

  Tail End  

2016 Manual

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The Tail End of the body seems to receive more than it's share of accidental impacts from all sorts of interesting angles. These impacts can distort the relationship between the bones and they can distort the actual shape of the bones in tail region. The sacrum, coccyx, pelvis and femur are often bent or broken and stranded - stuck far out of place. Dr. Rolf routinely repositioned these boney structures and she changed the shape of the bones themselves. She would say she did not know if it was tissue or bone that changed. With hindsight I know now that the answer was the bone.

Working primarily with the sense of touch - damaged areas most likely exhibit some lumpy, ropey, and stringy soft tissue. It can feel like there is tissue that keeps you from feeling the bone. Another tissue quality indicative of damage is padding. You can usually see good examples of this kind padding built up on the sides of the surgical scar of a knee replacement. The surface of the bone can be slick and too slippery. Scrape at the slick stuff - you want to gain access to the non-slip stuff underneath the slick covering. Work until you can clearly feel the bone by just lightly dropping your hand into the tissue.

Any movements that are used to facilitate the change should be very slow. Quick movement or movement with lots of power will bounce the practitioner out. I tell them if we are in a contest they get to just win so they keep me in working. I like to use only one direction at a time. So if I am going up a hamstring I go all the way up while they bring the knee forward. Then they can change direction and I will go all the way up while they are going down. I don't have them change directions while I am going up one line as it makes the line choppy and skips areas.

Strumming is fantastic for ropes and strings. You are looking to squash adhesions within the bundle of tissue that is the rope or string so roll thorough the middle or center of the string. All strings are all fair game, even in an area where some of the strings are most likely nerves. Consider that all the tissues

in the area could use some repositioning - the nerves and blood vessels are included. The strings don't seem to disappear with the strumming. Don't give up because when the bones underneath the strings get loose enough to shift - the lumps and strings settle down noticeably. I think some of the change to these tough stringy fibers comes with time. I would say that these engaging tissues are less prominent as you go down the line of time. My personal theory of "Use it or Loose it": If you are using tissue to do a job the body will lay down fiber along the lines of use. If you stop using the line, the fiberos tissues are taken up again. The body is always remodeling itself to fit the use patterns we demand of it. Real strength is not in big cramped muscles, it is in the fibers.

For rounded soft lumps, pushing and smooshing the lump onto the bone helps to thin them out. Pin it down and push on it - this is fairly standard Rolfing stuff. We use the recipient's bones as a tool - similar to the function of an anvil - their bones give us something solid to smoosh the irregular damaged tissue against to get the tissue quality to change. And change it does from rough to smooth - from cotton to silk.



## Landmarks



The following bone structures may be used as landmarks. Locating these structures and checking for symmetry by feel helps to clarify what is good structure and what is damaged. If you become lost or confused, find something that you can identify and work out from there. Most of these landmarks are bilateral and you will be trusting your bilateral kinesthetic senses to compare and evaluate the two sides.

### ❁ Coccyx

- Transverse process of coccyx
- Sacral Cornu
- Coccygeal Cornu
- The Tail's True End

### ❁ Sacrum

- Sacrum medial crest
- Sacrum lateral crest
- L5 -S1 junction - base of the sacrum (the dimple)
- Sacro tuberos ligament
- Sacro spinous ligament

### ❁ Pelvis

- Posterior Superior Iliac spine
- Posterior Inferior Iliac spine
- Ischial spine
- Greater Sciatic notch
- Ischial tuberosity
- Ramus
- Ischium

Pubic Symphysis interior aspect

Iliac Crest

Iliac fossa for Rolf's Ropes

Acetabular Margin

Anterior superior iliac spine

Pubic tubercle

Inguinal Ligament

### ✿ Femur

Greater Trochanter

Lesser Trochanter

Angles and Adhesions

rolled forward— often almost a break to the ramus

rolled back— often stuck to the ramus

displaced forward

displaced back

## 🌸 🌸 🌸 Working Positions 🌸 🌸 🌸

### 🌸 On the Side 🌸

The recipient is lying on their side - with the bottom leg straight and the top leg bent. A pillow for the head and an optional pillow for top knee and lower back comfort.

Movement for assistance in this position is with the bottom leg straight forward and straight back.

Find the ischial tuberosity - usually this is an obvious landmark.

Trace the ramus forward to the under or back side of the pubic bones.

Perch just over the inside edge of the ramus with a flat first finger or a row of finger tips and use your weight to put spring into the bone for bone change. Stay steady and uncurl the edges that have been bent. Have the recipient very-very slowly move their bottom leg knee straight forward and straight back.

You can put pressure on both sides of the ramus for bone change. One hand can reach under the leg and come up on the outside of the ramus front side or back side or if your hand is big enough you can bracket the femur and push from outside the ramus and at the same time you can push on the inside edge.

Once the bottom edge of the ramus is clear, trace up from the ischial tuberosity to to the Ischial spine - perching on the edge and calling for very-very slow knee forward and back movement.

Check in with the ligaments coming off of the ischial spine. They should be able to stand "hip shot" on either leg. You might want to check to see if this function is in trouble before you start work. This is better done when they are face down but if they have the ligaments stuck together you can strum them to separate them. I like to cross fiber my way up to the greater sciatic notch looking for strings, pads and other odd consistencies in the tissue to work on.

I work my way up the sacrum - paying particular attention to the posterior Inferior and superior Iliac spines. I cross fiber everything in the area. I check around the dimple and look for any "Rolf's Ropes" on the Ilium below the rim.

I clear the crest of the ileum from both sides. When they are on their side you can tract the inner edge of the rim of the pelvis and the outer edge to the junction of the spine. I work my way up the vertebrae of the lumbar spine looking for "stuff" to strum from the spinous process and between the spinous processes out to the back erectors near the transverse processes.

I like to go up the lumbar to the lower ribs. I check to see if the 12th rib is in back of the transverse processes. If it has gotten wedged under a transverse process it can be quite painful. The other issue in the 12th rib area is the kidney. If it is out of place it may cause the area to be tender and painful. It is surprisingly easy to displace a kidney. and it is not that difficult to push it back home.

In the side lying position, I check on the position of the femur on the underside and on the top leg. On the top I try to get the trochanter to "stand straight up" I also look to the lesser trochanter to see if the hamstring has attached itself to that region. The greater trochanter may be compact fractured and distorted. use some bone change pressure if you have any suspicions about the shape of the trochanter. If you are right about the damage it will come out. if it is OK nothing will happen. Checking the symmetry of the shape and relative positions of the greater trochanters is best done in the face down

position.

Towards the end of working this line, I work using strumming sometimes with an elbow on the “high point of the back” or the high point of the thoracic curve. When I do balancing work on the neck I take a good look at the related high point of the curve of the back of the cranium scraping and working the tissues so that any change that is coming from the work below has a chance to come through.

## 🌸 Face Down 🌸

If there is difficulty lying face down because of neck stiffness, try putting a pillow or two under the chest so the pillow comes to clavicle height and gives clearance to the neck. It is a good position to work on the “high point of the back” It also can set up the shoulders and neck in an interesting working position. The movement is knee straight towards the floor and straight back up towards the ceiling.

Check the position of each Ischial tuberosity. Be sure to use both hands on at the same time for part of your exploration so you can use your kinesthetic sense to feel for symmetry and lack of symmetry. Are they narrow or wide? High or Low? Different shape? Padded? Slick?

From the tuberosity stay just over the inside edge of the ramus and trace the ramus forward to the inside juncture behind the pubic bones. Trace both bones separately and then again using both hands at the same time to look for unusual bone formations for which you may use some bone change. With both hands flat fingered along the edge of the ramus feel the angles of each ramus. Flat or steep? is one side forward or back at the symphysis or twisted up or down?



From the Ischial tuberosity you can follow the ramus up tracing the curved edge to the Ischial spine and around the Greater Sciatic notch to the juncture of the sacrum. If you trace them both at the same time you can sense the relative width of the space between the pelvic bones and the sacrum & coccyx. I have affectionately named this space the "crumple zone" after the car manufacturers. It looks to be a safe space that the bones can be bent into without getting broken.

The sacro-spineous ligament and the sacro-tuberous ligament may become glued together. When they become attached to each other the person cannot stand in the "hipshot" position. This position is one which conserves energy by resting into the ligaments. Cross fiber strumming with fingers or an elbow is good for separating this adhesion. The test for if you got it: can they stand hip-shot on both sides.

Up and Down slips occur at the juncture of the sacrum and Ilium. You can feel which side is the one to shift up or down by putting hands on both sides of the pelvis looking for which side has thicker tissue between your hand and the pelvic bone. The thicker side is the one in trouble. Go looking for strings and ropes around the region. A round or two of strumming all of the strings and ropes loosens the whole situation up and gives you some slack or length to work with. Once you have some slack, you can attempt to reverse the up or down slip. The joint of the sacrum and Ilium is shallow and the surfaces are slippery Angle your pressure to shear into this joint and push the ilium (up or down depending on the need) back into place. Use medium pressure and let it move at it's own pace.

At the top of the crumple zone you have the greater sciatic notch. Usually it is not so easy to find the upper edges of the notch - it is fairly deep in. However, I can usually find the posterior inferior iliac spine and the posterior superior iliac spine because they stick out. As usual, cross fiber anything you

can find in the region. At the crest of the Ileum I look under the rim for "Rolf's Ropes". If I find any ropes I happily cross fiber them. I look all over the back of the ileum for "stuff" to work on- pads are common as are squishy lumpy stuff. Once the ileum repositions these charming creations are smoothed out fairly well so just loosen up the whole thing looking for a shift and don't try to mash the lumps out of existence.

I also check the relative pitch of the two pelvic wings with two hands. It is common to have the wings tipped out at the crest and narrowed at the ramus but one can be flared and the other knocked in. The wings can also be narrowed at the top and wide at the ramus or one wide and one narrow. There are as many variations as there are people. Not to worry, if you work by feel you will find the unique vector that is needed for remediation.

I check the junction of the ileum with the lumbar spine to see if one wing has attached itself to the transverse process of one or even two vertebrae higher than the other side. If I find this situation, I do a bit of bone rolling - prying at the adhesion between the spine and ileum to get them unstuck from each other.

Continuing around the edges; trace down the sacrum's edge from the greater sciatic notch towards the tail's end to find the place where two ligaments arise - the sacro-spinous and the sacro-tuberous ligaments. The sacral attachment is spread over much of the edge of the sacrum. Spend some time on this very productive area.

The corner of the sacrum and the adjacent corner of the coccyx are one of the best landmarks. They are usually prominent enough to find easily and they can give you a feel for the angle of the coccyx relative to the sacrum. You can also contact the corner and the spine of the ischium and compare the distance between them on the two sides. On occasion the impact to the coccyx may shove it into the crumple zone on the opposite side of the pelvis where it can

get stuck.

I usually ask people to find the end of their own tail and then show me. I started doing this when the tail area was sensitive and painful so I would cause the least amount of discomfort and I have taken to asking for help locating the end to the tail from most people. Once they have shown me, I then feel for the end and when I think I have found it, I verify with them. The Coccyx has a fair amount of variation in number of vertebrae that compose it. Longer tails may acquire more damage from falls. If the coccyx is bent or broken inwards, sometimes I work from the underside with them face up using the weight of their body to help bring the coccyx back out. The Coccyx and sacrum are often bent and stuck down out of place, showing multiple angles of distortion and compromise. Accompanying this tail trouble, the surrounding structures of the pelvic bones and the femur may also show random damage distortions.

I use bone change to ease out any distortions I find in the pelvis and femur. A bent ramus may be straightened by finding the edge, and perching on it as you ask them to move their knee very slowly straight forward and backwards. This feels a bit like rock climbing when you manage to get your fingers over a small ledge and lever yourself up - only this time the leverage of your weight goes into changing of the shape of their bones instead contributing to your upward movement. Sometimes it is difficult to find an edge to cling to and if I am lost, I retreat to a landmark I can find (there is always the ischial tuberosity) and when I know where I am, I work up from there, establishing the edge of the crumple zone a bit at a time.

Sometimes the leverage of your weight is best applied when they are on their side in the traditional 4th session position. This way your leverage may be applied on a downwards angle which is somewhat easier on the practitioner and this is often a better angle to encourage the bones to unbend and come out again.

One good way to check for symmetry in the ramus is to have them sit on a hard surface to feel how the two bones support them. From the pubis to the ischial tuberosity there should be a flat platform or shelf for them to sit on. This platform creates a level base for the pelvis - useful for sitting upright with comfort. (the businessman's special).

## ☸☸ Face Up ☸☸

Once all the other work is done, I like to organize the interior of the pelvis and consolidate structural gains for the region. if you have tail and sacrum troubles the front of these structures deserves some care. From below using the little finger edge of both hands, tract the inside edge of the pelvic rim. gathering up and (usually) shoving medial and headward all of the psoas and iliacus stuff until you run into internal the rise of the sacrum. I go up the lumbar spine riding the breath wave. You can ease the diaphragm from here, but I am careful of the hiatus and don't dive too deeply under the ribcage. If I do anything indirectly it would be the diaphragm work. I use the function of the diaphragm to open the breath down the back wall of the body. From above using the little finger edge of the hand I scoop all of the abdominal contents and push them medial and drag and scoop things up - things like a tipped and prolapsed uterus. The tail may be pushed out from this angle of working, be careful going under the pubic bone - gentle and flat fingered broad pressure towards the midland and down towards uncurling the inside of the tail.

I am always VERY careful around the inguinal ligament. I am even more careful if there has been a hernia surgery in the area. And I am even more careful if they have mesh. The inguinal area is delicate and difficult for the doctors to patch up.

## ❁❁ Other Positional Options for Balance Work ❁❁

If you have trouble getting the two sides even there are a few things to try. You can have them sit you your hands to feel what may be off. You can work with them sitting on your hands, sometimes just lifting and pushing up into the bones makes them even.

When they are on their back, fold them up by having them lace their hands around their knees and iron down the ramus - one at a time and also both sides at the same time. This one can have high burning sensations so watch your speed.

Another good positional idea - have them kneel near the edge of the table with their feet off the table and work on the tail with them folded up - they can sometimes tip the tail up and down and side to side for you a little while you are working to help wiggle it free. This position can be used for the high point of the back as well, but it may be difficult for people to stay in this position.

## ❁❁ Rest Position from Rolf Movement Integration ❁❁

Dr. Rolf & Dorothy Nolte's adaptation from the Alexanders

Lay on your back, draw one knee up and hold it with your hand on the same side. Draw the other knee up and hold that with the hand on the same side. Lace your fingers around both knees. If you cannot lace your fingers, use a belt or towel to extend your reach. You may stretch yourself by pulling your knees towards your chest once or twice to ease them when you start. Be sure you align the balls of your feet and your ankles as evenly as you can and then rest into the position for 3 to 5 minutes.

This position widens the back of the pelvis through the leverage of your knees coming together as you keep your laced fingers. The weight of your arms creates a pull like a backflip and this allows the tail and sacrum to come down - very nice if the tail and sacrum gets jammed up. And nothing can go too far back because you are laying on your lower back and spine. A soft surface allows for the slow adjustment as the body relaxes and the ligaments let go. As the ligaments let go things come out better for the few minutes of time. This is great for first aid and you can use it to evolve your physical structure towards it's potential.

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## 🌸🌸 Two Handed Pelvic Lift 🌸🌸

Seen and approved by Dr. Rolf in 1972.

Stand with one foot either side of the recipient's body. Have them just turn their tail up and lift enough to get your hands under them. The grip puts the first finger up at the dimple and the little finger down the sacrum towards the tail. The thumbs control the pelvic wings and palm pressure helps shift the pieces. You can use your knees to shift their legs if you need to. You may gimbal or tip the sacrum to any angle and take the sacrum the direction it wants to go up or down etc. I like the way I can shear the sacrum loose by imitating the angle the sacrum takes with the pelvic wings when standing on one leg: straight from the base of the sacrum to the tail on a line with the center of the spine.

 Disclaimer 

The purpose of this manual is to provide information for hands-on therapists on the subject of Rolfing for the Cranium. This manual does not offer medical advice to the reader and is not intended as a replacement for appropriate healthcare and treatment. For such advice, readers should consult a licensed physician.

This manual is intended for use with a hands-on training workshop.



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