

In the following material I suggest that you use this information that was gathered during my training at the Rolf Institute as a template to return to again and again. There is a vast amount of knowledge passed on from Dr. Rolf in these pages. Use it in conjunction with the video presentations and you will open up for yourself a field of information that will surely help your clients to become integrated both mentally and physically, and for your skill level to increase exponentially!

Judah Lyons

P.S Use the spaces on these pages for notes for each one of your clients for awhile until you get a true sense of the work. And use your notes to join the community discussion on www.LyonsInstitute.com with insightful *questions and comments*.

Ida Rolf's quotes on structure and anatomy

I give you these quotes as a sampling of the energetic field that I experienced at the Rolf Institute during my training. Ida was a brilliant visionary of her times. She laid the groundwork for many of the disciplines that are practiced today. That being said, technology and the internet has given us many new ideas about how the human body functions. Some may question her vision. Its like gardening, the soil changes and needs to be nurtured and amended season after season. As the months of practice turn to years the power of this recipe that she left for us , will become more apparent. Don't be hard on yourself. This is a lifetime journey for many of us. Listen to her wisdom and plant those seeds in your garden and see what grows and blossoms in your practice-JL

"Knowledge of anatomy is our primary way of conveying what we see and do, so others may learn. Total mastery of anatomy does not allow you to see, See the body first, then go to the anatomy book"

"The basic structure of a body is the fascial structure, not the bones. The bones act as spanner for the muscles, and they hold the plastic sheets of

fascia in position so they can function.”

“Our work need only bone on fascia to restore function, unless a bone has been traumatically moved”

“The essence of exercise is the sliding and movement of fascial planes”

“Without length you cannot straighten bodies. You need the space in which to function”

“Structural integration is the relating of segments so they act as a single unit”

“The closer a segment lies to the center line, the greater the force must be to move it. So structure gets more stable as the work progresses”

“Randomness means not only misalignment in 3-D space, but that the individual parts do not match. If this is true, there cannot be physiological order”

“It is very easy to change a body from one random pattern to another. It is not so easy to put order into a body”

“Changing posture changes physiological function”

“The idea that you can change physical structure is not as revolutionary (to the medical community) as the idea that you can change physiological function by working with the space in which the body functions”

"The idea that a heart with physiological malfunction can improve by changing the physical space in which it operates is new"

"The spine is not a column, but an upended beam, and as such it belongs on the posterior of the body, not on the inside"

"Bones discourage the body's tendency to get more spherical as you get older. A round body is not as healthy as one that is elliptical"

"An anterior 4th lumbar creates a soft body"

"The floor of the pelvis is the key to physical vitality"

"One reason we do better than other techniques is that we understand the complex confusion at the rami and seem to be the only ones intrepid enough to do something about creating order there"

Ida Rolf's Quotes on Gravity

"Structural Integration is preparation for the use of gravity"

"Gravity is the only therapist in Structural Integration"

"The balanced body does not experience weight due to gravity"

"When gravity isn't tearing something down, it is holding it up, it is either one or the other"

"Gravity and living are closely related. The goal of Structural Integration is the creation of order in a 3-dimensional, layered body."

"We are using gravity literally as a tool for the development and change of the energy which is collected into this knot called a man"

"Structural Integration can change the energy body which is the man"

"You either work with gravity or against it."

"The Rolf line does not pass through bone, it is not the line of weight transmission, it is the antigravity line through soft tissue"

"Strength is balance"

Ida Rolf's quotes on personal growth relating to clients

"Our work is not for absence of pain, it is for bodies-human-that are warm and alive and vital and strong"

"Rolfing is a road to personal evolution. We are probably in as good a position as any group of people to become experts on personal evolution."

"We are only fixing up physical bodies in order to give people the opportunity for personal growth. In that respect, we are like a church"

"Part of your job is to build an emotional bridge between yourself and your client. This emotional bridge can be your greatest protection"

"All doctors and therapist work on people. We must work with and in people."

"Do very little intellectualizing and lots of empathizing. Ask yourself what would you do if you lived in that body."

"Along with your thinking, let the body talk to you. Become one with the body your are working on. You are not working on a man, but in a man"

"Let your body have a two way conversation with the client's body"

"If a person has a physical problem, they can only be helped physically. But, there are other levels at which troubles can be situated."

"If there is no psychology, there is only perverted physiology"

"Gospel of personality: The integrity of personality depends on the 3-D physical relatedness of flesh. We can work predictably with the personality through the flesh."

"All negative emotion is expressed through shortening of the extensors."

"A neurotic is anyone stuck at an earlier age in development."

"It has never occurred to most schizophrenics to put up defenses against touch."

Ida Rolf's Quotes-Our experience as Rolfers

"No matter how much our world changes, or our science, or our understanding, what we Rolfers can do with our hands to flesh, and the Rolfing experience, will not change."

"Structural Integration was devised by seeing and experience."

"Sight is touch at a distance."

"There is no metaphysics, there is only physics we have not discovered yet."

"Evolution is not a closed road, but a consistent, open-ended slow road."

"Do not fix bodies; put order into the body and the body will fix itself."

"In general, our goal is not flexibility, it is order. The basic dimension of a Rolfed body is inside/outside."

"As a Rolfer, your goal is to create a body that lengthens as it moves. Words and angle of pressure determine the efficiency of Rolfing."

"It takes time for the gel-to-sol transformation to take place, so be patient."

"Fascia is stubborn--it will resist direct force -- so don't just pull on it in the direction in which you want it to go."

"As tissue gets disorganized or ages, fascia moves laterally and wide."

"Think in layers--try to see layers."

"Always look for the relationship between the blocks."

"The essence of integration is what the client owns."

"Learn to develop a language to describe movements with intrinsics, so the client can feel it from the inside."

"When giving cues, always do it in a way to encourage the client to lengthen instead of shorten that area."

"Work in places until the pattern is broken; try not to work until perfection is achieved. You are looking for more choices, not perfection."

"Begin to think of muscles not as things, but as relationships."

"Your job as a Rolfer is to find balance between core and sleeve, and between intrinsics and extrinsics."

"If your intent is to affect intrinsics, you have to go slowly."

"Along with your thinking, let the body talk to you. Become one with the body you are working on. You are not working on a man but in a man"

"If the client is too sensitive to let you very deep, use one hand for surface stimulation and go deep with the other hand."

“A big muscle will use a lot more of the input from the CNS and will do all the work at the expense of smaller ones. Part of our job is to balance the two.”

“The first ten sessions are to get the blocks stacked up. Subsequent work will speak to more movement within the blocks.”

Ok let's get started!

Session #1

Intentions/goals: In this session you want to focus on creating a uniform outer surface by freeing the superficial fascia. So remember the axiom of superficial angles with your tools and “big sheets” of fascia. What does that mean really? There is a dreadful misnomer out there in the field of bodywork that deep tissue is equate with deep pressure where the angle of your work is applied straight down and with considerable force.

WRONG, WRONG, WRONG! I know this to be true because I taught at three massage schools and saw the sadomasochistic tendencies of humans at work first hand! If you learn nothing else from this course, learn this one

concept...change the angle/vector and speed of your work from this point on. Fascia is a web, and as such, it is three dimensional. It can be stuck (disorganized) in different levels or layers. So change your angle of work and pressure often. Your new tools are like fine instruments and as such should be used with consciousness and not blunt force. There are times when powerful force is applied, but it is done slowly and with consciousness of the person beneath that instrument through constant monitoring of their breath, eyes and any tensing of their bodies, which is resistance to your communication. I chose profession that is associated with painful technique. And because of this I know many folks would never want to experience Rolfing/Structural Integration. I have studied cranial sacral for almost as long. I know that one can create change with the weight of a silk scarf, so why pummel a body. That is not to say that people will not experience intense sensations during the sessions. It just needs to be monitored. I don't believe any one has to suffer to experience great work and ultimately wonderful changes.

The main goal of this first session is to think about freeing the ribcage and allowing for expansion of the ribs and increase in the vital capacity. So we work to lift the ribcage off the pelvis. Spend lots of time at the costal arch. Look in your anatomy books and get a sense of the territory. Imagine the body in blocks stacked up on each other. Or cylinders rotating on top of each other. Which ones are out of alignment. Think of a blocks and

cylinders from the feet to the knees. One from the knees to the pelvis, one from the pelvis to the clavicles and the last one is the head and neck.

Think about bringing the pelvis into a more horizontal angle by freeing the structures that are obviously pulling unequally at the attachments of the ilium and pay lots of attention to working the iliac crest, the trochanter area, and under the ribcage.

You should be able to notice an increase in the vital capacity and respiratory function. If not, look for where there is no movement and help the client to breath into that area as you work the line. The ribcage should be able to expand noticeably more. Remember the pace and angle of your work. If you have spent time on a horse your connection to the horses mouth is communicative not demanding. Without that type of touch you are imposing your will. The analogy may not work for non-horse people, but you get the point, I hope. You will be amazed at how patience works miracles. Stop often and have the client breath into the area you have just worked. Call for movement as much as possible to get the motor control center involved. This alone is one of the most important teachings and will expedite the changes you are looking for in the sessions and how you do bodywork forever.

Reminders

Work slowly, pause frequently to observe breathing along the way. Work at a shallow angle, to access the superficial fascia!

Always observe the client breathing, both while standing and while lying before beginning the work. This is critical! Once you see that your applications of tools and techniques have created changes move on! How much is enough, and how much is more than needed, is part of the mastery that comes with time and obviously lots of practice. So, don't be hard on yourself, allow for your hands and eyes to become masters of change. Over working is an insult to the tissue. Yes, we can do more than is necessary. Err on the side of less is more preferable when you are creating tactile expression. More is often done because we don't see the changes right away, and we have an expectation of an outcome. Lose that thought process. Let the wisdom of your client's body take your information and digest it over time. Often times the changes happen between the sessions. When your client comes back it is so wonderful to see the changes you asked for and needed the time to assimilate. This pattern didn't happen overnight. As a matter of fact, it might be a very old pattern. Maybe one as simple and profound as being "forced" (really encouraged) to walk too soon by uniformed parents who thought "helping" to walk early was a benefit. You can't blame them for they were ignorant when it came to early child development and motor skills. I learned recently that most Olympians didn't start walking until they were 14 months old, and a host of challenges have been planted in early walkers. Yikes! So much for me walking at 9 months being groovy!

Remember that you have permission to come back in a later session to do "repair" work if you deem it to be appropriate. In the first session in the series, we are looking to create more ease of breath and greater volume/capacity. Once you have perceived an increase, its time to move on in the session. The body has an innate wisdom, an Intelligence in the tissues that knows a great deal more about itself then any external force that is being applied to it. Let the changes that have occurred, "settle" in so that the next week (or whatever time between sessions) allows the "system" time to integrate this new information that has been seeded in the "garden." I am a gardener and former horseman (not sure there is such a thing) so my metaphors are often earthy.

Use words and images to "talk them bigger" where they're held small. Use words that create images if there is lack of movement in a part of the ribcage. Hold one hand underneath and one hand above and think dimensionally by creating an image they can wrap their "head around". Have them breath into that image between your hands.

Please do your best, regardless of your perceived skill level, to stick with the protocol for now. The ten session series is brilliant! Dr. Rolf's legacy lies within this ten session series. You have been gifted with a gem from one of the visionaries of our genre. Any knucklehead can do an excellent job of changing someone's posture and creating more ease in their bodies if they stick with the protocol... for now. Later on, its in your tool bag, do with it as you will.

Territorial Areas to Work

1- We are visualizing freeing the thorax, so start with the client on their back and work from the costal margin to clavicle in the front. I am often asked where to start first. Its a valid question really, and I am not sure if

it truly matters since there haven't been any double blind placebo studies done on the subject. That being said, I was told by one of my teachers to check the range of the shoulder girdle first, and if the range of motion is impaired, less than ideal, start there first. Often times with athletes and those who throw things and hit things, there is a limited range of motion (not always the case) and freeing up the upper arms and shoulder girdle around the glenohumeral joint and clavicular attachments is a great way to start! They will love you for it. But, don't start the Rolfing series on the pec minor, please! It can be one of the most painful moves in the entire series because it is often very tight due to our habits of driving, computer work etc. Your client may run out the door screaming never to return again. That might be a wee bit of an exaggeration, but, the pectoralis minor move can hurt when it opens from a chronically tightened position, so work slowly and on a very superficial plane. Work the pectoralis minor, the thorax in the back, the deltoid especially the pectoralis major attachment, and all along and under the costal margin.

2-Continue along the thorax and lift the thorax of the pelvis by creating freedom at the hip with the client on their side. Call for movement frequently and get them up after doing one side. It will blow their mind (and yours too to see the changes) and helps their connection to the motor control center. It's often mind blowing for them! Now, I am sure that many of you in your work use the side posture and I KNOW that many of you don't because I have received lots of massages over the years. The side posture teaches the body/brain about the lateral line of the body. There is definitely a different line of communication when you're working your client on their side and calling for movement. I like to use tools like rollers and balls to assist the client in their movements by placing the tool under the leg and having them roll their femur in and out. It's fun and it

communicates to the cerebellum, I believe expediting your impact on the nervous system. Its a rewiring so to speak. Work the side of the ribcage/thorax, lumbar fascia, crest of the ilium, and tensor fascia/Gluteus Maximus. If you have a table that raises in the middle like I do, use it to gain greater access to the lumbar fascia region and especially the quadrates lumborum. If you don't have a table with that function, there might be some value using pillows etc to gain more access...just a thought.

Work all around the greater trochanter using the foam roller or ball to assist in the "rolling" of the femur in and out. That isn't a tool to use all the time, but it has value especially with some of your clients who don't have much awareness in their pelvis. They often need to be taught the movement. Tell them its like riding a swing, or having sex, which most everyone gets! When using the tool though, make sure that the femur doesn't open beyond parallel to the table, I like a bit of smaller angle.

I often see people working the tensor fascia lata/iliotibular tract and causing some real discomfort. I don't think you can change the length of an IT band. Its too damn thick and tough. So don't wail on it. The problem that many runners and cyclist exhibit in their IT band is coming from the vastus lateralis and the TFL. So work those muscles and of course the gluteus maximus which attaches there as well and watch the magic unfold. This is when I love to use the foam roller having the client roll the femur in and out as I work the side of the IT bands and march my way up and down from the knee to the hip and back. Don't pound the IT band unless you are wearing all black and are a member of the Marquis De Sade school of bodywork. PERIOD! Big mistake.

Now bring your client supine with their feet on the table and work the ischial tuberosities to free the hamstrings. Follow the video to see the different tools that I use in different anatomical positions.

3-Now do some neck work with client on their back. Work the trapezius/ SCM while the client turns their head slowly to the opposite side. Also work the Ligamentum nuchae at the occiput. As much as clients love neck work, in the ten session series, this session isn't so much about neck work. So touch in, spend some time but don't get lost here trying to fix something. It's not appropriate now. Let your clients who are coming to you with neck challenges that in order to really create balance there you will be working structures that impact the neck for longer lasting results.

4-Now do the Pelvic Lift- your client raises their back, if they can, and slide your hand under the sacrum. If you have cranial skills, time your move at extension. If you aren't trained in cranial work, just imagine getting space by "pulling" the sacrum out and lengthening the lumbar. Let their sacrum get heavy in your hand and just imagine it lengthening caudad.

5- Finish the session by doing some back work on a bench or the edge of your table. You can also do back work while sitting on the floor or sturdy stool. Have your client imagine extending out the top of their head as they lean forward. Use your elbows and fists. This is a great time to strengthen and get a feel for working with your elbows and fist.

NOTES

Chronic pain frequently occurs at an outer layer, so the 1st session can have a major impact on this. Its a great session that can be used for a client that is displaying a painful condition and you want to "cover all your bases" A colloquial term from American baseball, which just means trying to make sure you are doing everything possible to get results/

When working along the front of the thorax, having the other hand under the thorax can help connect the work 3-dimensionally. This is very important, it gives a three dimensional message to the brain and allows the client to feel the ribcage expanding fully in all its capacity.

Do some arm rotations on your client to see if there is enough freedom in the shoulder girdle. (in the beginning, then check after the session before they get up)

Its better to work the tensor fascia lata before working on the IT band, which tends to get bunched laterally. Also working from the hip down facilitates opening the hip joint. This is important. Sometimes its necessary to work knee up, and I do, but 90% of the time its trochanter down to the knee.

The work along the trapezius is needed because the pec minor work changes the position of the scapula, and will thus alter its relation to the trapezius. Attend to it in the back section while seated at the end.

The session one back work is to continue the process of creating a surface. Have the image be of melting butter under your hands, working slowly!

Ida Rolf quotes for session one

"No matter what is wrong with someone, you do the first hour."

"If you get their problems fixed, you will do it by putting a greater degree of order in the body and it will assume a greater degree of health."

"External fascia reflects all the body lying under it."

"Rotations are created by asymmetrical fascial pulls. Bones may or may not be affected, but the fascia is always involved."

"Rotations of the pelvis on the thorax are more common than the thorax on the pelvis. Pelvic rotations involve leg problems. There is always less organization in the most rotated girdle. The unrotated girdle relates best to the earth."

"Horizontalize the pelvis by removing the interference introduced from the thorax so that the lumbar have enough length to let themselves back. Then organize the greater trochanter to allow rotation towards horizontal."

"The spine is not a column but an upended beam, and as so it belongs on the posterior surface of the body."

"People who lay down with their heels close to their sitting bones when flexing their knees usually have an unstable sacrum."

SESSIONS 2

INTENTION/GOAL

The intention of this session is to create a base of support for the pelvis from below. Our intention is to affect the balance of the the pelvis by putting order into the ankles.

LOOK FOR: Horizontality in transverse arch, ankles, knees and the angle of the calcaneus to the floor. This is a powerful session that can impact your practice profoundly. It is the "go to" for any client that comes in with a plantar fasciitis challenge. I have never had anyone who didn't get well eventually doing the second session and using a rubber ball to roll out the inflammation and shortness in the fascia for their homework.

Does the foot belong to the body? Look for supination and pronation, Have there been any broken bones. Become an artist with the foot and the ankle and remember that the muscles above the foot are oftentimes the ones that are most necessary to focus on. Its the concept of pulleys and cables.

Is there separation of heel from forefoot? Do the bones feel like they have room to move? Study reflexology a wee bit, might serve you in the long run!

REMINDERS:

Instead of thinking of leg work as working bones in sequence, always be thinking of the entire structure, especially of the interosseous membrane. I have never met anyone from any other discipline that had a technique that addressed the interosseous membrane. Of course they are out there, I just haven't met them, so I feel like I can still brag!

In general, work up the fibula and down the tibia. Again remember this is an axion, don't get stuck on them, there will be people who requires he opposite. It is a general rule! If the tissue is unruly and doesn't want to listen (react to your directional touch) take it in a different direction by slightly altering the direction. Think of a clock with hands and aim for a different "time". You can also slightly change the vector and remember to go slow, the feet can be very sensitive and very tough and inflexible. Use the bigger stronger tools in the foot if need be, which is often the case. I usually use my elbow to "soften" them up a bit. People that walk barefoot a lot, or those that were flip flops or slippers (Hawaiian style) often have tough feet and my elbows are the tool of choice in the beginning for me.

If a person can't hold their third hour line, the lateral line, it may well be because of the peroneals. The 3-4 inches along the shin are vital to the third hour!!

STARTING POINT:

I usually at the retinaculum but If the feet are flat, I start at the fibula.

AREAS TO NOTE: Interosseous membrane, and freedom along and behind the fibula.

The Peroneal tendons need space. Its important to deal with the plantar fascia which often times bunches along the lateral arch. Pay attention to the adductor hallucis, work there will help the transverse arch. Also work the patellar ligament. Work slowly, pause often and call for movement of both the toes and at the ankle. Make sure that when your work is finished to ask if their feet feel more in touch with the floor. Again, I usually get them up to compare the two feet before I start on the second foot. it also allows me to check my work. The changes are often profound.

Unfortunately for some there can be a change in the shoe size. But, for some women its a reason to celebrate. "Hey honey, I have to spend some more money on shoes, that Rolfer made my feet bigger! Can you believe it, nerve of him...oh well"

BACK WORK

Extension is the most important factor. Think of bringing the extensors close to the spine so they will lengthen with extension instead of bunching laterally. Go to the spots that don't seem to extend as they lean over. Feet need to be firmly rooted on the floor, so have them on a bench or your

stool. Tell them to imagine going over a beach ball with their feet creating the initial movement.

NECK WORK/PELVIC LIFT

Don't do as much as much neck work as you did in the first session, unless your client has a major neck challenge that day. Remember there is flexibility in this protocol. When you do the pelvic lift, make them aware of the connection between their back and their heels.

NOTES FOR SESSION TWO

If you want to bring awareness into their bodies after the session, have them visualize the weight falling through the inside of their foot through their inside arch. You can also have them imagine they have an eye in front of their heels looking down into the earth. Or another one I use is having wings on their two outside toes feeling a lift through them.

You will know you are getting the job done when the bones of the foot feel as if they are floating softly in a bag of flesh. If that doesn't feel right, go back to behind the fibula and do more work there freeing it up. It is often "cement-like" there.

If you feel like the ankle is balanced well, but the foot is still unorganized, go to the plantar fascia again to help the lateral arch.

SESSION 3

Intention: The intention of this session is to create length on the lateral line of the body and to give the client a sense of the side of their body, which ultimately gives them a clear awareness of the front and back. We are returning to the lateral line that we visited in the first session, but now we are going to do the entire lateral line with more focus on the trochanter area and the quadrates lumborum. Draw an imaginary line down the middle of the lateral line and try to balance the work front to back spreading the tissue

Look for

Which side is shorter. That is easily view looking from the front or the back. Which side is held more. Look for lines of tension. The clavicles often show the imbalances. They are the top of the third box or cylinder and can obviously portray what is happening above and below.

Usually start on the side that is held more.

In the leg and pelvis, does more tissue lay in front of or in back of the line? Do your best to bring the tissue in balance. Look at your client standing from the lateral view on both sides and get a sense which side needs more help. Remember to have fun. Imagine yourself as a sculptor and you have this malleable medium for you to play in and on. Don't hold yourself to some strict concept of attaining some end point. It will unfold. Do the work often and as your skills increase, so too your confidence and hopefully your paycheck!

Client Positions:

Have the client on their side with the top leg straight. On their back for final neck work and pelvic lift. I don't always have the leg straight. Use your intuition. I sometimes have the top leg bent and the bottom leg straight, especially when doing the TFL down to the knee. That being said, your work will often be from the angle to the trochanter, so a straight leg might be preferable?

Focus:

Your focus should be between their ear and knee. The primary focus is between the shoulder and the head of the femur.

Always look for the next place to work. It's like playing pool or chess, what do I want to do when this move is complete. You have the territorial imperative to attend to, and you can return to the previous session if needed. But, have fun and if you essentially follow the recipe, success is guaranteed, I promise. It can be effective to move back and forth from one girdle to the other along the line. As you work, have one hand on either side of the line. Keep the client's elbow pointed to the ceiling as you work on their shoulder and arm. I sometimes have the anchored elbow in my hand and will push it cephalad stretching the tissue all the way from the hip to the axilla, it's a great move, especially for folks that are stuck there. Athletes who throw and launch spheres, will love that move! Perfect it!

Have the palm of the hand on the side of their head and have them move the elbow towards their heads. Its an awesome move

Tissue tends to go wide around the pelvis. Encourage it to move forward. Observe their breathing while working; does the breath extend from the shoulder through the pelvis? If not find where its stuck and do your best to free that area. And then watch the breath again.

Usually there is value in starting at the crest of the ilium, but again this is an axiom. Use your intuition as well as the client's particular needs. The lumbar fascia usually needs quite a bit of attention.

The 10th, 11th and 12th ribs requires investigation.

The ribs up to the axilla need work, usually at a low angle. This will allow the humerus to come into better alignment with the hip. That may require you to spend time freeing up the shoulder girdle so that it slides more freely over the ribcage and in a more balanced relationship with the rib cage. Use your sense of visual balance to check out the before and after your work. Don't force anything that has been held for a long time with the expectation that it is going to balance perfectly with your work. Change can take time, and often times it happens between the sessions.

The quadratus lumborum is an extremely important muscle in our work, especially if there is any back pain.

The illiacus is also extremely important and ultimately its relationship with the psoas is one of the most important focuses of our work, learn the illiopsoas work well!

The tensor fascia/gluteus which is like a front back relationship is always important in creating a lateral line and has major implications for knee and back challenges that will be brought to your table. Remember the roller tool, this may be an awesome time for that application.

While working the neck stay on the outer layer.

The key to this session is the crest of the ilium/and the ASIS.

Clean up the 12th rib! Smooth the attachments out. Go very carefully there and especially with clients who have a pronounced scoliosis.

Have the client stand up and compare after the one side is done. It can be mind blowing! And it becomes obvious that your work is profoundly effecting their system. Not a bad sales tool as well to enroll them in the long term process. It becomes so obvious of the profound nature of our work.

Don't do too much work on the shoulder, the hip is the key to this session.

Neck work/Pelvic lift

Work with the anterior ligament by way of the nuchal ligament. This is needed after lengthening along the sides, to make sure the center line goes as high into the head as the side line.

The intention of the pelvic lift is to have the 4th and 5th lumbar fall back.

Bench work:

Its not really part of the 3rd hour session. If you feel a need to do so it should be along the third hour line.

Ida Rolf quotes-Session 3

"In all bodies you will be aware that one side, in front and in back, is holding more than the other."

"Most third hours don't need much leg work. There are exceptions, and if you need that to happen open the crest of the ilium."

"To eliminate rib jamming that hides the 12th rib, go to the highest jammed rib and work down."

"Do a lot of bringing stuff forward, especially the anterior superior spine of the ilium."

"Third hour benchwork, if any, should involve the 3rd hour line."

"You many need to intentionally widen the groin to provide the width needed for the 4th hour."

"Basically, the work of the third hour is between the greater trochanter of the femur and the head of the humerus, with absolute limits at the knee and ear."

"Try to keep the legs straight with respect to the trunk. Often, aberration involves hip flexion, so no help can be given unless the knee is straight."

"If dealing with a totally immovable pelvis, the sitting bones are probably too tightly pulled together. In this case, you can work a little to open them up."

"In the third hour we are opening the lateral line so that all the material can settle back to the midline. This can be really dramatic in older people; years can literally melt away."

"Whatever has happened to the 12th rib during the course of a lifetime, will also have happened to the quadratus lumborum."

"A key to integration in the body is integrating the two girdles. The best way to do that is by way of the Quadratus lumborum."

Session 4

Intention

You want to get organization into the floor of the pelvis by creating as much of a horizontal pelvis as possible from below. Check the bony landmarks of the pelvis and observe from the lateral line.

Look for

Does the inside of the line of the legs match the outside line? Are the ankles, knees and pelvis horizontal? Now remember, creating the sculpture's eye will take time. When you read these invitations to deepen your understanding of Structural Integration, it takes time and practice. I am here for you if the questions arise. If you take one step towards me, I will take ten to you. You can send pictures via email and I will do my best to illuminate the journey you have embarked upon.

Keys to the 4th session

The inside of the knee, the pelvic floor and the coccyx are the keys to this session. From the crest of the ilium to ramus to the ischium. From the rami to the knees through the adductors. From the knees to the ankles.

Start

At the knee, if the knee or pelvic floor is unbalanced. Start at the ankle if the ankle is unbalanced. Don't get hung up on this as set in stone. No one said you can't start somewhere and change your mind. It is a reference to use especially when one of them is not so obvious.

Position

The client should be laying on the side with the upper leg flexed and the lower leg straight. Work on the extended leg. Think adductors and its attachments at the rami.

Reminders

Keep your other hand of the lateral side of the leg to check in with the 3rd hour line, and to give the brain a three dimensional "view" of itself. Call for

movement that engages the inside line of the body. Use lots of movement, especially when working on the pelvic floor. Have the client use movement to allow you in. Hold a level and let the client use your tool because it can be very sensitive, painful and invasive, especially as we get to the attachments.

The bony key to the hour is the coccyx and its fascia that is intimately related to that of the sacrum and the lumbar.

Areas to work

Work above and below the knee.

The lower leg medial to the tibia.

Malleoli! Work for separation between calcaneus and the talus.

Pay attention to the adductors with focus on the linea aspera. Work to create order and a line. Have the client flex and extend the knee. The adductors should not be engaged in that movement. Look for where they shorten not tighten.

Lift the gluteus maximus off the femur literally. Have the client flex both knees for pelvic floor work. The lower attachment of the gluteus when organized can have a global effect. Make sure you know your anatomy.

Work the ischial tuberosity, along the ramus, and between tuberosity and coccyx, but don't work too far along the ramus toward the pubes for obvious reasons! Remember that there are a lot of issues in our society around sexuality, so be conscious and respectful. Ask your client if it is ok to be working so close to their genitalia? Tell them why you are going to

be working there and if need be, show them the anatomy of the area from one of your many anatomy books in your library. Sometimes a woman and a man will feel more comfortable putting their hand vertically to create a line that separates where they feel comfortable from where they don't. Be RESPECTFUL! Because our society unfortunately has a great deal of sexual abuse that may show up on your table, you have the potential to be a powerful healing agent in your client's journey. Project a safe and loving field in this session!

Its important to do hamstring work to create separation between them and the adductors. They obviously have different functions and often times the fascial gets stuck and their function is less than perfect. Its a great session. And can have a huge impact on back pain!

Benchwork

Goal is to connect the feet in with the lumbar. Work from the lumbodorsal hinge down. Have the client lean over and push up and lengthen through their legs and feet gently. This is the earliest point you can think about de-rotating lumbar. Bench work is a SI trademark. It is often the icing on the cake. Learn it and practice it! The results can be astounding!

Neck Work

Just touch in to balance the changes that have occurred at the sacrum. Think medial line. Don't get carried away. The neck work that is coming down the pike in the series is incredible. And of course be flexible, your client may have a painful neck that day and you would be remiss not to

attend to it. But we are thinking about the midline and teaching the body about its midline. So, not too much distraction please.

Pelvic lift

You can have a second hand under if needed to direct a vertebrae cepahled to allow others to drop back.

IDA ROLF QUOTES SESSION 4

"A crooked leg is a pre-4th hour look. The inside does not match the outside."

"Look where the horizontals are missing."

"The quality of the fascia is almost never good on the inside of the knee."

"Joints shorten by rotating."

"Why aren't the adductors acting like adductors? They shouldn't be used in moving the knee forward and backwards."

"Adductor Magnus usually acts as a hamstring."

"The 4th hour is the hour of work on the pelvis from below. Do not omit the gluteals from hour consideration. Also begin to work on the iliopsoas tendon."

"Random bodies walk by lifting with the rectus femoris. Rolfed bodies balance rectus femoris with the psoas."

"Where does the pelvis get its structure? From the floor. Its what holds the sawdust in. As usual, it is the soft tissue that maintains aberrated structure."

"On the floor of the pelvis and on its well being and its organization, the function of three systems are dependent: the reproductive system, the excretory system and the way the entire viscera of the abdomen relate."

"The floor of the pelvis is the key to physical vitality! "

"One reason we do better than other techniques is that we understand the complex confusion at the rami and seem to be the only ones intrepid enough to do something about it!"

"The key to the 4th hour is to get organization for the floor of the pelvis."

"Expect emotional garbage when digging on the floor of the pelvis."

SESSION #5

Intention

To create length along the front of the body, and balance between psoas and rectus abdominis.

Look For

Look for the first pair of ribs that doesn't move.

Look for the state of the rectus abdominis at the costal arch and in general, has it gone too wide?

Is the umbilicus equidistant between the xiphoid and pubes?

What is the general state of psoas and iliacus. Check by looking at the front of the body it will be obvious if one side is collapsed.

How does shoulder girdle fit on the ribs? Check the clavicles, do they look symmetrical? Check the scapulae are they equidistant from the spine? Is the lower angle of the scapulae at the same height?

Keys

Costal arch and pubis. Rectus/psoas relationship.

Start:

You want to look at their breath and start where the first ribs that are stuck and are not moving.

Position

Client on back with knees flexed.

1-You want to create space for ribs (the minimum goal is to take out interference that keeps upper ribs from moving. Use your fingers, palms side of the hand and work gently on the ribs calling for movement. Let the bellows like movement create the change with your tool of choice for the area being attended to. Imagine a midline from the axial to the ilio-femoral joint and create a sense of where the tissue wants to go and is stuck. Move it with their breath. As they exhale take it wider as they inhale encourage space.

Work the upper arm and shoulder girdle to create space for the ribs, but don't spend too much time there.

You need to work anywhere in the thorax where the ribs are restricted. This is the key issue in many clients.

2-Attend to the Rectus Abdominis.

Work the costal arch, as the rectus almost always get balled up where it crosses the costal arch/diaphragm. This area controls tension on the front of the body. The angle isn't deep at the attachments. Be sensitive in this

area, it can be very painful, especially for those athletes that have done lots of sit-ups.

Work the rectus and its aponeurosis along its entire length by lifting the rectus off of the deeper structures to create space for the psoas.

You must work the rectus attachments at the pubis. Be careful as this area is more charged for women than it is for men. As it can be very sensitive for a number of reasons, one being the symphysis spending due to childbirth. You don't need much pressure and as your clients again to breath into the area using your intuition whether to create space at the inhalation or the exhalation.

3-Psoas work is so important and if you learn this well it will serve you down the road for many challenges that are brought to your table. Its hard to imagine bring resolution to back pain without some attention to the psoas and iliacus.

Have the client move their knee up and down to engage their psoas with a bent leg. Create resistance with your hand at the knee while your other hand palpates the psoas. It will create tension in the psoas allowing for you to know exactly where it is and to execute an effective technique. Go slowly this area is charged and can be very painful. Respect your client's space and take your time! This is one of the more challenging moves in the series.

Have your client raise their knee while you hold their adductors down; this encourages length in quads and activates the psoas, and helps bridge sessions 4 and 5.

Neck work/Pelvic lift

Do what is necessary to create a longer line through the entire body. Work areas of congestion. We are now spending more time in the neck. Leave time in the session to do the neck and back work. Its a luxurious time now for the client as the majority of the session was a very deep and potential emotional area.

Reminders

The work on the ribs can be on broad sheets, not on individual muscles. You may have to go to the other side on ribcage work before finishing the first side, to balance the changes.

You don't need to dig a lot under the costal arch because rectus confusion will often be right on top of the arch.

On the pubic bone on most women, not only will the rectus need attention but strings of tissue along the sides of the pubes will need work.

If the pubes are way down inferior, the pelvis is mostly likely tipped anteriorly. Women will need help at the symphysis; men will usually need help at the ramus. With men be careful when working on the pubes, and stay medial on the symphysis and away from the inguinal ring.

Ida Rolf Quotes Session 5

"The main problem in Structural Integration is to get enough length for quadratus lumborum, 12th rib, psoas etc."

"The longer a body gets, the more freedom it has to do what it has to do... Create balance in the pelvis."

"Even a child's potbelly is due to an anterior fall in the lumbar."

"If you don't develop normal movement at the hip, you don't get maturity of the lower half of the body."

"What is the main reason the floor of the pelvis is so important to Rolfing? It is the key to the lumbar plexus, and it is where the ganglion of Impar lies!"

"The 5th hour is when you have to learn 5th hour wrist technique."

Session # 6

Intention

The intention of this session is to have the legs support a horizontal pelvis. In order to accomplish this, you have to establish a proper relationship between the femur and the pelvis.

We want to also have the sacrum and the coccyx clean and the pelvis "breathing."

Keys

The back of the greater trochanter, coccyx and piriformis are the keys to this session.

Look For:

How does the femur fit into the pelvis?

How well do the legs support the pelvis?

What is the state of the rotators on each side?

Are the hamstrings tight, which one is tighter?

How does the angle of the gluteal fold look on each leg? Is there length in the lumbar?

General Outline

Work the heels first, then the hamstrings, then the rotators. Again, remember to be creative and not get stuck in protocol. But, if you don't have a clue where to begin follow the recipe.

Client Positions

The client should be on the back if you need to do quadricep work. Then the client should be on their stomachs for the balance of the session head in the opposite direction of the leg being worked on. You can have the knee flexed and the lower leg up for the lower leg work. Now I know that this might be controversial, but in today's world with head rests don't forget to have the client turn their heads in the opposite direction of the leg work. Of course it is of utmost importance that they are comfortable. So don't keep them locked into a position that is painful. When I learned this work in the late 80's at the Rolf Institute we were taught to work on ancient tables that were 39" wide and about 18" off the floor. We did a lot of work kneeling. I now use a state of the art hydraulic table that also moves the center of the table up to 45 degrees that allows for some wonderful access. I highly recommend you get a hydraulic table for you clients and mostly yourself. Its a lot easier on your body! I believe its important that we communicate to the client areas of dysfunction in their bodies when we do the sessions. But, I am not about torturing them to achieve some goal. Use common sense with your clients positions. We

want them to be aware of what is transporting and not fixated on their positional discomfort.

Movements

Have your client flex and extend the foot. Knee into the table for the hamstrings. Try to have them separate each leg. Often they will move both legs when calling for movement.

Start

Starting briefly on the quadriceps and lower leg to reestablish order may be a good idea.

Areas to work

Gastrocnemius-balance lateral to medial usually the lateral half is bigger.

This is great work for athletes, learn this well.

Work the back of the knee. You want to be conscious of space between tibia and fibula.

Malleoli/talus/calcaneus relationship. Clean this area up. As you can see from what you have done so far the benefit of the sessions which focus on the lower legs and legs in general and how that might be powerful for your athletic clients for existing injuries and prevention of those that come from overuse. It's like aligning their tires for the race.

Hamstrings should spread out flat, not bunch in one tight band. Work this area with great detail, it will impact their performance and can create a great deal of ease when your clients are plagued by back pain issues.

You must work the gluteus maximus work especially where it gets stuck and confused on the femur below the trochanter.

Lift the Gluteus medias and minimus off the deep layers. The tools and techniques learned here will serve you well when clients have issues that are manifesting in the lower girdle, and often impact issues above the pelvis that has had to adjust to imbalances below.

Make sure you pay attention to and work the hip rotators. The piriformis is the key. It attaches right to the pivot spot of the sacrum, the axis around which the sacrum moves.

Clean up the lumbar fascia by creating an even sheet.

Its very important to work the entire sacrum to the coccyx. You can work the coccyx with the bottom hand on the pubes. This will connect the work through the pelvis. Obviously its important to be respectful and tell the client what you are doing and why your hand is there one the edge of the pubic bone. Don't just slide your hand down there without a "warning". Just my opinion on that, others may project of field of safety and confidence without the verbal prelude. Your choice, I prefer the verbal prelude, there is no mistaking the intent.

Benchwork

The lower back is the key, so don't go much above the lumbodorsal hinge. Use your judgement on this one. There may be some issues that need cleaning up above that area. But, don't spend a great deal there. Stay with the session territorially. If there is a challenge that is presented during the series, you can always suggest a session outside of the series to deal with the issue. I have had athletes and non-athletes in my practice that have injured themselves in some activity during the 10 session series and I have suggested that they come in and let me deal with it specifically. Then return to the protocol. Stay flexible and breathe often! LOL

Neck work

Have your client laying on their back and look for the shortest and tightest place and help them open them up. The 6th hour neck work will not create balance. The goal is to give the client some relief and integrate the neck so that they will survive until the 7th hour.

Pelvic Lift

Perform the pelvis lift and get the sense that you are increasing the length. The client should feel their back lengthen and flatten against the table. Ask them how it feels after performing the move. As always if you have cranial sacral skills override the suggestions above with your different approaches and tools for balancing the sacrum and creating length in the lumbar.

Notes

Its difficult to get everything done. Limit the leg work to about half your time by switching back and forth up to the gluteal fold.

Rotator work is more than just mashing tissue until it gives in and sits there unconscious due to your drubbing! It involves lifting the gluteals and layering below. Think about this, layers and vectors, layers and vectors and the speed in which they are accessed is the key to this work!

The back of the greater trochanter is vital, all the rotators attach there. Use various tool to approach this area. Get a sense which of the tools you now have and are most applicable to the congestion you feel under them.

Learn to place your hands in ways to feel "clear through the pelvis". An example of that is one hand on the gracilis at the ramus the other at the ASIS, the origin of the rectus femoris. The three dimensional hand holds give the nervous system a clear reflection and you can use their breath and attention to accelerate the changes you desire.

Ida Rolf Quotes Session 6

"The 6th hour starts at the ASIS, taking material toward the midline. Work down toward the knee, creating a front surface."

"The gluteus maximus is always in trouble."

"If you are working with a bow-legged person, keep working on the tensor fascia lata, and to create more space around the gluteal fold, especially

near the femur.”

“The 6th hour leg work goal is to ease the external leg fascia to prepare for the rotators.”

“Rolfers are a part of the educational branch of our culture, not part of the remedial branch. Each person must learn about himself from himself. This is what we must teach.”

“The yogis believed the sea of the soul was to be found in the back wall of the rectum/anus. They came to this conclusion partly because of the strong relationship between anxiety, negativity and anal tension.”

“Work around the coccyx stimulates the Ganglion of the Impar.”

So what is the ganglion of the impar and why is the work of the 6th session so vital to its health. This quote is straight from Wikipedia. I know, a bit of mental laziness. Please forgive the transgression. “The pelvic portion of each sympathetic trunk is situated in front of the sacrum, medial to the anterior sacral foramina. It consists of four or five small sacral ganglia, connected together by interganglionic cords, and continuous above with the abdominal portion. Below, the two pelvic sympathetic trunks converge, and end on the front of the coccyx in a small ganglion, the ganglion impar” Why is this important you say that I would create heresy and quote wikipedia you say? Any pain in the rectum, perineum, genitals and basically the entire viscera can be impacted by constriction in this area. good work here can create globally beneficial results!

SESSION 7

Intention

Be sure of what you want to happen before you start.

Head and neck movement should occur intrinsically and not in the extrinsics.

Client should have new sense of top of the head and roof of mouth.

Keys

Prepare the neck before work on the cranium.

The ligamentum nuchae should be attended to in this session.

The roof of mouth is new territory for some of you so work gently and cautiously. Again there is quite a learning curve here so attend to the tissues with respect. Most of you have never gone in someone's mouth and worked the tissues. Its very powerful work, and as such should the client's same should be highly respected.

Look for

How does the head and neck relate to the thorax?

View the planes that run from upper dorsals and arms into neck.

Look for and help to create horizontals in the face. This is becoming a

Michelangelo

How much of the back of the head is present?

Client Position

Have your clients on their backs back with knees flexed. You can use a bolster. But start out with them in a flexed knee position. And then ask them which is more comfortable under a bolster or feet flat on table?

Start

Work the fascial planes in upper torso and arms.

General guidelines

Start at neck, up and over cranium, inside cranium, then reverse the order.

Areas to Note

Upper thorax fascial planes leading into the neck.

Free the sternocleidomastoid from underlying structures.

Scalenes need to be worked and softened. Call for motion laterally and slightly forward and back as you work them.

Move the tissue laterally if the cervical spine goes deep. Turn their head to the opposite side.

Any vertebrae that feels oversized clean off the tissue around it.

The ring of muscles around the base of cranium should slide over each other and not act as one plane.

Work the base of the ligamentum nuchae as it goes over the cranium.

Work the cranial fascia so the external fascia doesn't bear down with compression on the cranium. It should feel more mobile when you are ready to move on.

On the face, work the masseter by creating space front to back similar to the third hour line along the zygomatic arch.

Inside the cranium your goal is to not move bone, but to make room for bone to move. Work the lower jaw first as it most directly relates to the 5th cervical along the floor of the mouth close to the bone, where the muscles attach. The other hand should be below the jaw. Work to free congested

tissue inside and outside of the jawline.

The masseter and pterygoid should be freed if the jaw goes forward first instead of down.

Along the roof of the mouth work mainly along the teeth. Never push down on the roof of the mouth!

Create space along the back of the cranium.

PELVIC LIFT

Big changes are a possibility in this session along the lumbar.

BENCH WORK

Not too much in this session. Just help them to relate the changes down their back.

NOTES

A general background, is to spend half the time inside and half the time outside of the cranium. Obviously its your call. I do a cranial session here as many of my instructors at the Rolf Institute were versed in cranial, and that is the direction I followed. I use a combination of tissue first and then cranial. I might even do a separate session of cranial which I have moved

into with my practice.

The roof of the mouth will either feel slick, bony or glassy, or thick and leathery. And, the roof will narrow in two ways.

If the roof feels narrow from side to side work mainly along the teeth, at the ends of the fascial bands running from the roof laterally toward the teeth.

If the roof narrows front to back it will feel like two tectonic plates sliding over each other. Push back on one and forward on the other until there is movement. Do this along the teeth, not on the roof!

Use curving movements, with the side of your finger, don't poke with your finger tip.

Ida Rolf Quotes for Session # 7

"Respiration should move the spine all the way to the sacrum. This kind of movement cannot be found in our society outside of Structural Integration."

"The face is really the other end of the neck, constituted of muscles which ultimately connect to the cervical vertebrae."

“The tough fascia of the scalp is also an extension of muscle which through the face connect to the neck.”

“If we establish a spanning polarity between the top of the head and the base of the sacrum in relationship to the directional span to the gravity field, we have a new kind of structurally integrated man.”

SESSION 8 AND 9

INTENTION

Horizontality in upper and lower girdles.

Movement originating from the core.

Strengthening the lumbar.

LOOK FOR:

How can you put stability in the lumbar? It will be from either lifting the upper girdle or by adding stability in the legs?

Which girdle relates the best (most horizontal) to the earth?

Which girdle looks the healthiest?

Look for vital capacity.

Pre 8/9 look are weak lumbar, tight sacrum.

REMEMBER

In the integrating hours you are creating a stronger person. It is important to have the client own the work. They should feel stronger and more vital.

If you can't decide which girdle needs the work, work the lower girdle it works best in the recipe sequence this way.

Your attention should not be focused on individual muscles but on broad fascial planes.

Avoid creating discomfort as it will shorten the core.

Have the client use lots of integrating movement.

The 8th and 9th hour sessions are great for using integrating benchwork.

START

At the waistline whether it is a lower or upper girdle hour.

SEQUENCE FOR BOTH HOURS

Start in the middle, work out to the extremity, then back to the middle.

LOWER HOUR

Work from the iliac crest/trochanter, down the leg, and back to the waist.

Spend time on the 3rd hour line of the lower leg. Revisit areas that had presented problems in the third session.

For most people, the lateral line is a good place to work on the lower girdle hour.

The benchwork should integrate the work through the lumbar.

UPPER HOUR

Notice the movement in the scapula as the client lifts his arms with his back to you. Does the scapula move with the humerus? Where do they shorten to perform this movement?

With the client on his side, work initially around the scapula and axilla. Don't go too deeply into the shoulder yet.

With the client on his back, work arms and hands. Start at the retinaculum, work the tendons crossing the wrist. Work above and below the elbow joint. Be aware of the ulnar nerve, don't pin it to the bone.

Address the fingers and palms. With the work on computers your clients will love you. And anyone who does manual labor, well you will become their savior...literally! The ulna works beautifully here.

Go back to the shoulder joint where you can now take some time to integrate it. Be careful at the bicipital groove, don't push laterally on it as it might move the tendon into an unfavorable position.

BENCHWORK

The benchwork should be focused on the lumbar.

IDA ROLF QUOTES SESSION 8 & 9

"We usually make spinal corrections by cervical and lumbar adjustment, because they are usually in the most trouble and the easiest to get to."

"I personally look to see which girdle is the most solid."

"A problem in the lumbar is a psoas problem"

"Start the 8th hour at the waistline regardless of which girdle you have chosen."

"Probably three out of four, 8th sessions, will be pelvic hours."

"The condition of the shoulder girdle always reflects the condition of the arms. So get into the arms and hands before you unwind the girdle."

"As you let out tension in the forearm, the shoulders begin to change, as do the thorax and pectoral attachments."

"Look for where there is the most urgent weakness. Where can I add to or take from to create better balance?"

"There is a point of weakness somewhere in the lumbar. Locate and analyze how this can be affected."

"Always try to get both ends of the rectus femoris over each other vertically."

"The lateral head of the gastrocnemius often lies too wide, this locking the fibula in place."

"In the 8th and 9th hours, try to avoid the face down position. It will encourage you to repeat the 6th hour moves."

"The 8th and 9th hours must deal with large fascial planes, putting them together so they have appropriate tone."

Intention

Intention

"You must learn to build a body which is made up of large fascial sheets, not of muscles."

SESSION 10

Your "job" is to get the fascial planes to work horizontally.

Get layering back in the body.

Balance inside to outside.

Balance joints.

Get the body to a place of peace and rest so it can change over the next few months.

Ideal pre 10th hour look:

Lumbar are long and stable.

General guideline

On the front, work from the middle down the legs. With the client prone, work up the back. With the client on their back, work up the front.

General Areas to focus on.

Balance all the joints in the body. The finest balance in terms of vertical occurs at the joints.

Have the clients use lots of assisting movements by making sure movement occurs intrinsically within the joints.

Neck work

Find areas that are difficult to let of in preparation for bench work.

Pelvic lift

Try to time your move to the flexion stage of CST and just try and mentally create length in the lumbar.

Bench work

Free the spine at the girdles, so that you can feel the sacrum on the other end of the spine. Put traction on the head and feel down the spine for the

vertebrae that hang on. Create softer tissue as you work those those areas. Call for movement!

Notes

Think of this hour as an in depth layered massage, Get everything smooth and unlocked. Ideally the outer layer of the body should feel silky and smooth after this hour.

Play back and forth between the concepts of layering and hinges.

Fixing is not the job of the 10th hour. Allow your work to settle in is the goal. The body will continue to change over time. This session is the icing on the cake. The sculpture has been created, don't take more "material off" from the your piece of artwork. Its not the time for that. More to come. I have know people that have had way over 300 sessions. We are just getting started here!

Use your first session eyes again.

Take diagonals out and put horizontals into fascial layers.

The tenth session is the first time you are putting order in from head to toe.

IDA ROLF QUOTES ON THE 10TH SESSION

"A joint is a point of very delicate adjustment. In the 10th hour every joint must be brought to maximum balance."

"In the 10th session you are trying to rebalance the work of the other 9 hours."