rotations, as well as front-to-back foot and leg flexion (the ankle flexes to raise the knee), may be used as movement cues for the client. This approach is similar to Roling's second-session leg work.

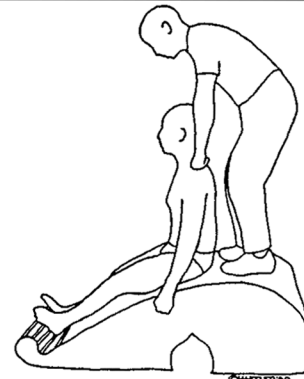


Fig. 7: Seated backwork IV.

The client's arches receive good support from the table's curved lower end. The practitioner is working with the superior surfaces of the client's shoulders. In addition to superficial fasciae, deeper structural layers addressed here include deltoid, trapezius and levator scapulae compartments.

As in Fig. 3, 4 and 6, this client is seated posterior, dictating that movement education cues and structural goals will include anterior pelvic rotation and bringing both his head and chest forward and up, to restore a more normal lordotic lumbar curve.



Fig. 8: Lateral line work.

The client is reclining on his right side with his upper torso over the shorter, more steeply inclined side of the curve. Note that both his pelvic and shoulder girdles rest on downhill slopes of the curve. The practitioner's contact is on the front and back of the client's lateral one. This approach most closely resembles the Roling third-session approach. The practitioner's mechanical advantage is improved by standing on the curved surface at the lower end of the bench. A small cylindrical pillow is used to support the client's head and neck.



Fig. 9: Anterior approach to abdominal structures.

The practitioner is working symmetrically with the antero-lateral borders of the rectus abdominus' fascia, the abdominal oblique and the diaphragm. The psoas, rectus abdominus and quadratus lumborum are extended and thus are easily reached using this approach, which most closely resembles Roling's fifth session.

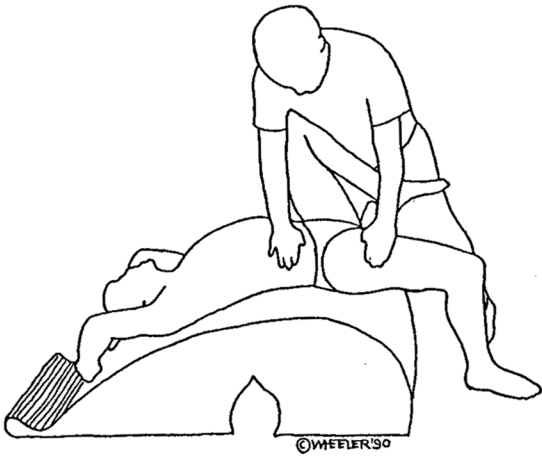


Fig. 10: Stretching the hip.

The practitioner uses a lateral approach, stabilizing the client's left knee. The sartorius compartment and the generalized adductor or abductor regions are easily reached using this technique which most closely resembles Rolfin's 4th- and 5th-session approaches.

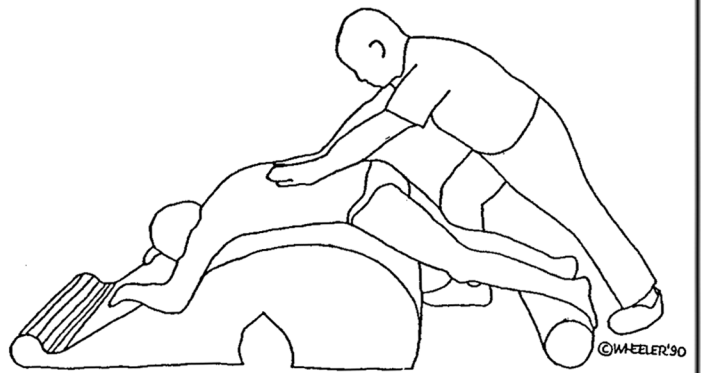


Fig. 11: Prone backwork.

The practitioner is positioned behind and over the client with his hands in symmetrical contact at the level of his client's lumbar-thoracic junction. The anterior/posterior pelvic rock is a helpful movement cue for the client. Note the client's ankles are supported by a small cylindrical pillow which avoids a potentially uncomfortable interface with the floor. Fig. 11, 12 and 13 closely resemble Rolfin's classical sixth-session backwork.

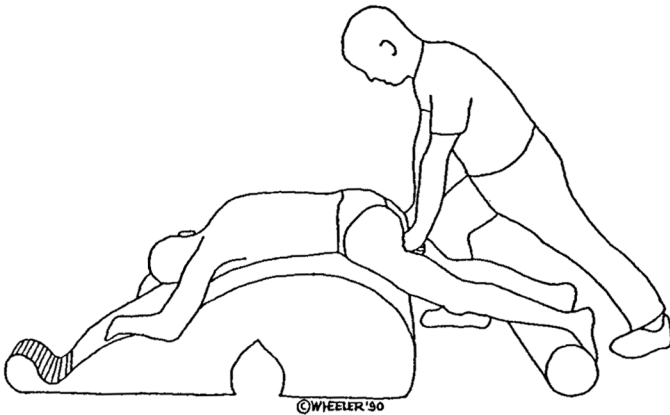


Fig. 12: Stretching the hamstrings.

The client's position, the same as in Fig. 11, enables the upper torso to stretch in extension away from the pelvis. On the steeper side of the curve, the practitioner's contact energy is also oriented downhill, stretching tissue on the back of the legs away from the pelvis. The abductor and rotator compartments are also available.

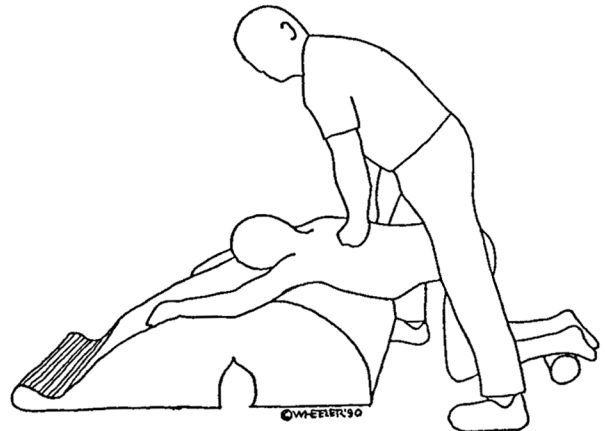


Fig. 13: Posterior approach: upper torso.

This position places the client's mid-thoracic and lumbar spine in horizontal suspension. Movement cues for the client are to first to let his spine relax and sag, tilting his pelvis anterior, and then to focus on turning his pelvis slowly posterior. This causes the rhomboids and upper ribs to rise and meet the practitioner's contact.

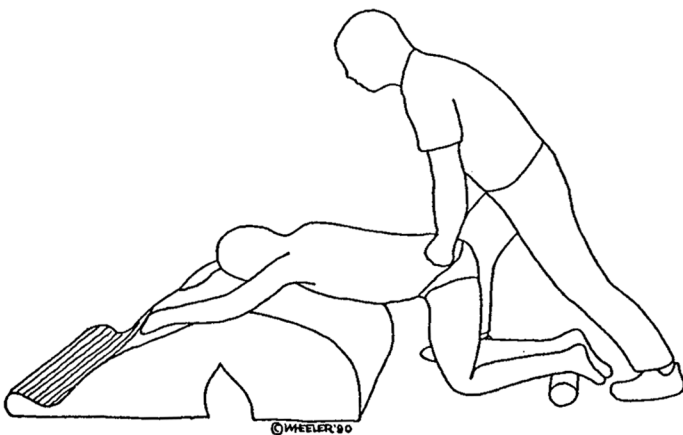


Fig. 14: Posterior approach: pelvis.

The practitioner has moved down the client's back and is working symmetrically with posterior structures of the pelvis and hips which include the superficial and deeper erector, gluteal, rotator, piriformis and sacral fascia.

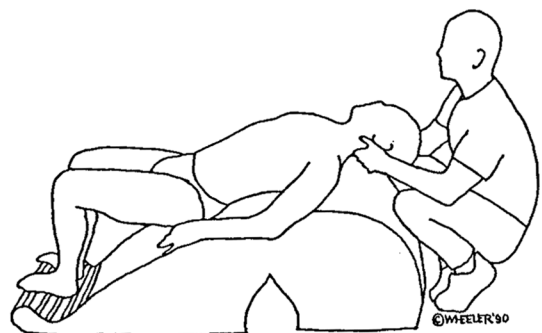


Fig. 15: Upper pole work.

With the supine client in an inclined position, the practitioner gains unique access to the head, neck and upper torso. This contact is helpful in decompressing and lengthening the client's lower and mid-cervical structures. This technique is similar to Rolfin's 7th session.