

Advanced Pain Management Therapies for Neck, TMJD, & Headaches

Presented by Heath & Nicole Reed, LMTs & BQ Coaches
Co-Creators of LivingMetta.com ~ 602.751.1201



The following specialty seminars present highly effective techniques to address common client concerns. For each client concern or “project”¹, we will explore physical and metaphysical anatomy. Also, each hands-on protocol will be accompanied with movement exercises called “healing moves” to help connect anatomy with biomechanics. The healing moves are recommended for coaching to clients to sustain the benefits of your bodywork longer. And, the healing moves are meant to be practiced by therapists to model ways to actively adapt or heal from painful projects.

Ideally, embedded throughout our work is the therapeutic relationship. The therapeutic relationship requires us to source safety for our clients and ourselves. To earn our clients' trust by listening to and responding to our clients' feedback and requests. And also to be fiercely self-compassionate with ourselves so we don't give until it hurts. The therapeutic relationship is dynamic and changing, requiring our utmost attention. In fact, the etymology of the word therapy means “to attend to”, and includes giving attention to your client AND to yourself.

How do you attend to your client? Do you take care of them in a way that encompasses their entire being— body, mind, and heart?

How do you attend to yourself? How often do you “drink when you're thirsty, eat when you're hungry and sleep when you're tired”?

Healing means “to make whole.” In holistic medicine or anytime we seek wholeness, it is essential to acknowledge the synergy of all aspects of our being: our sensual body, our thinking mind, and our feeling heart. The therapeutic relationship thrives when we acknowledge and encourage our client's whole being and likewise, commit to giving kind, caring attention to our own needs

¹ A **project** may be defined as a disease, dysfunction or any other debilitating task that has the capacity to be ameliorated and/or changed.

Physical and Metaphysical Perspectives

Everything is moving! From the cosmic whirling of galaxies to the microscopic shape-shifting of electrons transforming from waves to particles: our world is in flux! Even if we hold our breath and appear to be motionless, our heart beats, our cells are endlessly dying and being reborn in infinite chemical exchanges, and let's face it: every second we're alive we *move* closer to death. Dr. Ida Rolf, wisely posited that "Movement is the physical acceptance of change." We have chosen specific healing moves to reinforce each protocol in order to reeducate our clients' nervous system. These exercises can be given as homework to our clients to help them maintain the benefits of our work, and are recommended to be practiced and mastered by therapists to practice and model positive active adaptation to life's stresses.

The body reflects movement in its capacity to change and heal. Scientific studies show that 98% of our atoms are replaced annually. Our stomach lining recreates itself every 5 days, our skin every month, and our liver cells every 6 weeks. Even though the body appears fixed, it is constantly changing and recreating itself. Not only does the body change, but pain is malleable, too. The good news is that we can take actions to transform our experience and shift our relationship with pain. The sobering news is that if you're still alive, there's likely another layer of healing available to you, for the rest of your life.

Most people are passive with their pain. They think, "Oh, not again." Or, "when will this end?" Or, "why me?" Notice these passive thoughts don't actually contribute to a new perspective, behavior, or solution, and may make things worse when criticism, blame and complaint are compounded. Getting active actually does lead to positive, measurable results. We take a walk to clear our mind. We find a new recipe or song that lights us up and we cook or play it, or both. We surround ourselves with people, places and things that make us happy. We have found one important ingredient that will best catalyze getting active, and that's being curious.

Opening to wonder, favoring the question, or simply experiencing life and even her hardships through a lens of curiosity will generate an open space to create new possibilities in. One way we like to get curious is by looking at pain from a symbolic or "metaphysical" lens. Wouldn't it be great to have more options to heal or change our relation with pain? "Metaphysical" is defined as "beyond the physical realm, beyond that which we can realize or discover with our five senses." The language we use in

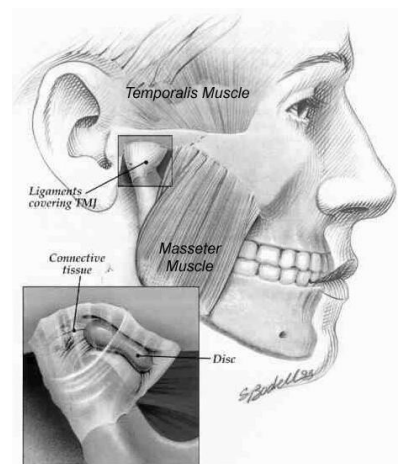
our daily conversations and particularly our relationship with painful projects opportunities to get curious about metaphysical associations. People use the metaphor of their bodies to symbolize relationships: "Pain in the neck/pain in the behind; No one's got my back; I'm always bending over backwards; I feel like I am holding the weight of the world on my shoulders; etc..." When we get curious, we increase our response-agility and can make more connections.

Because we cannot exhaustively review all the projects of a particular area in a few hours, we emphasize some of our clients' most common complaints regarding Neck projects, TMJD, and tension Headaches (HAs). After examining the physical and metaphysical characteristics of different common complaints or projects, we then provide advanced approaches to address these areas. These techniques are drawn from complementary therapies such as Neuromuscular Therapy, Triggerpoint, Myofascial Release, Active Release, Thai Yoga Massage, Structural Integration, Acupressure, Craniosacral and others.

Common Projects and Symptomatology for Neck Projects, TMJD, and HAs:

Neck pain has a myriad of causes, impacted by cervical flexibility and the demanding task of supporting the heavy weight of the head, complicated by the various structures of muscles, lymph, glands, trachea, esophagus, etc. Also, everyday activities, such as sleeping habits, posture, work, leisure, overuse or immobility may contribute to restriction of soft tissues and blood flow. Neck pain commonly exhibits as sharp pain that limits our usual vast, cervical ROM. Encouraging fascial release, blood flow, and ROM, in addition to bringing attention to contributing lifestyle factors can help ameliorate neck pain.

Temporal Mandibular Joint Dysfunction or TMJD is characterized by pain, clicking, popping or locking of the jaw, and may include headaches and complicate neck projects. Studies have revealed that 12-30% Americans are currently or have previously experienced symptoms related to TMJD. Though unusual for chronic pain conditions, the prevalence rates of TMJD are higher among young people, and at least twice as prevalent in women as men. An article in the Journal of the American Dental Association states up to 80% TMJD diagnoses also present with elevated stress. A healthy TMJ is S-shaped, however, a person experiencing emotional stress accompanied with bruxism (grinding of the teeth) can flatten their TMJ in as little as six months.





Muscle tension
in the face, neck
and shoulders
may cause
tension
headache

Tension Headaches (HAs) may exhibit as frequent intermittent pain felt on the front and back of head, and can be accompanied with a general feeling of neck and head tightness or stiffness. These symptoms may occur due to stress, poor posture, allergies, dental factors, dehydration, whiplash, bruxism, clenching and neck or jaw tension.

Physical Anatomy for Neck Pain, TMJD, & Headaches

Muscles most commonly involved in neck pain, TMJD, and Tension Headaches include the Platysmus, Hyoid muscles, Longus Colli, Trapezius, Scalenes, SCM, Erector Spinae, Splenius Capitus, Splenius Cervicis, Suboccipitals, Pterygoids, Temporalis, and Masseter.

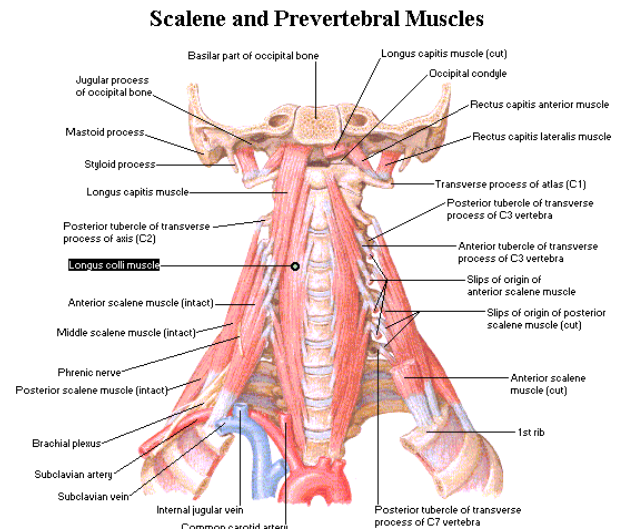
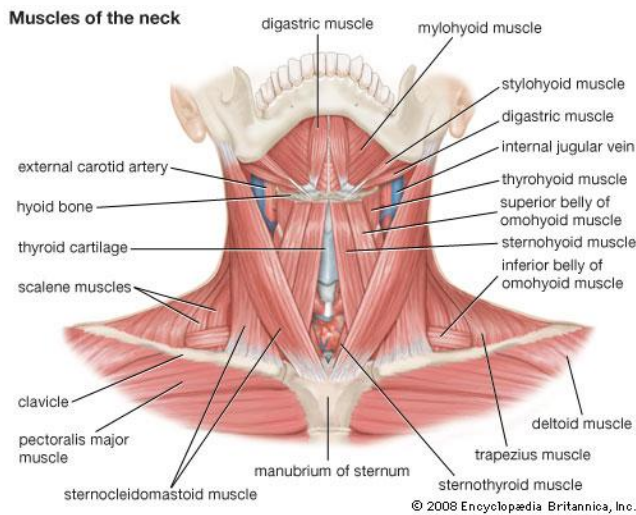
Platysmus is a thin muscle covering the anterior neck. It's fibers interdigitate with opposite muscle at the mandible, blends with muscles near the angle of the mouth, and insert into the skin over the mandible. Platysmus assists other muscles in: depressing the mandible, depressing the inferior lip, pulling the angle of the mouth downward and laterally.

The **supra- and infra-hyoids** are vertical strap-like muscles positioned in multiple arrangements and are associated with the sternum, larynx, hyoid bone, and mandible, and elevate and depress the hyoid. The hyoid bone is a "free-floating" bone anterior to the cervicals and attaches to the styloid processes of the temporal bones.

The **digastric muscle** is a noteworthy supra-hyoid as it attaches to the mastoid notch of temporal and to the mandible, and helps depress the mandible and elevate the hyoid.

The **sternohyoid** is a noteworthy infra-hyoid muscle, as it attaches to both the sternal end of the clavicle and superio-posterior surface of the manubrium, down to the inferior margin of the hyoid bone. Sternohyoid assists in depresses the hyoid bone.

Sternocleidomastoid (SCM) attaches to the manubrium of the sternum, the medial clavicle and the mastoid process. SCM provides cervical flexion. The right side of the SCM provides lateral neck flexion to the right side, and rotates the neck and head to the left. The left side does this conversely.



Longus Colli attaches the bodies of C3-C7 to the anterior bodies of T1-3. The longus colli flexes and rotates the neck, and is an oft-overlooked muscle contributing to neck pain.

Scalenes have three divisions that include the anterior, middle and posterior scalene. They attach in varying arrangements from the transverse processes of C2-C7 down to the 1st and 2nd ribs. These muscles provide anterior and lateral neck flexion, and assist in forced breathing and cervical rotation.

Trapezius has four heads that attach to the occipital protuberance, the lateral third of clavicle, the cervical and thoracic spinous processes (via the nuchal ligament), acromion process and scapular spine. The traps elevate, depress, upwardly rotate, and adduct the scapula.

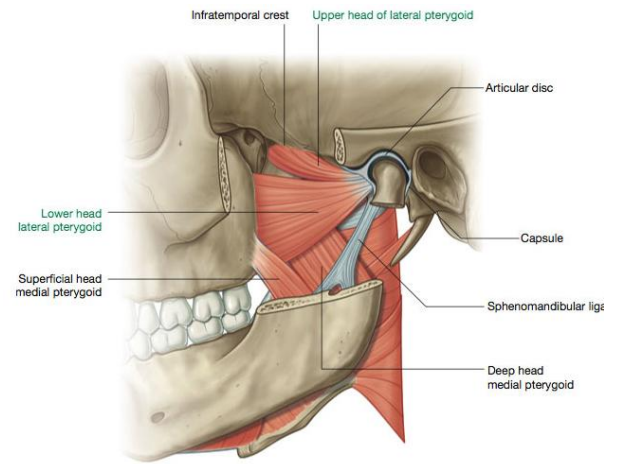
Splenius Cervicis attaches to the transverse processes of C1 to C3, and to the spinous processes of T3 to T6. Bilaterally Splenius Cervicis extend the neck, and unilaterally they laterally flex the neck.

The **Suboccipital muscles** connect the occiput with C1 and C2 in multiple arrangements. These muscles provide movement at the atlanto-occipital joint and at the atlanto-axial joint moving the head through flexion and extension, side bending and rotation.

The **Temporalis** muscle attaches to the Temporal fossa and coronoid process of the mandible. This muscle closes the jaw and brings teeth together.

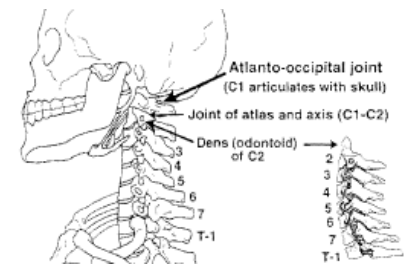
The **Masseter** attaches at the zygomatic process of temporal, the zygomatic bone, the angle and lateral surface on the ramus of the mandible. This muscle also closes the jaw and brings teeth together.

The **temporomandibular joint (TMJ)** The **TMJ, or Temporal Mandibular Joint**, is the decisive articulation between the skull via the temporal bone, and the mandible, or jaw bone. An oval fibrocartilaginous auricular disc helps buffer the two bones, while sixteen muscle groups and three pairs of ligaments help hold the mandible in place. The surfaces in contact with one another (bone and cartilage) do not have any receptors to transmit the feeling of pain. If pain is presenting, as in TMJD, the pain originates from one of the surrounding soft tissues, or from the trigeminal nerve itself, which runs through the joint area.



Loosening the muscles around the TMJ and bringing more blood to this area may aid in reducing TMJD symptoms and even inner ear-related projects.

The **AO, or Atlanto-Occipital Joint**, connects the skull via the occipital bone to the neck bones, specifically C1 or the Atlas bone. The suboccipital muscles are situated in 4 bilateral pairs of connections between the AO and the Atlanto-Axial joint ("AA"). Trigger points in these areas have been shown to exacerbate Tension and even Migraine Headaches.



Guzay's Theorem explains in engineering terms that the primary axis of mandibular motion (i.e. moving your jaw) is at the base of the dens of C2. This demonstrates that jaw mobility or the lack thereof is associated with the neck and vice versa.

The **Hyoid bone** is situated between the chin and the thyroid cartilage and aids in swallowing, tongue movement, and speaking. Unlike other bones, the Hyoid is only distantly articulated with other bones by muscles or ligament, as it is suspended in front of the throat by a myriad of muscles and also provides an attachment site to the muscles of the floor of the mouth and the tongue above, the larynx below, and the epiglottis and pharynx behind.

The **Squamous Suture** is the joint on the side of the skull formed by the articulation of the Temporal bone and the Parietal bone. The Temporal bone overlaps the Parietal and forms a "lap suture." By releasing restrictions the level of these cranial bones, you may be able to improve ear- and TMJD-projects.

Metaphysical Anatomy for Neck Pain, Migraines, & TMJD

Deeply listening to our clients communicate their projects requires us to perceive their verbal language *and* body language. The following are metaphors, idioms, and potential symbolic associations that might curiously connect to the neck, jaw and head health or projects:

- The neck connects the chest and head and is symbolically the intermediary between the mind and heart. Do feelings and thoughts flow easily? Have the mind and heart been battling?
- In Ayurvedic Medicine, this region is referred to as the fifth chakra named Vishuddha and meaning "Purification." When we are in integrity, our inner experience matches our outer expression, and a authentic, clear purity manifest. Integrity provides an internal infrastructure for the architecture of our consciousness to express our true essence.
- The jaw is sometimes referred to as the "storehouse of emotions." Suppression may manifest if we: "keep it all in, grin and bear it, have a stiff upper lip, are tight lipped, keep our mouths shut, pay lip service, or bite our tongue..." Can we feel the freedom to say and think what we want and need? Are feelings or thoughts being voiced or silenced? Is our expression clearly informed by both our thoughts and our feelings?
- Being hasty and short-sighted leads us to making rash decisions and being "head first, head strong, bull-headed, pig-headed, and hitting our head against a wall." Next time we feel the need to be ahead of the game and can hardly keeping our head above water, consider favoring curiosity as you pause to check in with your heart, "Hello, heart. How are you today heart?" When we name it, we can tame it.
- Our thoughts, physical sensations, emotions and impulses all provide different signals that combine to create our integrated truth--but we only notice these connections when we listen deeply. Recognizing our unarguable feelings or sensations (rather than the "rightness" or "wrongness") of our experience activates curious and inspired movement toward healing.



Skin Roll the Platysmus (perform prior to lotion)

Lift superficial neck tissue away from throat and walk fingers away from you while dragging thumb behind and repeat to cover entire surface of the anterior neck from the clavicles to the mandible



Supra-Hyoids Release

Step 1: Begin at the chin and sculpt above and below the body of the mandible from medial to lateral (lighten up as you approach the angle of the mandible)

Step 2: Scoop with finger pads from medial to lateral inferior surface of the chin carving out the musculature inferior to the tongue



Infra-Hyoids Release

Step 1: Place your thumb or finger pad just superior to the sternal clavicular joint at the sternal notch

Step 2: Lift and hold the head at a 45 degree angle

Step 3: As client exhales, press thumb/finger gently towards posterior surface of sternal clavicular joint, on the in-breath release intensity and repeat 3 total times

Step 4: If client can manage more intensity, you may be able to apply cross fiber friction from medial to lateral above and/or deep to the superio-lateral border of the manubrium; release pressure on inhale

Step 5: Switch hands-repeat on other side



Longus Colli Release Thorough Version

(proceed with caution and observe contraindications)

Step 1: You can work same or opposite side with finger pads toward or away from you. Carefully shift the trachea ½"-1" lateral

Step 2: Depress your fingertips in towards the cervical bodies (if you feel a strong pulse, move medial so you're not on the jugular artery); hold no more than 20-30 seconds at a time

Step 3: If client would like more intensity apply longitudinal friction superior and inferior along the length of longus colli in 3 sections no more than 20-30 seconds at each section

Step 4: Repeat on opposite side



Myofascial Scalp Release

Step 1: Firmly use all fingers to create circular friction and/static pressure on any adhesions in the scalp

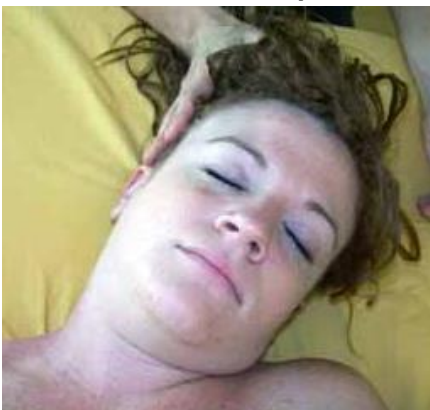
Step 2: Grasp close to the roots of the hair on the sides of the head and hold firmly but gently

Step 3: Make simultaneous or alternating circles to stretch scalp fascia

Step 4: If client has long hair, you may draw the hair into a ponytail at the crown of the head and repeat Step 1 and 2

*If there is no hair to grasp, create C-shapes over the scalp with myofascial holding/traction

PNF the Scalenes part 1:



1. Find first barrier/stretch (ear to shoulder)
2. Client presses into palm 20% effort for 5sec

PNF the Scalenes part 2:



3. Find next barrier/stretch and hold 5-10secs
4. Repeat 3x

PNF the Sternocleidomastoid (SCM) part 1:

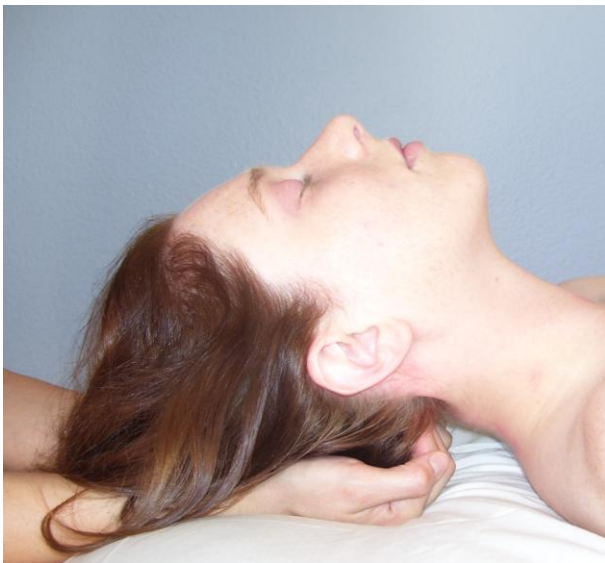


1. Find first barrier/stretch (chin to shoulder)
2. Client presses into palm 20% effort for 5sec

PNF the Sternocleidomastoid (SCM) part 2:



3. Find next barrier/stretch and hold 5-10secs
4. Repeat 3x & Repeat Neck Sequence

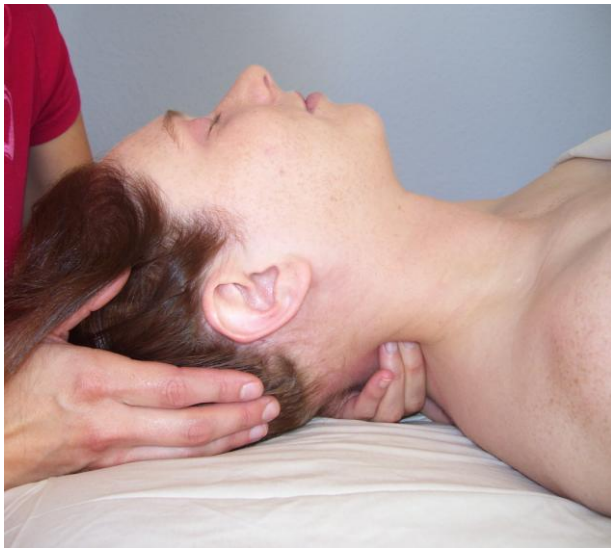


Occipital Base Release

Step 1: Press your fingers anterior into the suboccipitals and support the weight of the head primarily in the fingers, and secondarily on the thenar eminence - leaving no weight in the center of the palms

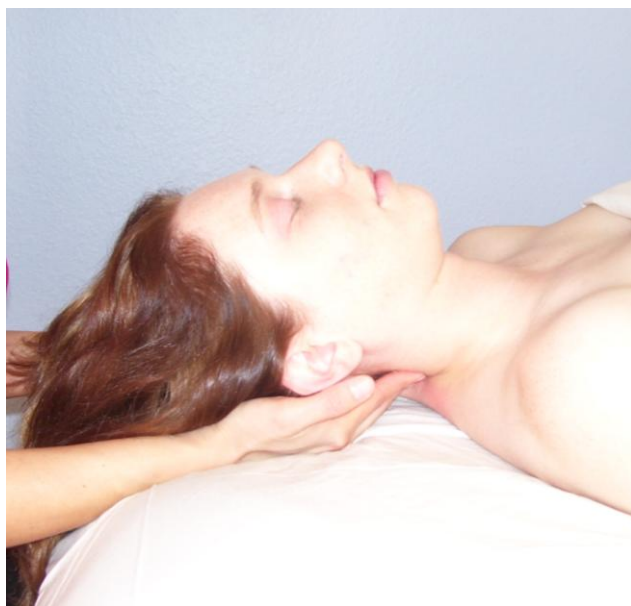
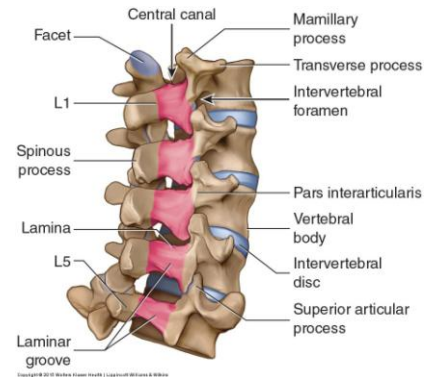
Step 2: Wait patiently for suboccipitals to release or melt over finger tips

Step 3: Then traction the head superior for 1-5 minutes



Sculpting the Lamina Groove

Use finger tips to slowly and firmly sculpt along the opposite-side lamina groove from C7 to suboccipitals alternating 3x on both sides



Sculpting the Transverse Processes

Step 1: Use finger pads to slide inferiorly along transverse processes from occiput to the 1st rib to release the scalenes and levator scapulae attachments

Step 2: Position ear to same shoulder (less intensity) or to opposite shoulder (more intensity) as you travel inferior along transverse processes

Step 3: Hold over adhesion or attachment and Pin and Stretch or Glide and Stretch as you laterally flex client's neck away from the shoulder you're working on client's exhale; be sure nose stays toward ceiling



Scalenes CFM

Step 1: Stabilize inferior scalene attachments with the finger pads (behind SCM, on top rib) and add Pin/Glide and Stretch

Step 2: Create CFM as you Maintain pressure toward the ribcage and have client move their ear to their shoulder on their exhale

Step 3: Have client inhale as they bring their head back to center

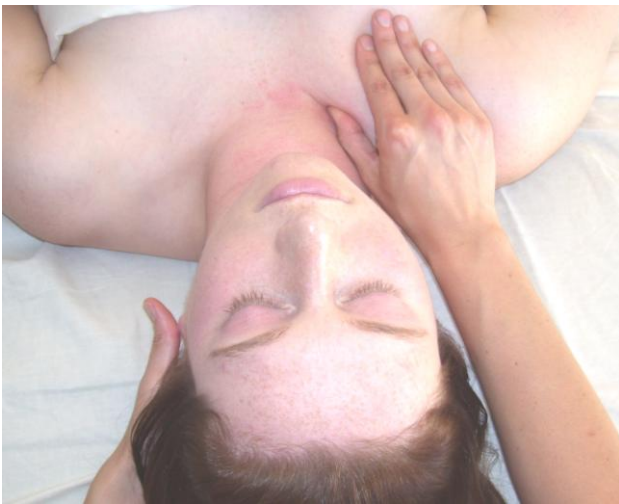
Step 4: Repeat 3 times

Step 5: Repeat Step 1-4 on other side



NMT the SCM (Neuro-Muscular Therapy Sequence)

Step 1: With finger pads, cross fiber friction the superior SCM attachment by sculpting on and in front of the mastoid process moving medially



Step 2: Use thumb or finger tips to cross fiber friction the inferior SCM attachments on and above the sternum and clavicle, remembering approximately 1/3 of the medial clavicle to release the entire interior SCM



Step 3: Draw ear toward same side shoulder to create slack in the SCM (***with nose toward ceiling**), and use finger pads and thumbs to squeeze muscle in milking (or coin rubbing/pincer press) fashion from mastoid to SC joint

Step 4: Hold on any trigger points 3-30 seconds

Step 5: Peel SCM medial to lateral to create cross fiber friction along belly of the muscle (***go slowly so you don't abruptly flip over or off muscle**)

Step 6: Strip SCM superior to inferior to flush it out



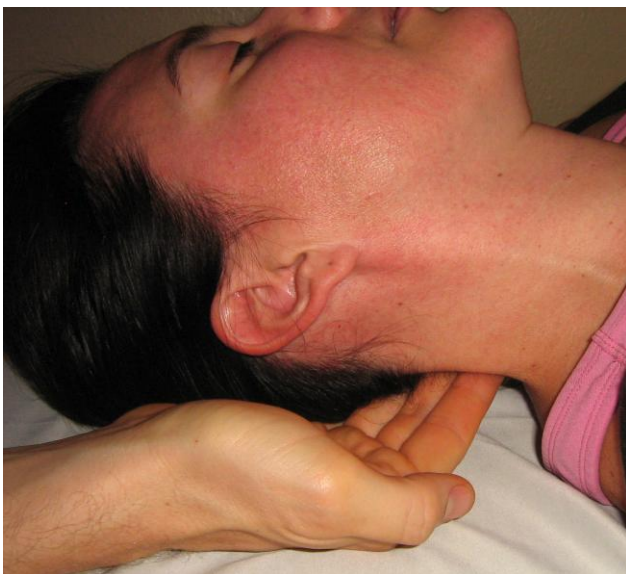
Longus Colli Release

Proceed cautiously and observe contraindications

Step 1: Support under rotated head with your hand or soft fist and place fingers anterior to the SCM, inferior to mandible, and lateral to trachea

Step 2: Lift head off table to find the "pocket" to ease onto the Longus Colli

Step 3: Hold to 30-60 seconds



Spinous Ligament Release

Pulse with light lifting pressure between each cervical vertebrae (from C7 to the atlas) into the spinous ligament between each spinous process.



Release Subluxated Processes

Step 1: Palpate for any dramatic bony protuberance that feels out of alignment with the rest of the vertebrae.

Step 2: Once found use cross fiber friction to gently traction the tissue on, above and below the discovered site of tension.



Temporal Lift

Step 1: Place finger pads just above point of ear and gently hook into fascia

Step 2: Without sliding over the hair, draw the fascia superiorly

Step 3: Hold this position until you feel the fascia release



Temporalis Glide

Step 1: Use firm gliding friction from TMJ to hairline.

Step 2: Add Call for Motion ("CFM") by asking client to slowly open their jaw as you slide superior.



Masseter Release

Step 1: Use the second phalangeal segment of the knuckles to firmly glide inferior along the entire length of masseter from just inferior the zygoma to the mandible

Step 2: Use the heel of palm to firmly glide inferior along the entire length of masseter from just inferior the zygoma to the mandible

Step 3: Hold any trigger points for 3-30 seconds

Optional: CFM for jaw depression

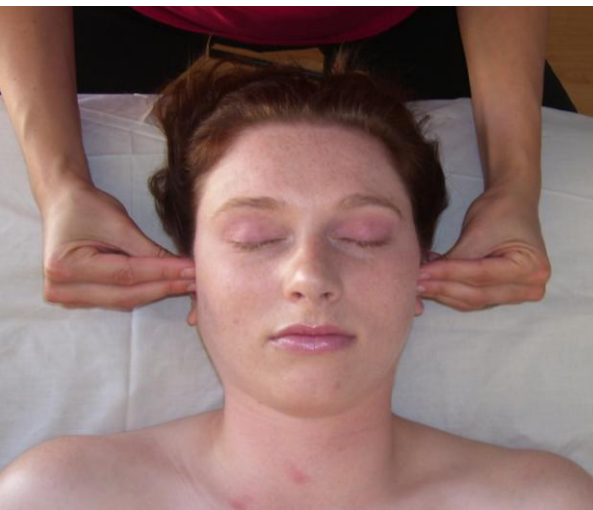


Neck Figure 8s

Step 1: Support your client's head and provide a gentle distal traction as you draw their ear toward shoulder, then draw chin to the same shoulder

Step 2: Move the head back to the midline and repeat on the opposite side. Move about 3 times providing a little more intensity each repetition

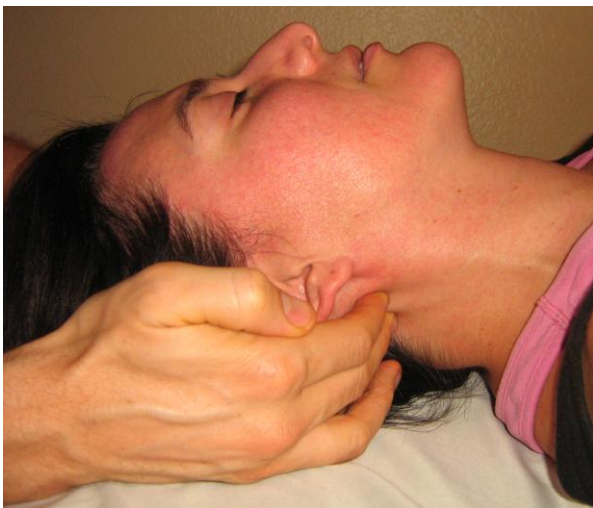
CAUTION: ****DO NOT** overstretch the neck** If you need more stretch, support and stretch the Shoulder (AC Joint) more than the skull/neck.



Use Either or Both of the Following Acupoints to Gently Close the session

Ear Gate (TW21)

Bring the fingers and thumb together into a point over the Temporal Mandibular Joint and energize, meditate or focus for 1-3 minutes



Atlas Release (GB20)

Energize, meditate, or focus on the transverse process of the atlas for 1-2 minutes

Effective Healing Moves for Various Projects

Safety Disclaimer: Never add any stress or load (e.g., added weight or tension) to an area of inflammation or recent injury. Inflammation presents as a localized area that is red, hot, and swollen. If you add load too soon to any area of inflammation, you can exacerbate the original or "primary injury" and create increased damage in the form of "secondary injury" or "secondary tissue damage".

In general, when rehabbing any area, we recommend moving in the following progression of intensity **prior** to adding more stress or challenge to the therapeutic exercises:

1. Low or no-load "range of motion" ("ROM ") within the natural kinesthetic movement possibilities of the joint (no forcing or hyperextending)
2. Gentle weight bearing ROM and re-patterning that encourage alignment
3. Stretching with small resistance/load/stress to structures
4. Stretching and strengthening with more load/bodyweight/intensity

In this recommended sequence, a client would not progress to the subsequent numbered progression until they could perform safely, with manageable comfort and steadiness. This safety caveat is affirmed when you or your are able to take long slow deep breaths, and minimize unnecessary effort or tension in their muscles (not over-efforting, pushing or forcing thru, or grimacing)--and minimizing unnecessary effort in their mind (e.g., not complaining, blaming, criticizing their body, the moment, or their experience). If they are holding their breath or unnecessarily tightening their body, they are reinforcing resistance, rather healing. In our experience, holding the breath or clenching muscles while practicing healing moves are often associated not facing a challenge that has the capacity to be transformed by getting willing to embrace or befriend challenge. Be sure nothing feels forced, but rather favor an active, tolerable discomfort.

Take your time and agree with your client to embody the "friendly clause." Not forcing or fighting, but rather growing a nervous system that can sustain larger amounts of positive energy for longer periods of time. The antidote to criticism is curiosity. If they are generating criticism about their body or particular project, reorient into wondering about how they might be friendly with what is...

Though we cover more terrain in a one-on-one session, we recommend only 1 at-home healing move, until a client progresses in their ability to add more challenge and variety to their practice. If you give too many at-home healing moves, this may overwhelm them and they may feel demoralized. Also, be sure to demonstrate and have the client go through the at-home healing moves at least once (preferably a couple times) to be sure they are practicing all the various nuances of optimal alignment, breathing, etc. You might ask to use their phone to video record them moving through the at-home healing moves while talking them through them so they have for reference.

Finally, we suggest clients do a little of their practice every day--rather than a large amount sporadically. A practice of ten minutes every day often yields better results than a hour every other day, especially when building a new relationship and authoring a new story with their body while facing into their hurt or pain.

It's best to custom-tailor student recommendations best on their entire host of potential projects and/or limitations as well as their current movement practice. Current lifestyle factors, like moving versus sitting ratio, will impact students' healing oftentimes more than injuries, age, experience, etc. Likewise, students' attitude, and specifically their commitment to practicing need to be factored in any at home recommendations you offer.

Progressively Challenging Healing Moves for the Neck

- 1. Turtle Neck**
- 2. Cervical ROM**
- 3. McKenzie Method**
- 4. Head Lifts**

1. Turtle Neck Method- Place your fingers on your chin and place opposite fingers on top of head (GV 20, Sahasrara), Inhale as you retract chin/jaw and hyoid bone toward your neck, and exhale as you press the crown of your head toward the ceiling without lifting your head. Imagine as though you are holding an apple between your chin and throat and don't want to drop it. Feel as though you are turtle reaching out of her shell. Inhale through nose and and exhale out an open mouth, relaxed jaw as you lengthen into the back of the neck by pressing head into finger; repeat several times; **Benefits:** Exhale out mouth with open mouth and relax jaw activates jalandhara bandha and counters ventral drag, poke neck, forward neck position, and slouching; breathing signal to nervous system that all is well, relaxes the Jaw (and 70% of muscles in the body)

2. Cervical Spine: Flexion/Extension, Lateral Flexion/Extension, Rotation (all to be done with Turtle Neck) repeat 6x each progression:

- a) Flexion /Extension:** inhale center/neutral, exhale draw chin to sternum; inhale center/neutral, exhale look up (stretches deep internal neck muscles like the longus colli and longus capitis); be cautious not to over extend/crunch through cervicals, that is, avoid wrinkles in the back of the neck skin
- b) Lateral Flexion/Extension:** Ear to shoulder - inhale center/neutral, exhale through open mouth left ear to left shoulder; inhale head returns to center repeat on opposite side
- c) Rotation:** Avoid if healing in neck, or keep rotation very gentle; inhale center/neutral, exhale look over shoulder, inhale center, exhale opposite shoulder; keeping mandible level with earth, shoulders down and back and rhomboids engaged

3. McKenzie Method for Neck Repatterning/Alignment indicated for Neck Pain/Tension, Whiplash, Chin Leading/"Poke Neck":

- 1) Retract Jaw to draw into neck as though you were sliding a drawer into its slot. Inhale and lift chin up while still keeping the back of the neck long. Make certain only to lift back as far as you can keep the wrinkles out of the posterior neck; don't let the hyoid poke out of the throat of the vertebrae to crunch in the back of the neck
- 2) Imagine a pencil extending from your chin and exhale through your mouth as you draw an imaginary smiley face toward the wall or ceiling as you pivot the head gently from side to side for a few repetitions
- 3) Inhale as you bring your head back to neutral head position with Jalandhara bandha intake
- 4) Exhale out mouth and relax shoulders, neck and jaw; repeat 6x if possible, 6x daily for realignment

Benefits: Helps with Thoracic Outlet/Brachial Plexus impingement, reeducates nervous system and neck/shoulder musculature to working synergistically without recruitment and/or over compensation, and increases blood supply to neck and that stimulates healing; gets into intrinsic muscles of the neck; good for whiplash healing from car crash. This strengthens all the muscles of the neck, especially the under-utilized anterior compartment of the neck. Note: Armpits down, rhomboids engaged. If shoulders go up, DO NOT lift head so far up.

4. Head Lifts

This is a self-therapy to correct Forward Head Position and provide neck and shoulder pain relief

-With client lying on their back and knees bent, ask client to draw their chin in toward their throat while they feel the back of their neck become longer

-With their chin drawing in the entire time (can use "chopstick" metaphor) ask client to lift the back of their head off the table (or floor, bed, etc) and hold for up to one minute (**3 seconds of proper form is better than 1 minute of



improper form)

Bonus Healing Move: Proprioceptive Neuromuscular Facilitation (PNF)

PNF uses passive stretching and isometrics to quickly increase range of motion. Passive stretch for 5 seconds and gentle isometric resistance (20-30% of effort) in the counter direction of the stretch for 5 seconds. Repeat each position 3 times.

- a) **Turtle neck chin to chest/Flexion:** bring the chin to the chest to the 1st edge of resistance/barrier and place the hands on back of head; press the head into hands for 5 seconds then release the effort and draw the chin closer to the chest; repeat 3x

- b) **Turtle neck scalp to back/Extension:**
- c) **Lateral** – right ear to right shoulder with jalandhara, head pushes into hand (20% gentle) 5 seconds, hand gently rests to stretch so ear moves closer to shoulder (for scalenes)
- d) **Side Look Over Shoulder/Rotation-** Turn head to right chin over shoulder hand on jaw. Push jaw into hand 5 sec. Hand pushes into jaw 5 sec. Note: PNF may be done with any muscle in the body.

*Thank you for sharing your healing presence! You help our dreams come true!!
With loving kindness, Nicole & Heath*

PS, have you heard that we've created a thriving online, self-care community that helps you nourish and flourish in your everyday life? For perpetual refreshment, join our Metta Community with a free 30-day trial by visiting LivingMetta.com/trial

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Keep Connecting
info@heathandnicole.com

