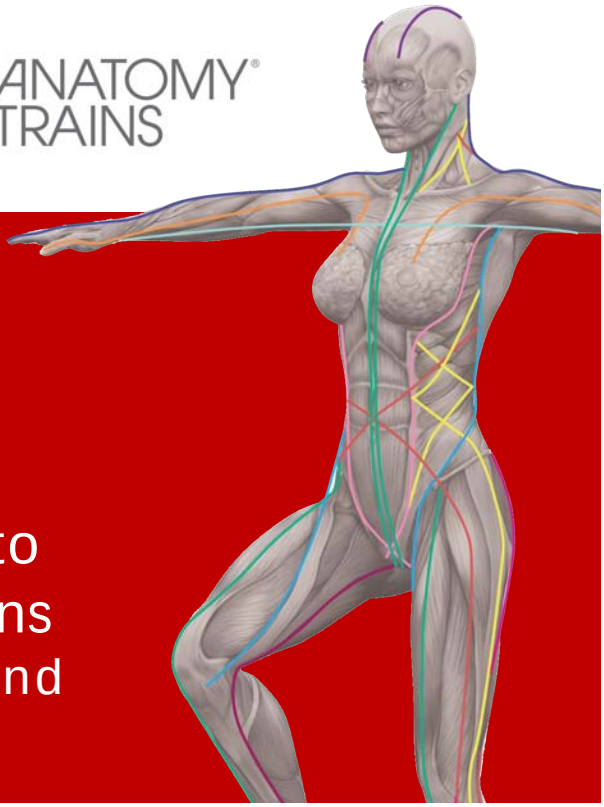
ANATOMY TRAINS

MASSAGE & MYOTHERAPY AUSTRALIA

Introduction to Anatomy Trains

By Julie Hammond



Welcome

ANATOMY TRAINS AUSTRALIA & NEW ZEALAND

Thus, the heart of healing lies in our ability to listen, to perceive, more than in any application of technique.

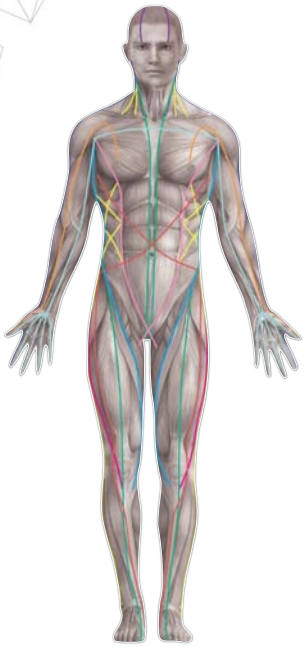
Outline:

Introduction to:

- What are the Anatomy Trains
- Fascia & Tensegrity
- Body Reading SFL/ SBL
- Technique for SFL
- Lateral Line theory, functional test, Body Reading & technique
- Deep front line theory, Body Reading & technique,
- How does Anatomy Trains help in clinical practice

What is 'Anatomy Trains'?

- A global map of human structure and movement
- Lines of force transmission through the myofascial system
- A longitudinal anatomy of the kinetic chains responsible for structural integrity in human posture & gait
- Common, continuous myofascial pathways for transmitting compensating strain & somato-emotional adaptation



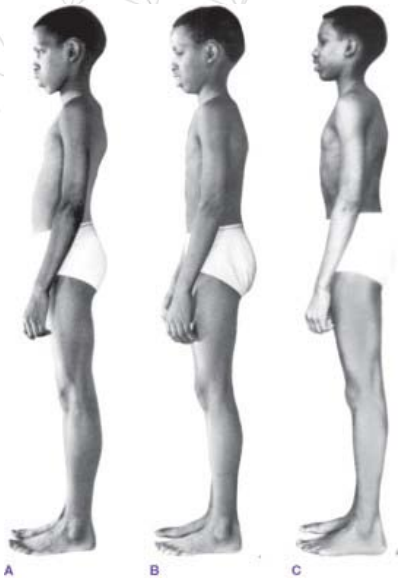
What is 'Anatomy Trains'?

What the Anatomy Trains isn't:

- Exclusive.
- We invite a conversation with all manual and movement professionals
- The answer to everything.
- It's a map. It's good for assessing stability in movement, resilience, and postural compensation
- A theory of movement or manipulative therapy
- The Anatomy Trains lens can be applied to many rehabilitative and movement modalities

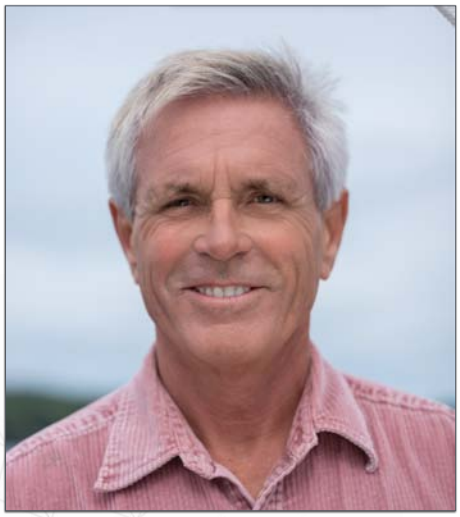
Structural Integration

Dr. Ida P. Rolf 1896 - 1979

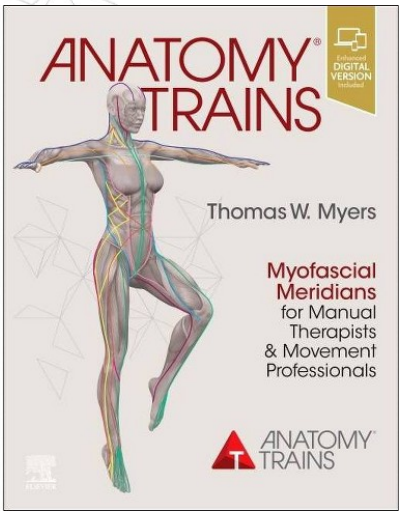


System based vs Symptom based

Thomas Myers



Tom studied with Ida Rolf, Moshe Feldenkrais and Buckminster Fuller. He put together Dr. Rolf's vision of fascial connectivity and Fuller's whole-system approach to develop the Anatomy Trains map of myofascial meridians.

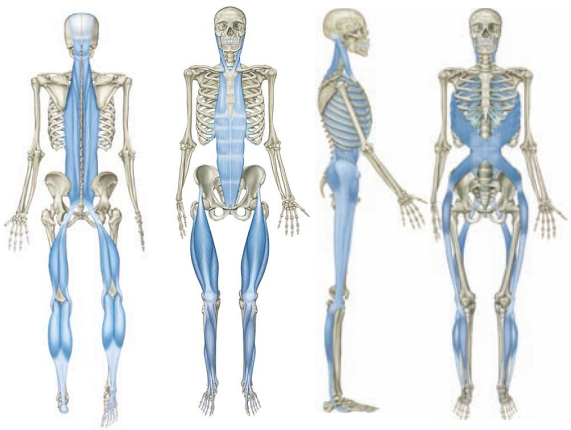


What is an 'Anatomy Train'?

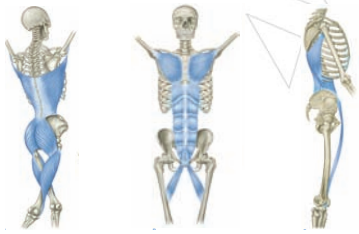
5 Bodywide Lines	3 Functional Lines	4 Arm Lines

Superficial

1. SBL | 2. SFL | 3.LL | 4.SPL



5. BFL | 6. FFL | 7.IFL

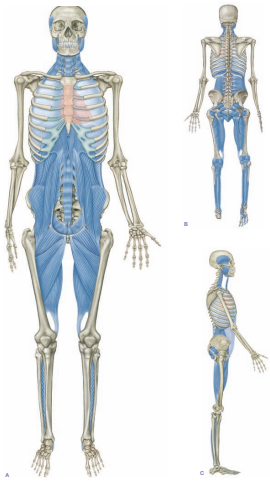


8. SFAL | 9. DFAL

10. SBAL | 11. DBAL

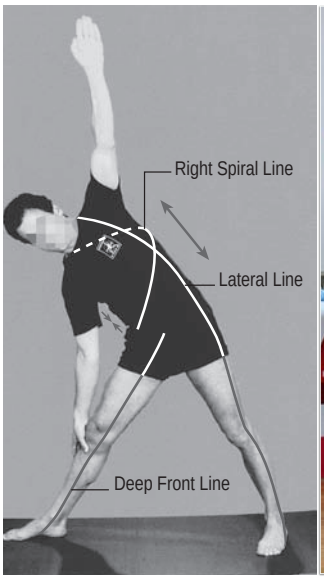
Deep

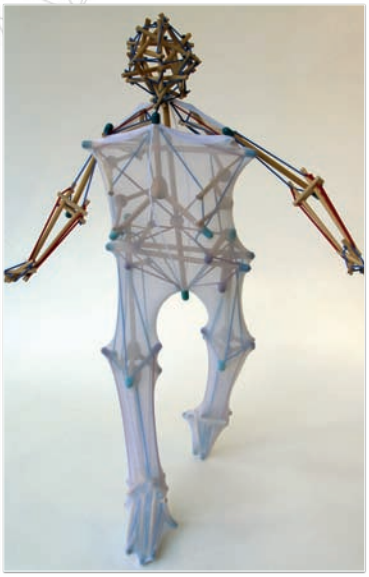
12.DFL



The Anatomy Trains Lines

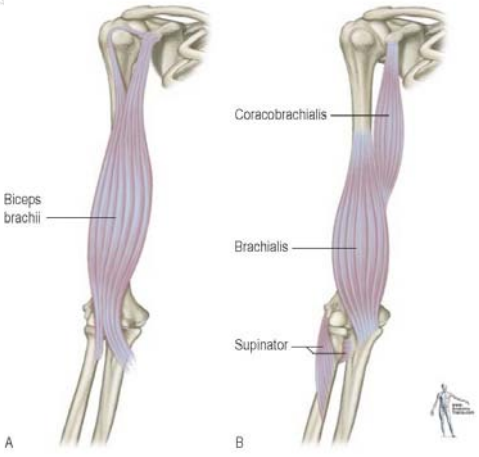
- Provide the functional connections to explain postural compensations and movement limitations.
- Give pathways for effects at a distance.
- Show you the body in a new way: The bones, muscles and even the organs float in a balance of tensional forces.





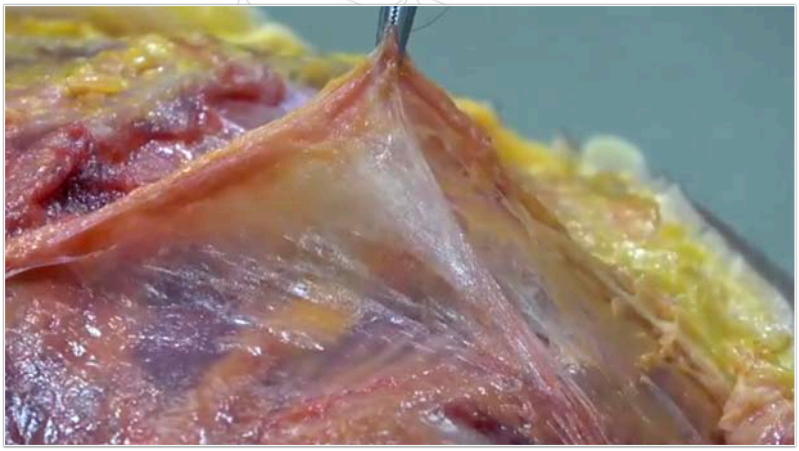
Rules and Terms

- Follow the ‘grain’ of the muscles and fascia in a consistent direction and depth.
- Note the myofascial ‘tracks’ and bony stations (where the fascia is ‘tacked down’ to the bone).
- Expresses and locals: Look for underlying single-joint muscles when you see multi-joint muscles.



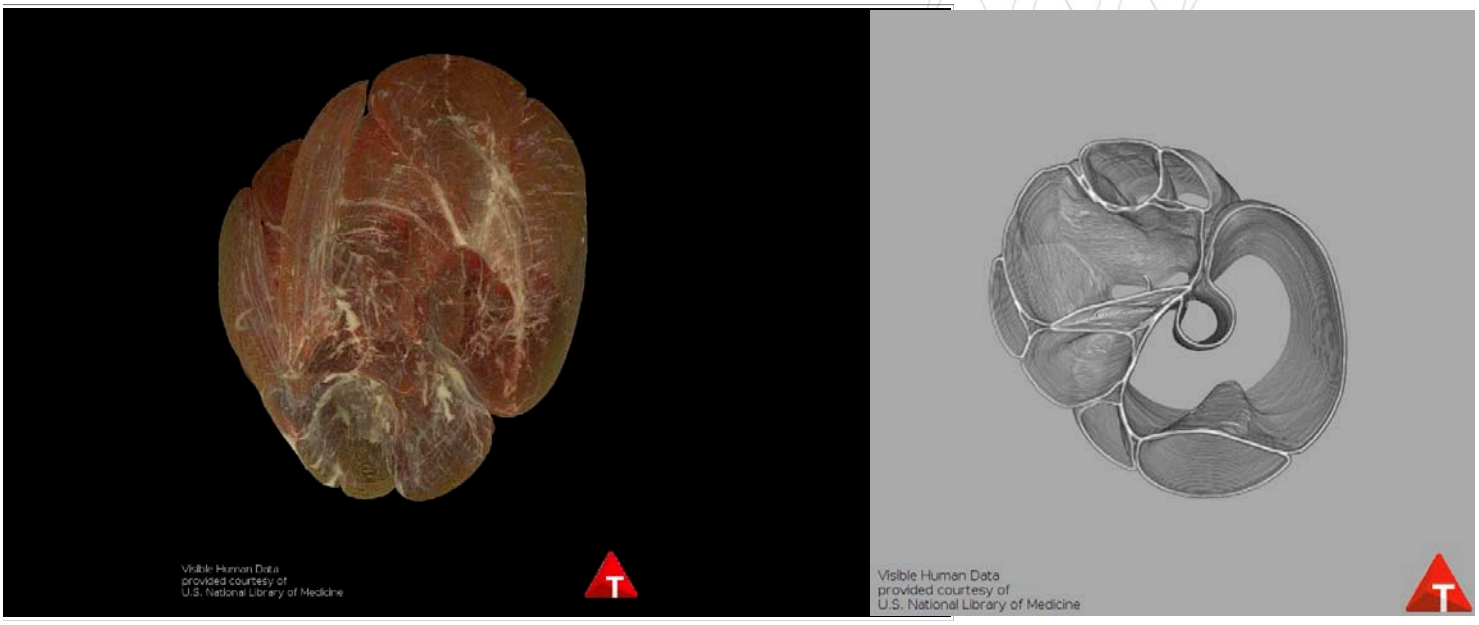
What is the Fascial System?

- Your organ of form
- A single continuous interconnected web
- A strain distribution system that communicates throughout your body
- Accommodates and holds your patterns / compensations
- Has viscous, elastic (recoil) and plastic properties, and is constantly remodelling
- AND - The richest sensory organ in your body



Fascia is the medium that holds cells and tissues together and keeps them separate

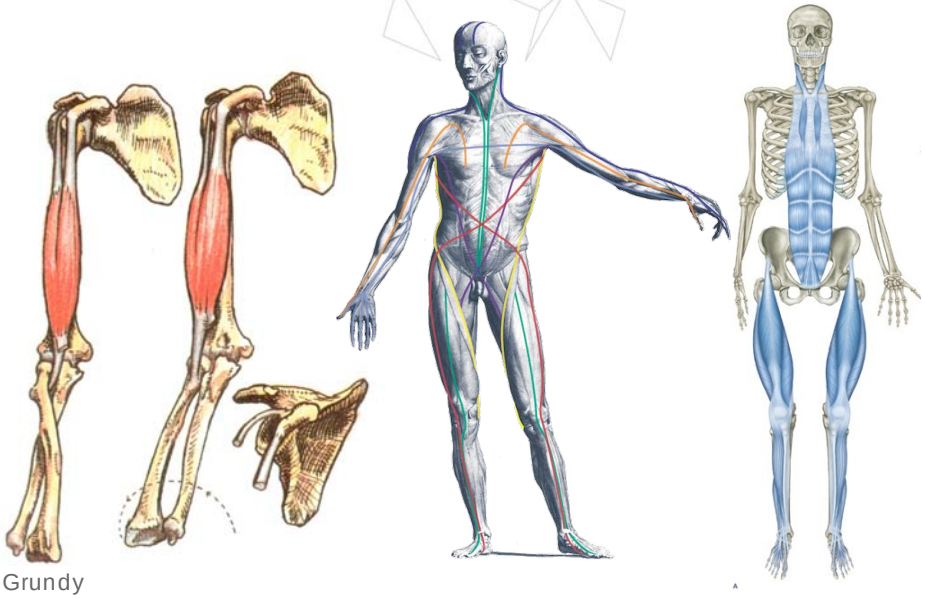
This is What 'Musculoskeletal' Misses



Changing our point-of-view

Individual Muscles v. Myofascial Continuities

Most of us learn anatomy based upon individual muscles working origin to insertion, but our understanding of fascia necessitates a change to see the muscles in the context of one complex, body-wide, 3-dimensional leotard.

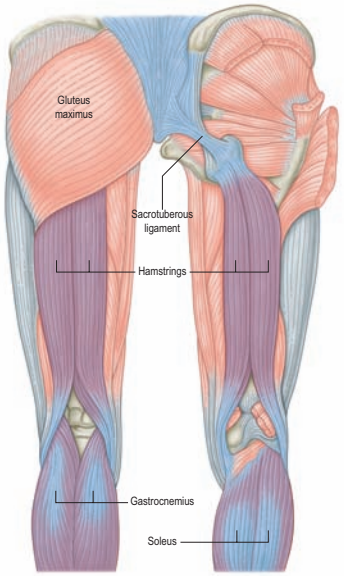


Grundy

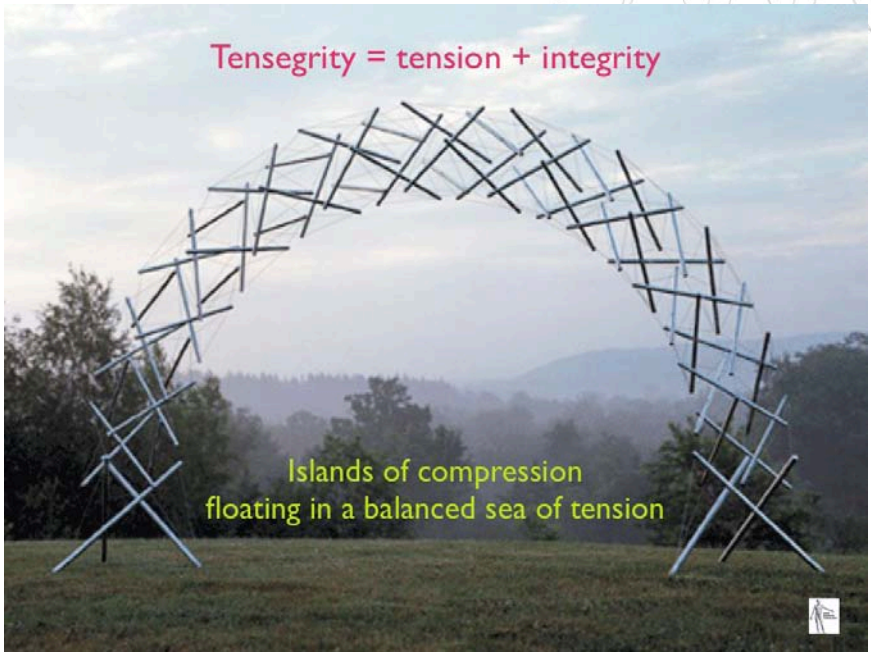
Changing Theories

Individual Muscles v. Myofascial Continuities

Where do the pulling forces go?



Tensegrity & Fascia



Tensegrity to BioTensegrity

Tensegrity:

- Buckminster Fuller & Kenneth Snelson

BioTensegrity:

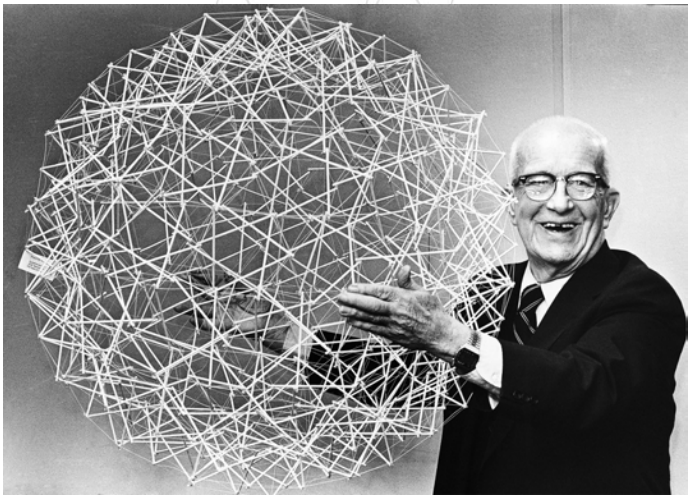
- Dr. Stephen Levin

Cellular Tensegrity:

- Dr. Donald Ingber

Fascintegrity?

- Tension, compression and hydraulics



Anatomy Trains & Tensegrity

The integrity rests with the tension members, or guy wires, pulling in and the ‘bones’ or compression members pushing out

Anatomy Trains Coordinating myofascial tensegrity

Fascial Touch

Tom Myers:

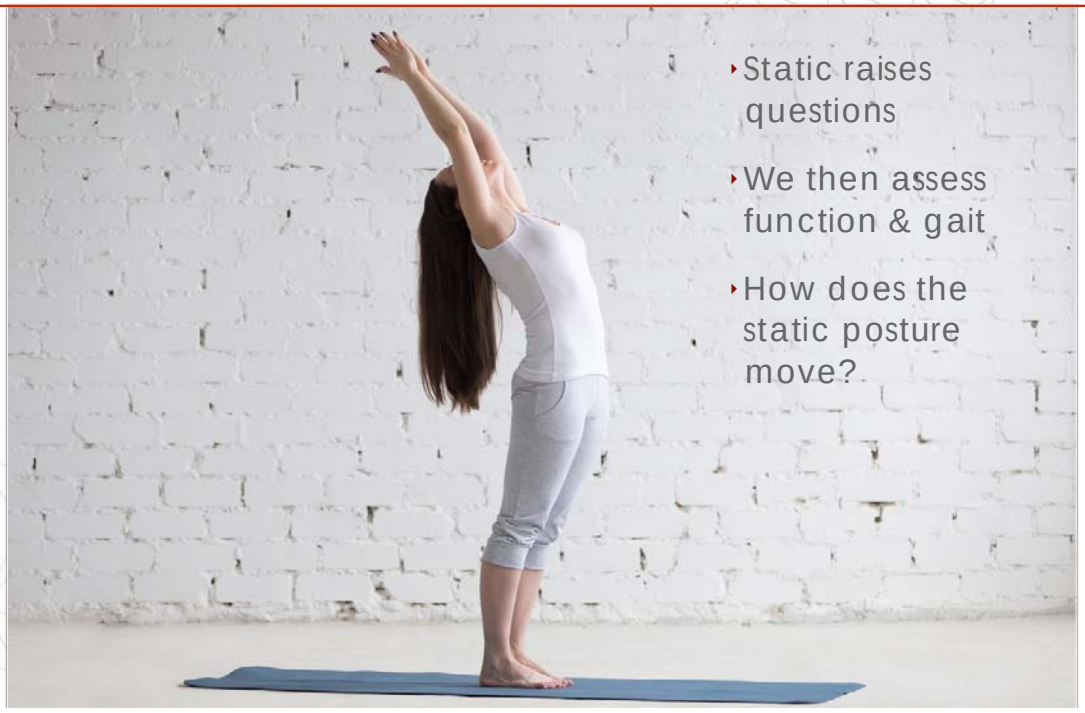
“It is not our job to promote one technique over another, nor even to posit a mechanism for how any technique works. All therapeutic interventions of whatever sort are a conversation of two intelligent systems”

“When you touch one thing with deep awareness you touch everything”
Emily Conrad

What is good posture?

- No such thing as good or bad posture
- Everybody is unique and need an individualised approach
- Static posture starts to raise questions and gives us an insight into the clients story and movement patterns
- It is not THE full story
- We are looking for ease, balance, resilience & adaptability

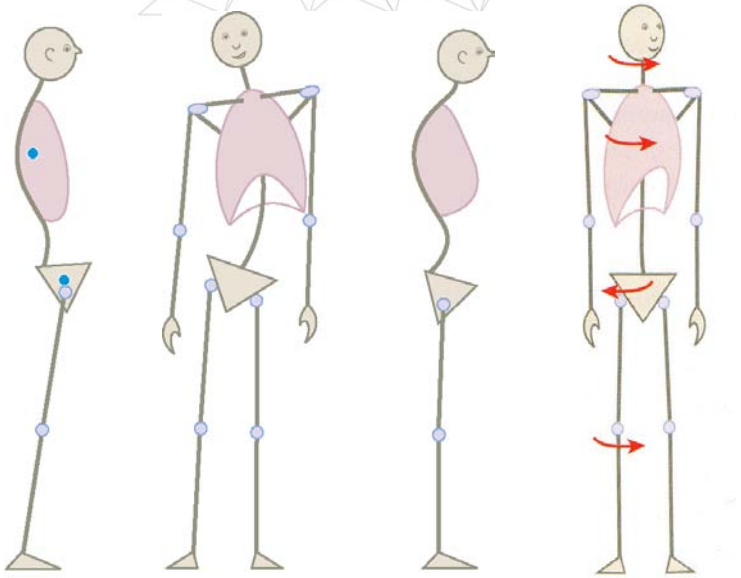
BodyReading



- Static raises questions
- We then assess function & gait
- How does the static posture move?

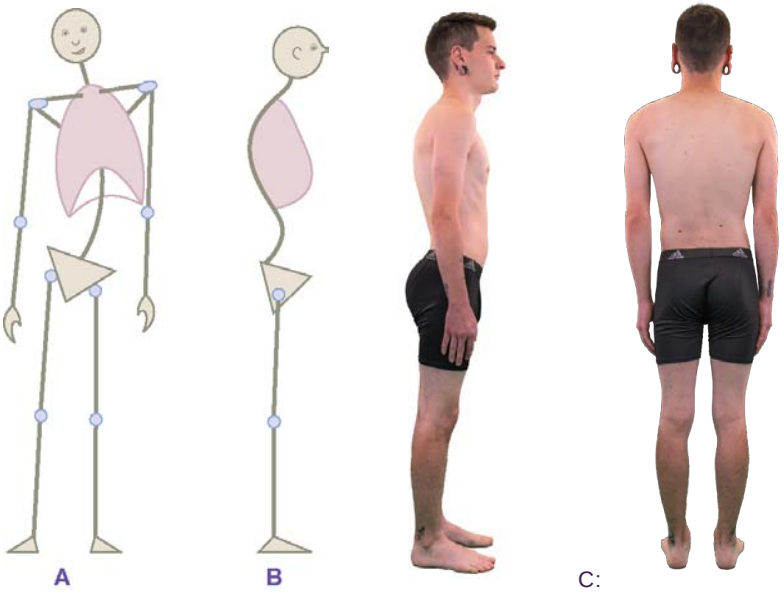
BodyReading

- Uses only four descriptors -
  Tilt, Shift, Rotation and Bend
- Use normal anatomical descriptors
  (anterior/posterior, medial/lateral etc.)
- Relative position of one body part to
  another - not only to gravity
  Relational Anatomy



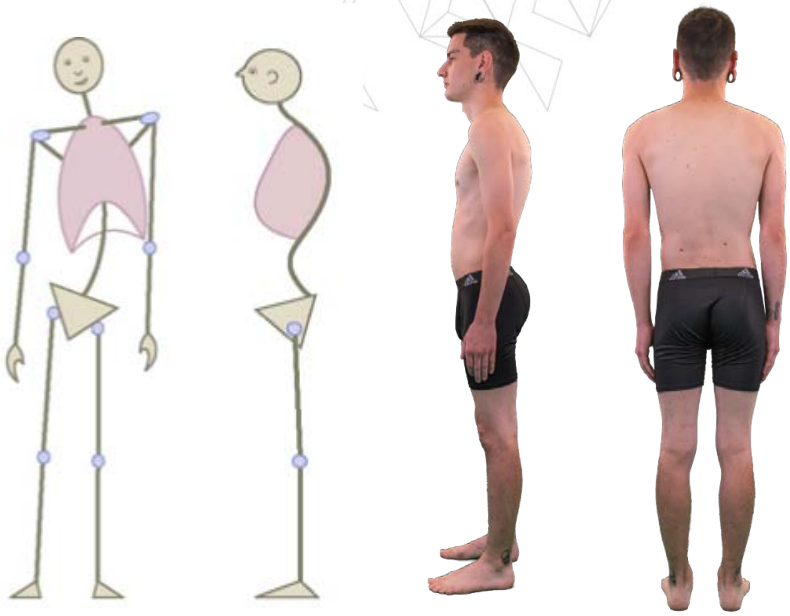
BodyReading - Tilt

- A deviation from vertical or horizontal
- Named from the top of the structure
- For example: a left tilt of the pelvis, a right tilt of the rib cage, an anterior tilt of the pelvis



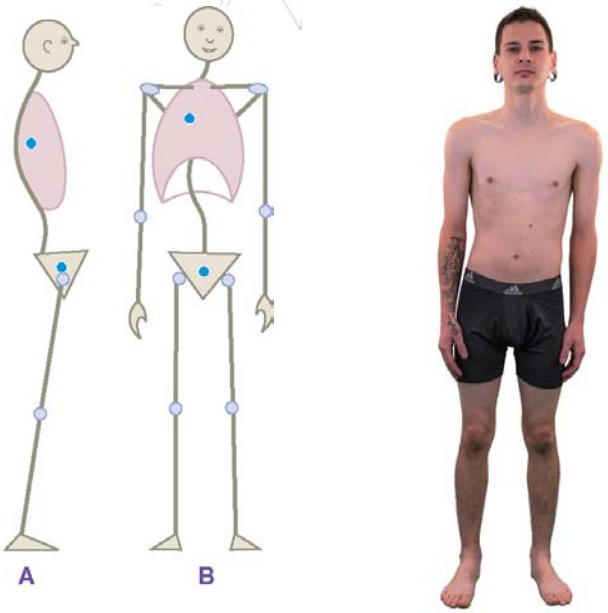
BodyReading Bend

- Are a series of tilts that creates a curve
- Used as shorthand for the curves seen in the spine.



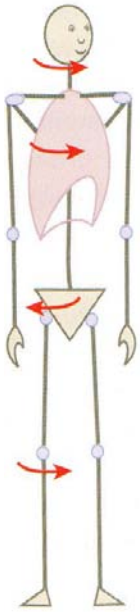
BodyReading - Shift

- A displacement in the center of one body part in relation to the center of another part
- A shear or translation
- For example: a left shift of the head, an anterior shift of the pelvis, a right shift of the rib cage
- ..in relation to…



BodyReading: Rotations

- Rotation: the rotation of one structure relative to another
- Named for the front of the structure
- Paired structures are named medial and lateral or internal and external



BodyReading

What's your first impression?

Biggest pattern: 'Major Feature'?

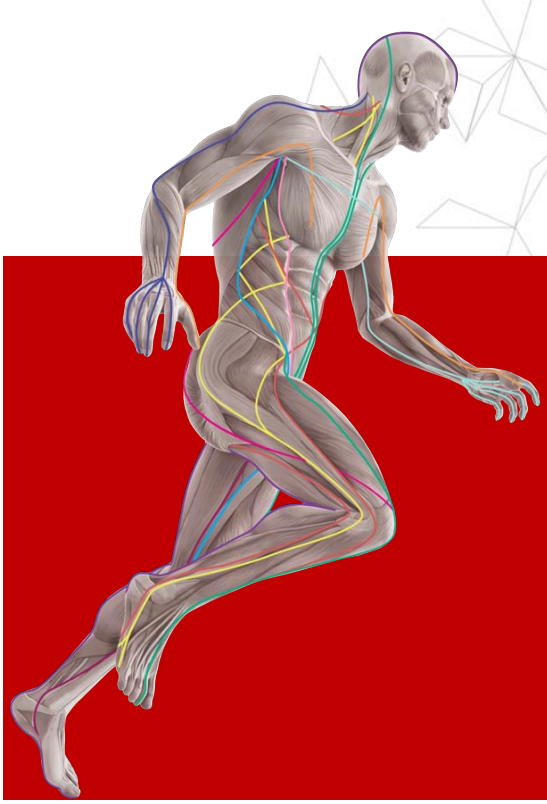
What interests you most?

What is the balance between the SFl & SBL?

What are 3 resources the client brings?

Retinaculum

Rooftop- Crural fascia

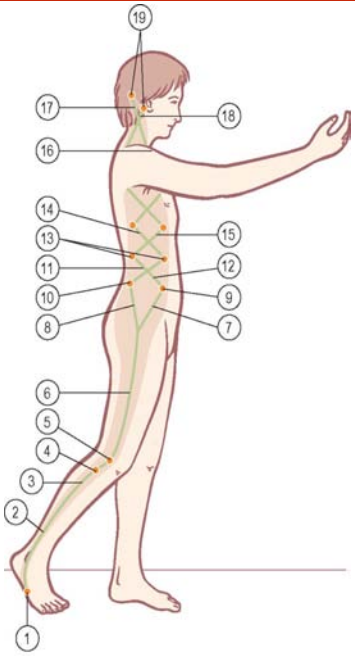


Lateral Line

Anatomy Trains: Lateral Line

- This line comes straight up the leg to the pelvis, like a letter Y.
- From the Iliac Crest, it follows a basket weave pattern of vertically and obliquely oriented myofascia, up the lateral sides of the body to the temporal bone.

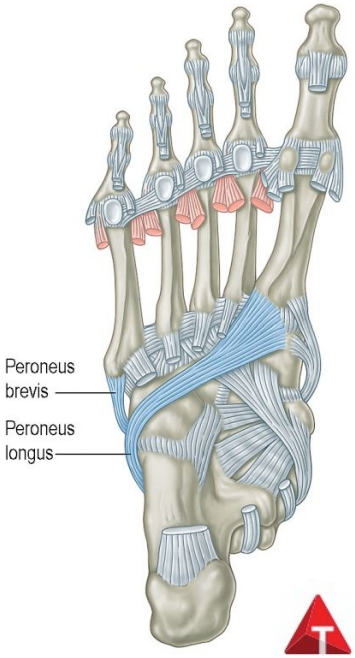
Lateral Line

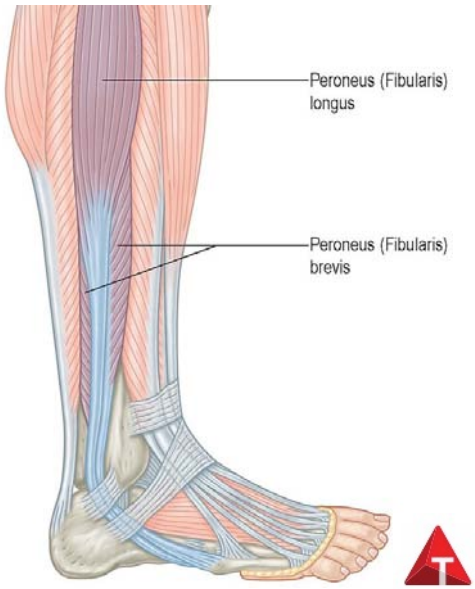


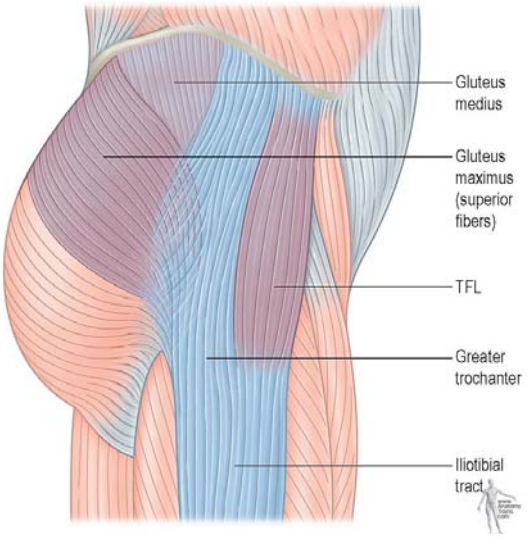
Overall postural functions:

- Connect the front and back of the body
- Balance the right and left sides; control coronal plane movements
- An adjustable ‘brake’ for lateral and rotational movement
- Stabilises movement as we move from one foot to the other

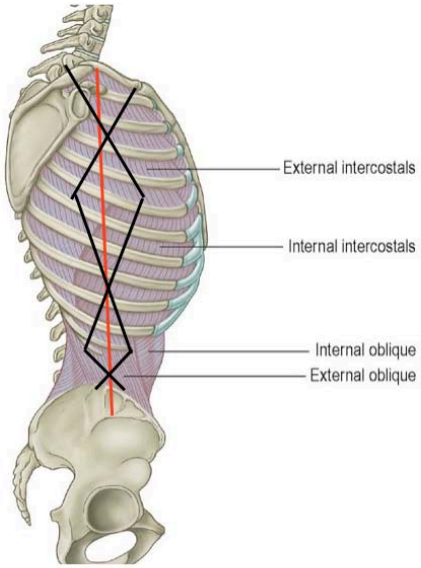
Lateral Line Anatomy

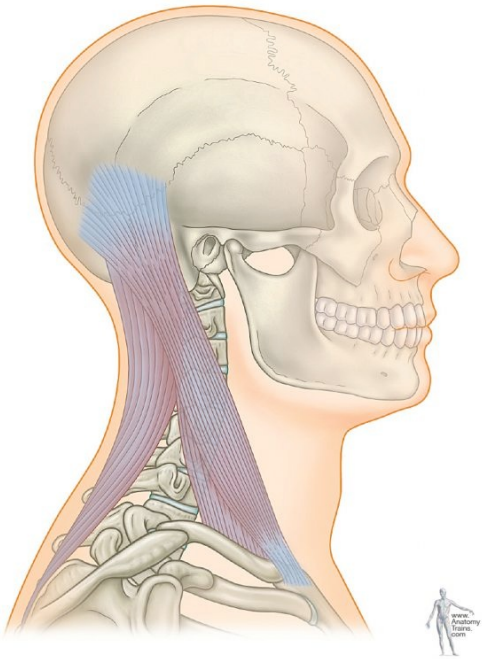




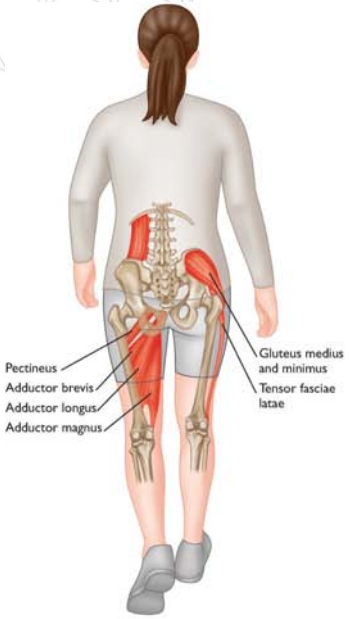


Lateral Line Anatomy



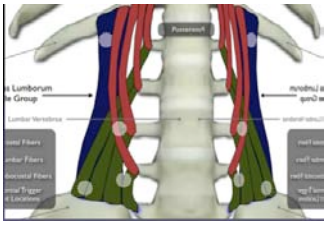


Lateral Line/Deep Front Line Relationship



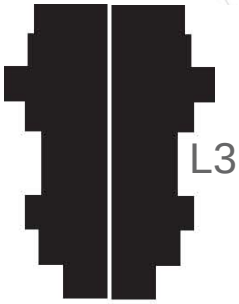
Structural & Functional Relationship

BodyReading Lateral Tilts & QL



BodyRead
Lateral tilts
and then take
into QL test

Can the ribs move away from the pelvis?



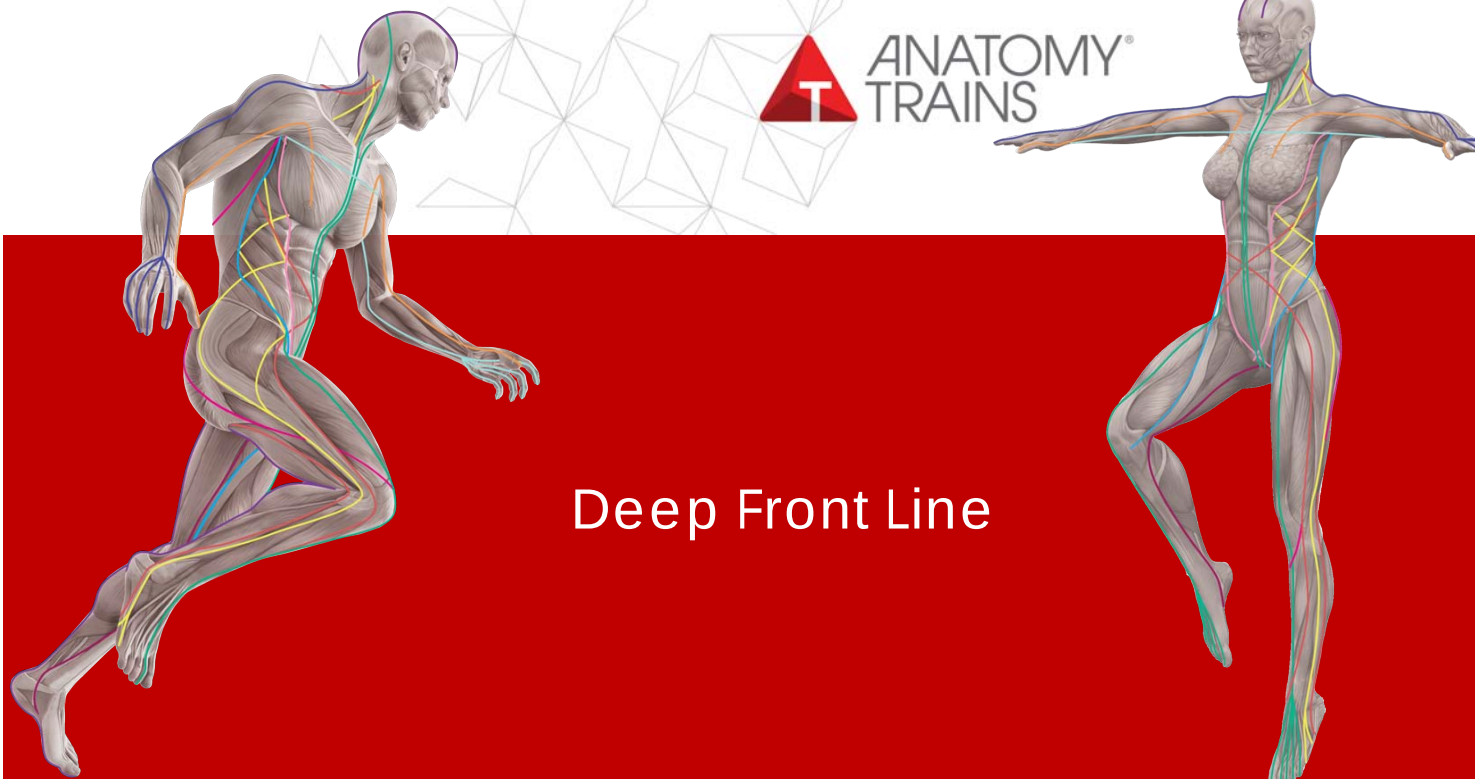
Can the pelvis move away from the ribs?

Sidebends and Knee Bends

Lateral Line Techniques

Opening the Fan

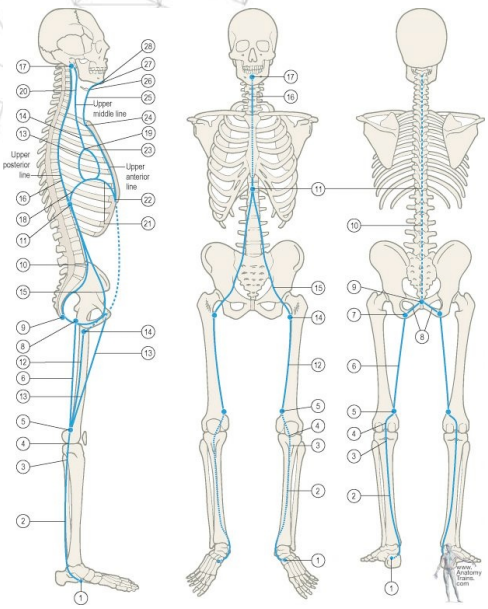
Thorax Lift



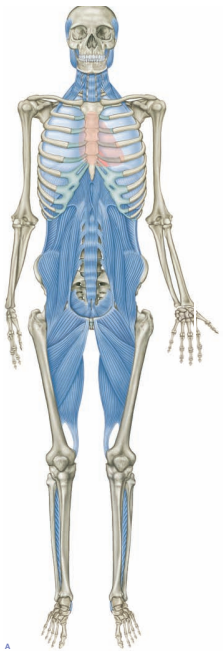
Deep Front Line

Perhaps the Deep Front Line is the easiest Line to see as a series of volumes

The Deep Front Line converges and diverges to define its volume.

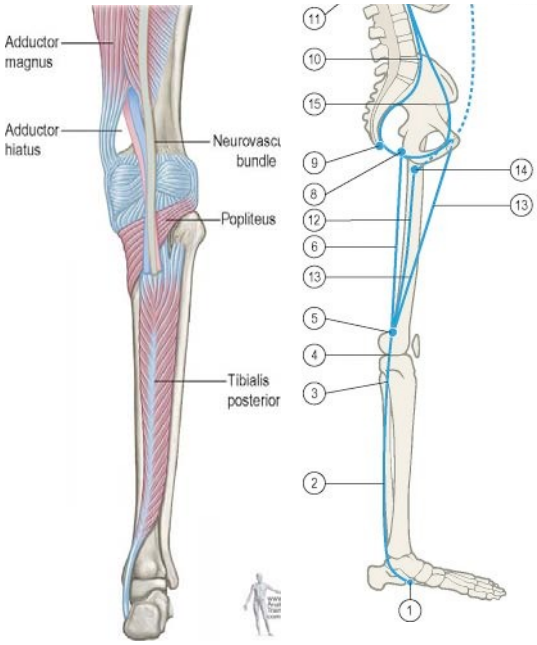


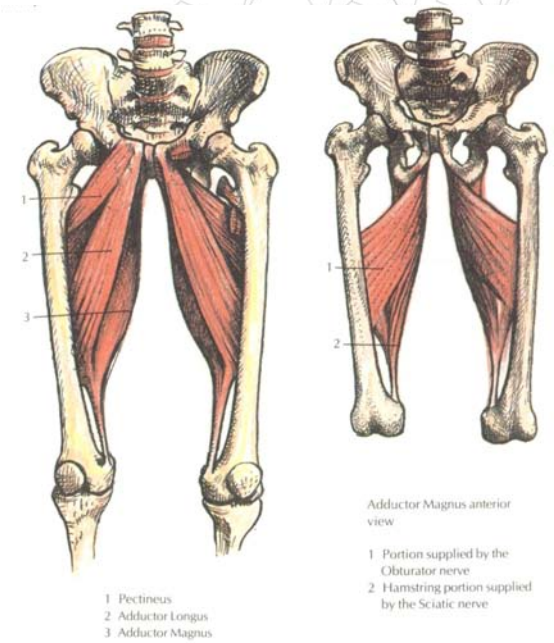
Deep Front Line



- Lifts the inner arch
- Stabilizes the legs
- Supports the lumbar spine from the front
- Stabilizes the chest while allowing expansion and relaxation of breathing
- Balances the neck and head
- Reciprocal relationship with the other lines

Lower Anterior and Posterior Tracks



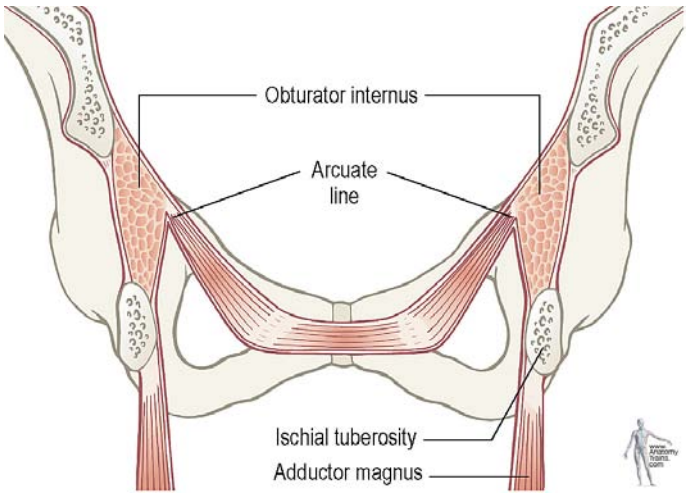


1 Pectineus
2 Adductor Longus
3 Adductor Magnus

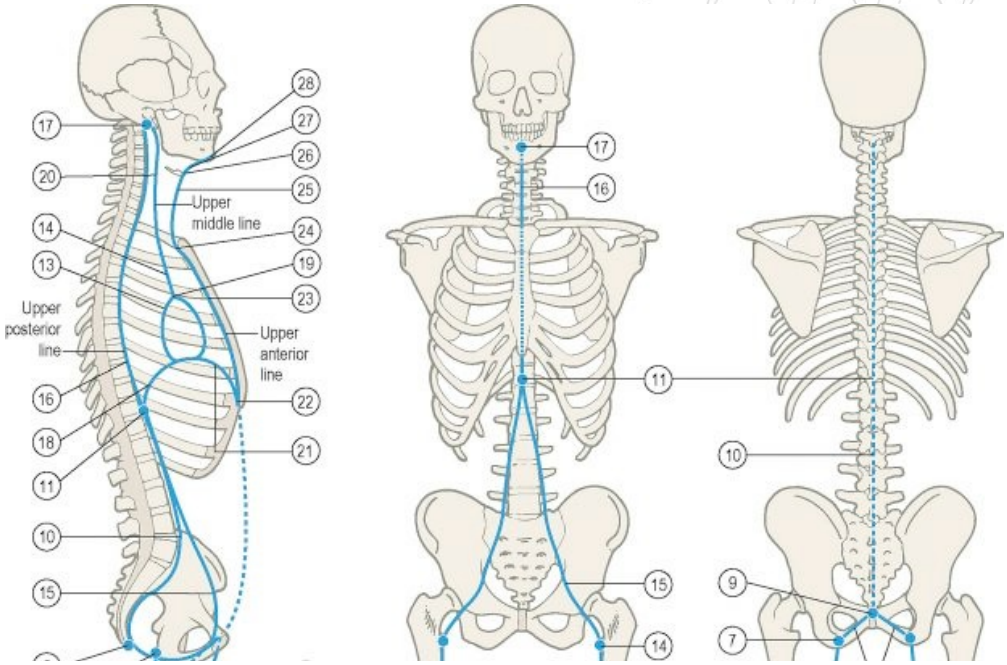
Adductor Magnus anterior view

1 Portion supplied by the Obturator nerve
2 Hamstring portion supplied by the Sciatic nerve

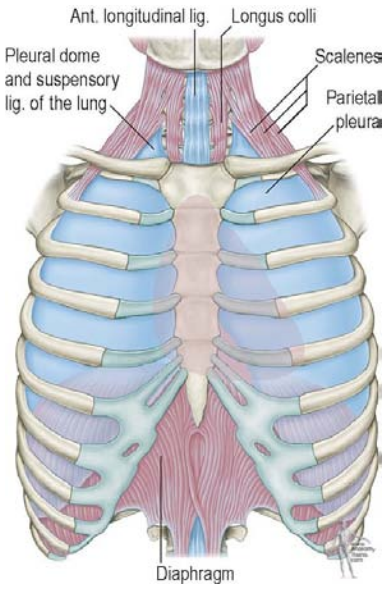
Deep Front Line

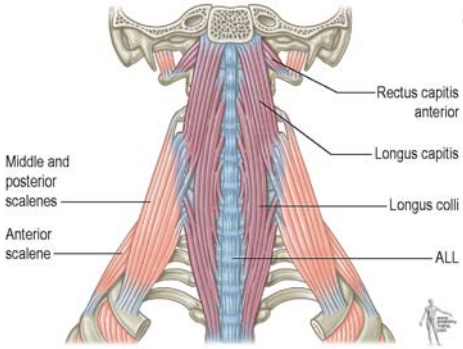


Upper Deep Front Line: Diaphragm



Upper Middle Deep Front Line





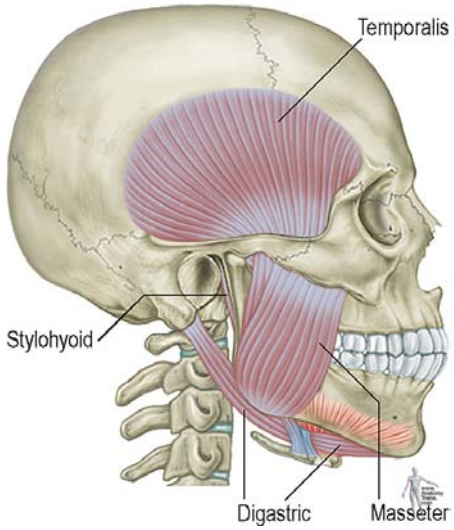
Lumbar vertebral bodies

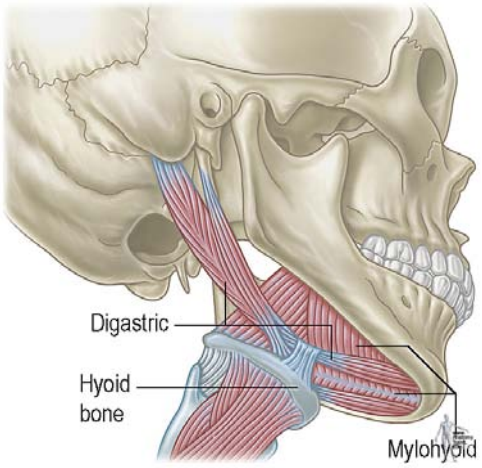
Posterior diaphragm, crura and central tendon

Pericardium, mediastinum, parietal pleura

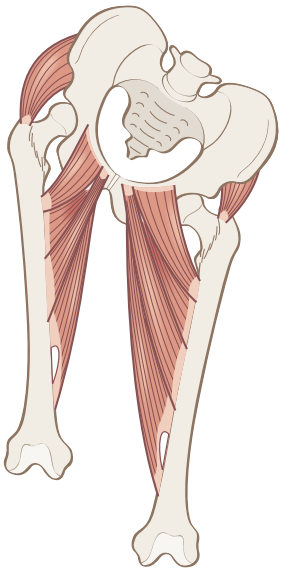
Fascia prevertebralis, scalene muscle, scalene fascia, basilar portion of occiput

Deep Front Line

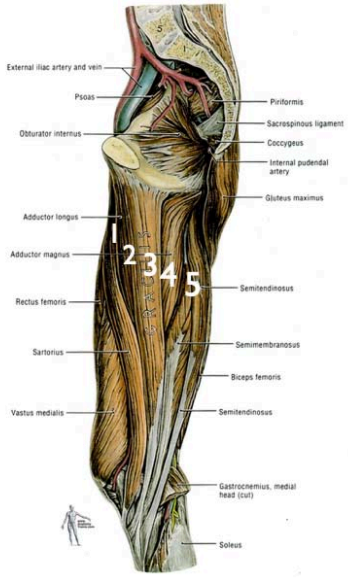




DFL: BodyRead



DFL Technique - Adductors



Use the same side hand as the leg you are palpating!

1. Sartorius- Thumb
2. Adductor Longus - Index
3. Gracillis - Middle
4. Adductor Magnus - Ring
5. Hamstrings -Pinky

Adductor Spread

What does this mean for Clinical Practice

Questions

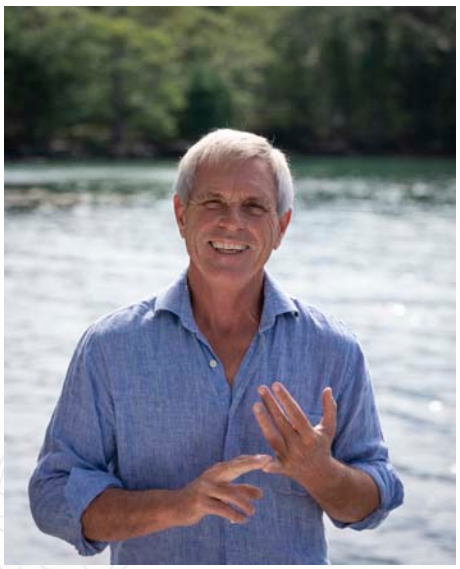
Thoughts

Discussion

"How do you integrate AT into clinical practice"

If you change the way you look at things, the things you look at change. Wayne Dyer

Thank You



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