

# Dynamic Body<sup>®</sup>

*Exploring Form  
Expanding Function*

*Erik Dalton*

CONTRIBUTING  
AUTHORS

*Judith Aston*

*Serge Gracovetsky*

*Robert E. Irvin*

*Gil Hedley*

*Jerry Hesch*

*Kai Hodeck*

*Craig Liebenson*

*Til Luchau*

*Aaron Mattes*

*Thomas Myers*

*Aline Newton*

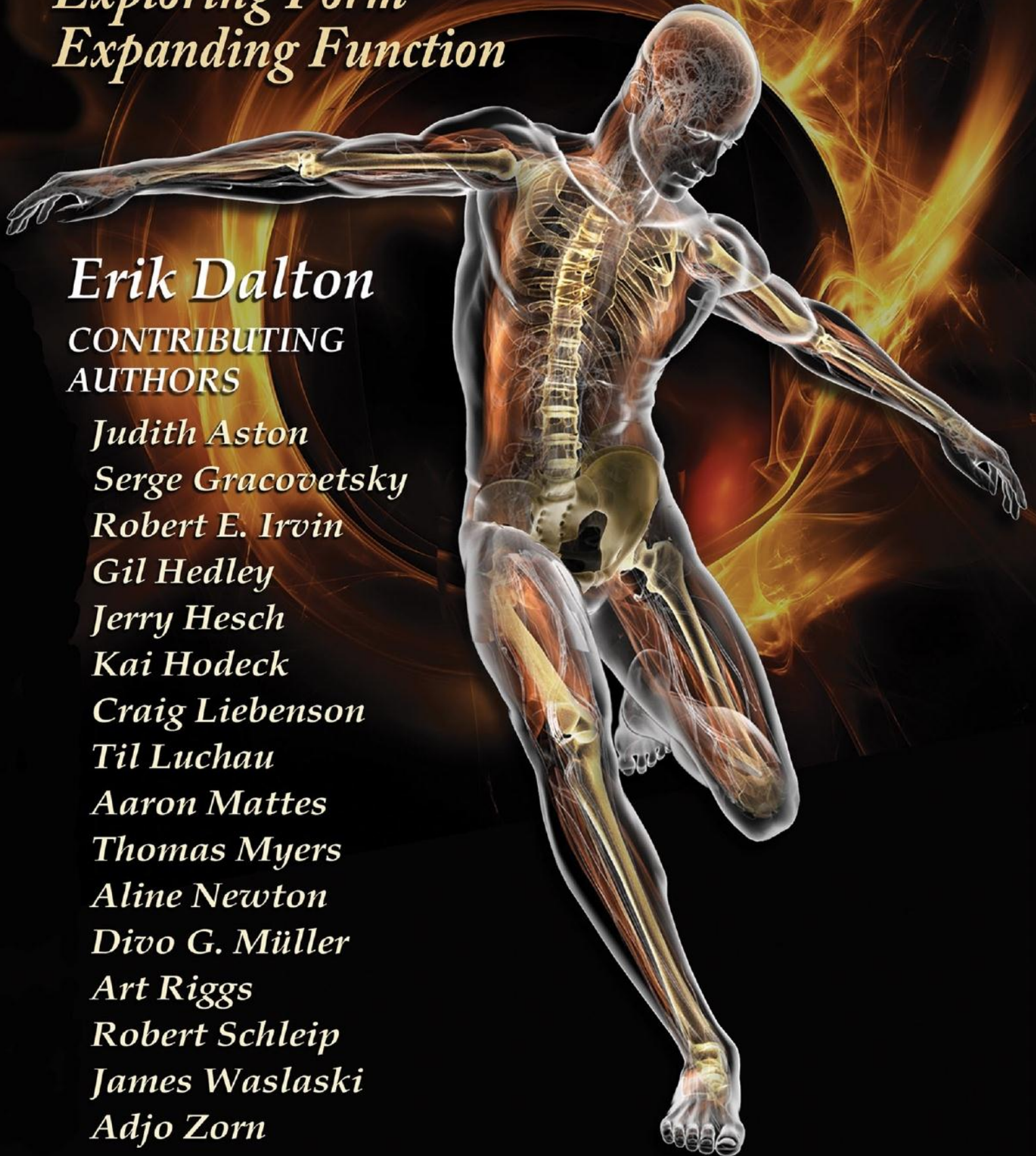
*Divo G. Müller*

*Art Riggs*

*Robert Schleip*

*James Waslaski*

*Adjo Zorn*



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## *Foreword*


Concepts about the structure and function of the body and how it relates to the mind and emotions are strongly influenced by the environment in which we live and work. The rationalist view of the body and mind dates back to Aristotle (300 B.C.) and was later influenced by the widely adopted theories of people such as Galen (129-199 A.D.), René Descartes (1596-1650), and Isaac Newton (1642-1727). This view provides the underlying principles of orthodox medicine, which takes a mechanistic approach to healing, with the various body systems studied independently of one another, and the body viewed as a machine with parts to be fixed.

Unfortunately, tradition is hard to break and education changes slowly. Many contemporary anatomy and bodywork books still take this approach, and graduates may be indoctrinated into a rationalist viewpoint despite the collective research and understanding to the contrary.

*Dynamic Body: Exploring Form, Expanding Function* pulls apart this old model and provides the conceptual framework to understand what we already sense as bodyworkers, manual therapists, and massage professionals. We know that what walks into our practices is not a skin-wrapped collection of parts that can be fixed like a car at an auto shop, but a thinking, feeling, emotional, and physical spirit. In this book, you'll discover how these dynamic bodies work, not simply under the microscope or in the cadaver lab, but as complex, fully integrated, and very much *living* beings.

In our profession, we often hear adjectives such as “holistic,” “whole body,” “interconnected,” and “integrative” thrown about as an ideal in client treatment. Complementary and alternative therapies are slowly moving toward a view of the body, mind, and spirit as an integrated whole that, in turn, is integrated with its environment. We understand, on a visceral level, the complexity of our clients and the need to treat the total person. However, while this is a worthy ideal in theory, its practical application is much more difficult, especially as we lack any broad and commonly accepted models for incorporating these concepts into our clinical treatments.

How do we move away from the simple formulaic approaches to treatments that have characterized a longstanding rationalist view of the body? How do we develop a treatment approach that doesn't just address the health status of a small part of the body, but encompasses the structural, neurologic, and psycho-emotional aspects of a client's complaints? How can we even begin to consider our treatment options from this perspective, when the cause of a seemingly isolated complaint is so multifaceted?



*Dynamic Body* makes a bold leap into answering these questions by pulling together some of the top thought leaders in our profession. These forward-thinking researchers and clinicians have devoted their lives to answering questions that help us truly understand adjectives such as “holistic” and “integrated” for the first time. In these pages, they explore and help us understand the “dynamic body” from their diverse backgrounds and rich collective experience.

The contributors to this book are change agents – imaginative and innovative thinkers. They will push you to see the body in an entirely new light. Their insights will help you rethink what you thought was true of the body and challenge you to see your clients’ issues in a very different way. They weave together disparate ideas in unique ways in order to show us the fabric, if not the thread, of a new paradigm of the body. Along the way, you will find yourself redefining who you are as a bodyworker and massage professional.

As a director of both the World Massage Conference and Massage Therapy Radio, I’ve had the opportunity to interview hundreds of the top educators from around the world. So I can say with certainty that the contributors that Erik Dalton has brought together in creating *Dynamic Body* are truly the most novel thinkers in the profession.

You will immediately recognize many of these contributors as celebrities, the giants in our profession. Others may not have the same name recognition, but have been working out of the limelight, formulating their paradigms behind the scenes, and mastering their application. Most are clinicians at heart. They continue to help clients on a daily basis in their own practices. They have hundreds of thousands of hours of shared experience, and their conclusions are based on real life, in the trenches experiences and observable outcomes. As a result, their ideas and approaches to treatment planning have direct relevance and application for you and your clients.

This book is a must have for your professional library. Whether you choose to explore the chapters in sequence or wander through the sections that interest you most, you will discover a world of ideas that will forever enrich your practice.

**Eric Brown**

*Director of Bodyworkbiz.com*



## *A Personal Note*

I am a good friend and colleague to Erik Dalton – the mastermind behind this symposium – and I am thrilled to announce that he has finally compiled the book for which we have all been waiting. Within these pages, we are privy to the practical wisdom gained from years of hands-on experience, coupled with a passion for questioning the “norm.”

Here, innovative leaders ranging from physicists, psychologists, a human biologist, and an electrical engineer to movement specialists, instructors of physical therapy, and a professor of osteopathy/manual medicine introduce and share their journeys of bodywork excellence.

I have studied and exchanged ideas with several of the authors gathered here, including Robert Schleip, Serge Gracovetsky, Judith Aston, Art Riggs, Tom Myers, Til Luchau, Aline Newton, Adjo Zorn, Gil Hedley, and Dalton himself. And because of my experiences with each of them, I consider myself a better practitioner.

I first met Schleip when he came to study Rolfing® in Boulder, Colorado, more than 30 years ago. Since then, his research has become instrumental in providing scientific support for several of the theories that Dr. Ida Rolf proposed over 50 years ago. For example, Schleip has shown there are four nerve categories that innervate fascia, when for years, anatomy books posited only one.

Since seeing Serge Gracovetsky at the First International Congress on Low Back and Pelvic Pain in 1992, my teaching and private practice approach to low back pain has forever changed. In the early '70s, I was fortunate to take classes with Judith Aston, who was subsequently selected by Dr. Rolf to develop the first movement education course for the Institute.

Art Riggs has been writing books and teaching since 1988. I remember him as a bright student who plays a mean piano. As for Dalton, he is a workhorse who toils deep into the night due to his constant obsession with “never knowing enough.” He is more than a friend – he is an invaluable resource. As an “in the trenches” clinician, he is the colleague others turn to when we need to consult on challenging cases.

Dalton has an intuitive sense for translating complex theory and research into an understandable “hands-on” language, so readers can integrate these new and practical strategies into their practice. Dalton has used this skill in writing his chapters and compiling this book – a book I’m sure you’ll enjoy as much as I have.

**Jim Asher**

*Advanced Rolfing Instructor and founder of  
the Colorado Cranial Institute*





## *Introduction*

A former osteopathic instructor once told me, “Erik, if you ask any two clinicians to agree on one thing, the only thing they’ll have in common is the belief that a third clinician is doing it wrong.” That statement stuck with me for some reason, and after mulling it over, off and on, for the last few years, I’ve come to the disappointing conclusion that he was right. I’ve also come to the conclusion that it doesn’t need to be that way.

It’s not surprising that massage therapists, anatomists, structural integrators, chiropractors, yoga instructors, personal trainers, and research scientists would filter their views of the body through a philosophic lens, shaped by their individual experiences. Some approach pain and injury from a structural, postural, and biomechanic standpoint. Others elect to evaluate and treat pain using functional movement therapy. However, choosing a single approach to assessment and treatment – although convenient – can hinder our ability to best meet the needs of each client or patient.


A practitioner’s preferred approach may work quite well for one issue, yet this same approach can fall somewhat short when applied to a different client or condition. For other issues, the practitioner might find his or her preferred approach entirely ill-suited. Why?

Humans are not simple machines. Our myoskeletal system was not designed for the sole purpose of lugging around 30 feet of intestines, 60 miles of blood vessels, the heart, lungs, and sex organs. Our bodies were also made to express emotions, interact with others, and perform complex daily activities. Even the basic act of putting one foot in front of the other comprises a complex series of reactions, involving dozens of closely interrelated muscles, tendons, and bones, along with a vast network of fascia.

When we view our clients through a single lens, we may be tempted to stereotype the source of their pain, then treat the single offending body segment. What we must keep in mind is that the torso, pelvis, legs, and arms never act alone, but always in harmony with the rest of the body. A motion as simple as reaching forward to use this keyboard not only involves my hands and arms, but also my neck, back, pelvis, and abdomen. Even my feet come into play.

Decades ago, the legendary Dr. Vladimir Janda warned: “Keep in mind that the motor system functions as an entity and that in principle it is a wrong approach to try and understand impairments of different parts of the motor system separately without understanding the function of the motor system as a whole.”





Adding to the complexity of our profession – and perhaps sabotaging any hope of a single glorious cure-all approach to musculoskeletal issues – is the fact that no two clients are the same. Each body is a completely unique and complex machine. This is why attempts to apply the same solution to multiple clients – even when they present with seemingly identical symptoms – can fail.

With this book, I encourage readers to consider a more comprehensive and multidisciplinary approach to the human body. In your next client session, be aware of your assessment process. Are you only using one lens to determine proper treatment strategies for strengthening muscles, reducing pain, or improving flexibility? If so, consider viewing your client's body through any one of the diverse lenses presented here by our renowned contributors.

We have been fortunate enough to include lessons from some of the top practitioners and researchers in physical therapy, structural integration, osteopathy, chiropractic, and functional movement training. Within these pages, you'll find an intriguing flow of ideas regarding structure and functional movement, presented by Judith Aston, Adjo Zorn, Kai Hodeck, Craig Liebenson, and Serge Gracovetsky, and highlighted in chapters by Aline Newton, Til Luchau, and Robert Irvin.

Jerry Hesch introduces a new “two-minute” correction for SI joint dysfunction, along with collaborative evidence to support his recent sacral torsion findings. Gil Hedley's stimulating visual perspectives of fascial dissection are brought to life in Robert Schleip's chapter *Fascia as a Sensory Organ* and by Thomas Myers in his elegant *Anatomy Trains* model.

Four of the chapters I've written for this book take a deeper look at the pain and dysfunction that can develop through active hobbies, a certain fashion habit, and everyday movements. Two of the chapters focus on the common musculoskeletal issues associated with the popular pastimes of cycling and golf.

In *Well-Heeled*, we explore the negative impact of high-heels on posture and gait. Then, in a chapter titled *Human Silly Putty*, we consider how gravity and faulty movement patterns combine to effect chronic pain.

My fifth chapter concentrates on knee pain, addressing the confusion that often surrounds this complex joint, making it tough to determine the correct treatment plan. In each of these five chapters, I outline the appropriate steps to help restore proper function, beginning with an accurate assessment.



Art Riggs, in his contribution to the book, brings us up to date on the semantics of touch and new perspectives on pain, and James Waslaski's *Treating Tendinosis Conditions* offers practical applications for commonly seen injuries. A self-conditioning section featuring Aaron Mattes' *Active Isolated Stretching* and Robert Schleip and Divo Müller's *Fascial Fitness* closes the book.

These chapters reflect the expertise and individual “lens” of their respective authors – from background and style to approach and delivery. To best convey each author's voice and perspective, the *Dynamic Body* editors have intentionally avoided the trend to mold these chapters into one standard format.

Even with a tissue-based practice, the concept of using one form of therapy to treat every client who presents with a certain problem has not proven productive. A cookie-cutter model may work for baking, but not for the inherent complexities of human function and dysfunction. Instead of choosing one method over another, we encourage clinicians to incorporate a broad, multidisciplinary model that emphasizes a more holistic approach to rehabilitation.

There are many fine reference books that address basic principles and practice of manual and movement therapies, but this is one of the few books to present a global model for blending past, present, and future therapeutic approaches across multiple disciplines.

**Erik Dalton, Ph.D.**

*Founder of Freedom From Pain Institute®*





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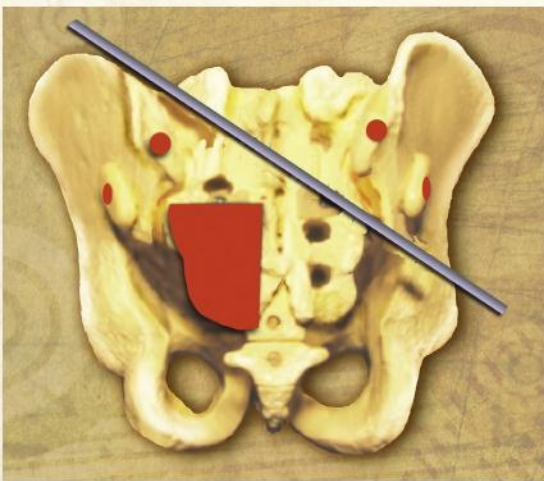
## **Jerry Hesch MHS, PT**

For more than 30 years, Jerry Hesch has worked toward a three-dimensional understanding of joint movement. A licensed physical therapist, with a master's in health science, Hesch has meticulously examined existing research and literature for clinical problems without adequate solution – then worked to fill those gaps.

In doing so, he has developed an innovative approach to evaluation and treatment of joint dysfunction, known as the Hesch Method of Manual Therapy. Integration of the Hesch Method into practice helps the clinician swiftly and accurately pinpoint the exact nature of a client's joint dysfunction, to efficiently achieve strong clinical outcomes.

In July 2010, the Hesch Institute was established in Las Vegas, Nevada. This nonprofit organization aims to incorporate the Hesch Method into contemporary health-care practices, through initiatives ranging from research and education to clinical services and training.

*For more information, visit <http://heschinstitute.org>.*



***With torsion, one sacral quadrant will be prominent.  
In the presence of a sacral torsion the sacrum will be most asymmetrical at only one side of the sacral base or apex. In the most common torsion, the left lower sacral quadrant is prominent.***

# Sacral Torsion About an Oblique Axis

## *A New Approach to an Old Problem*

**Jerry Hesch, MHS, PT**

Jerry Hesch

*This chapter is an in-depth exploration of sacral torsion and sacroiliac joint dysfunction. It presents a model of nomenclature, evaluation, and treatment that is much more user-friendly than the traditional model. For those who do not want to dig deeply into the historical and theoretical reading, but do wish to learn the clinical application, you will find the latter part of the chapter that starts with **Torsion Evaluation** will suffice.*

Manual therapy applied to the sacroiliac joint (SIJ) encompasses a variety of types of movement dysfunction, and it may include a variety of pain presentations. In this chapter, SIJ dysfunction (SIJD) will be defined thus: Sacroiliac joint dysfunction is a movement dysfunction in which movement within the SIJ, or going through the SIJ, is altered, possibly causing pelvic posture to be altered and provoking proximal or distal pain. The pain may be intrinsic to the SIJ, or extrinsic – for example, from sacroiliac ligaments and other proximal soft tissue.

Due to the proximity of the lumbar and sacral nerve supply, pain patterns can be unclear. True SIJ pain is not always clearly demarcated. Furthermore, the SIJ and lumbar spine are inextricably linked and, therefore, I deny distinct and separate SIJD without lumbar segmental involvement. In contradistinction to much of the general literature, asymmetry is not a

necessary prerequisite for the definition of SIJD, as symmetrical and treatable hypomobilities and hypermobilities do exist.

A frequently reported sacral movement dysfunction is named “sacral torsion about an oblique

axis,” which is also known as “sacral torsion,” or simply as a “torsion.”<sup>1,2</sup> Torsions do meet the above definition of SIJD, and they are the focus of this chapter. I also include my method of evaluation and treatment for sacral torsions.

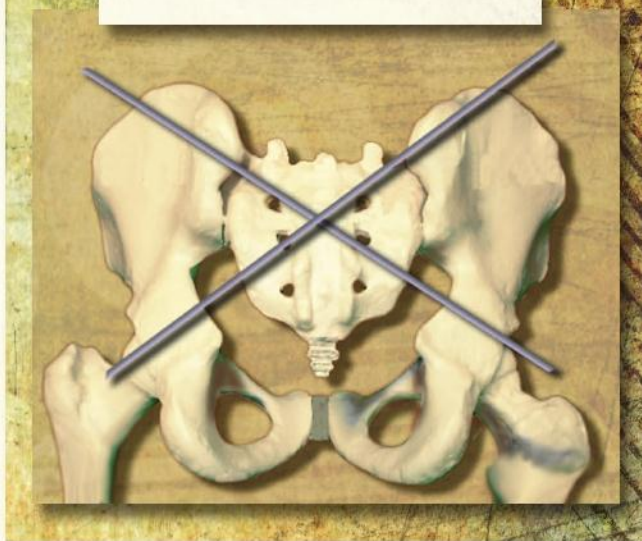
There are other axes and other types of sacral dysfunction that will not be detailed in this chapter. These include forward-bending and backward-bending restriction, pure rotation on a vertical axis, pure side-bending, and posterior glide.

Some patterns that might be predicted do not actually appear to exist, or are extremely

rare, such as anterior glide, side-glide, and dorsal plane tilt (imagine a pinwheel axis to differentiate from side-bending).

My work is a distinct enhancement from the traditional evaluation and treatment paradigm, and is, therefore, referred to as the *Hesch Method*.

*A frequently reported sacral movement dysfunction is named sacral torsion about an oblique axis, which is also known as sacral torsion, or simply as torsion.*



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