

DVD 4

0. Introduction

It makes sense and it is advisable to change and adjust the techniques shown on this DVD in a direct dialogue with the tissue.

The procedures of the shown techniques vary, more or less obviously, from one therapist to the next and from patient to patient, as well as from the time of the treatment. (treatment scenes)

One of the reasons for this is, that the way a procedure of a technique is done, can only crystallize in a direct dialogue with the tissue, the acting forces and the whole organism. It is the tissue that tells us what it needs and what we should do. (Scene with meditative hand contact) In order to establish a point of balance, one sometimes needs exaggeration, another time a direct technique, an opposed physiological movement, a disengagement, a compression or a combination of the named treatment principles. (scenes (treatment principles) from dvd 2)

The specific reaction of a tissue to traumatic forces can also indicate what kind of therapeutic touch is necessary.

-Each technique also varies depending on whether it is done in partial or complete dynamic synchronicity with the primary respiration and depending on the frequency of the primary respiration with which the osteopath synchronizes himself. (scene with rhythmic movement of the skull from dvd1)

Each of the following techniques can be done dynamically in synchronicity with the primary respiration, so that the tissue movement is gently promoted either only in inspiration or only during expiration, either as a direct technique or as an indirect technique. (scene from dvd 2 at the parietal bone: going from indirect to direct technique...)

Procedures for the treatment of dysfunction will vary immensely, depending on whether movement barriers are engaged therapeutically, or if the therapist lets himself be lead completely by the working of the concept of the breath of life. (scene: show river) Each structure can be treated without engaging a movement barrier. In this case one gives special attention to the natural disengagement during each inspiration and the natural retraction or increase of closeness during each expiration. (from dvd 2: show disengagement and compression, dynamically)

One can follow the disengagement between the participating structures by a more or less obvious physical support, by giving an empathetic and mental space or by just focusing one's attention on this process. (from dvd 2: show disengagement, dynamically) Accordingly, one can follow the retraction and 'increase of closeness' in the tissue either by a more or less obvious physical support, or by an empathetic and mental encountering of the forces in their increase of closeness or by just focusing one's attention on this process. (from dvd 2: show retraction, dynamically)

A further therapeutic possibility is to give additional support of the expression of the forces acting in the dysfunction, during one phase, usually the inspiration phase. These usually show themselves as chaotic aberrant movements and tensions. In this case one follows the expiration phase passively.

This unwinding and release of bound, fixated energy patterns can be accompanied by an integration and forming of a new order in the organism. (scene from dvd 2: show unwinding during the inspiration phase)

Normally the inherent, regulating and correcting forces of the primary respiration will gain more and more priority as the therapist increases his treatment experience. The focus of the therapist on the inherent homeodynamic processes and the health in the patient is one of the most important basic principles of the therapy.

However, the way a technique is done and its success does not only depend on the perception of the therapist for the primary respiration rhythms, but also on the awareness of the therapist for his own body-mind-soul experience, for the forces and worlds acting within him, as well as for the dynamic interrelation between internal and external world.

1 Frontal bone

Biomechanical and biodynamic palpation and mobility tests

Biomechanical observation

Biodynamic observation

1.1 Palpation

-The ring fingers are lying externally at the zygomatic processes of the frontal bone

1 The little fingers are lying next to the ring fingers.

- The little fingers are supporting the ring fingers

- the middle fingers and index fingers are next to the medial line of the frontal bone.

-One thumb is under, one thumb is over the hand.

1.2 Metopic suture, disengagement , P 148

For example, this technique is indicated if the suture is compressed by transverse forces during birth.

-The thumbs are overlapping along the metopic suture.

-The palms of the hands are laying homo-lateral at the side of the calvaria.

-The thumbs begin to give a diverging, lateral traction, so that one spreads the metopic suture.

-A point of balance is established.

-To support that, one can give a fluid-impulse from inion.

1.3 Metopic suture alternative handposition

The fingers of both hands are placed on both sides next to the metopic suture.

The fingers give a diverging lateral traction during the inspiration phase.

1.4 Dysfunction in External and Internal rotation

Dysfunction in External Rotation

The fingers of both hands are placed on both sides of the metopic suture, just like in the handhold for the palpation.

Indirect technique (first part of the animation)

- For an indirect technique, one passively follows the frontal bone during the inspiration phase or one gives a gentle impulse into external rotation at the beginning of that phase, by giving a gentle posterior pressure with the index fingers at the midline of the frontal bone.
- The ring fingers give an anterior, lateral and slightly inferior impulse at the zygomatic processes of the frontal bone.
- A point of balance is established.
- It can help, if the patient holds his breath as long as possible at the end of the inhalation.
- A fluid impulse can be given from inion or caudal to it.

An alternative procedure is to gently promote the flexion and external rotation of the frontal bone during inspiration, in synchronicity with the primary respiration, and to just passively follow the extension and internal rotation during expiration.

Direct technique (2nd part of the animation)

- For a direct technique, one passively follows the frontal bone during the expiration phase or one gives a gentle impulse into internal rotation at the beginning of that phase, by giving a posterior, medial and slightly superior impulse with the ring fingers at the zygomatic processes of the frontal bone.
- A point of balance is established.
 - It can help, if the patient holds his breath as long as possible at the end of the exhalation.

It is also possible to just passively follow the maxillae into flexion and external rotation during the inspiration and to gently promote the extension and internal rotation during the expiration.

1.5 Frontal bone Spread and Lift technique, see techniques for dura mater

1.6 Fronto-maxillary suture, disengagement 214 and intra oral 215

The therapist is at the side at the head of the patient.

The thumb and the middle- or index finger take a hold of the frontal bone.

The metacarpo-phalangeal joint of the index finger is on glabella, right above the fronto-maxillary suture.

Thumb and index finger of the other hand take a hold of the frontal processes of the maxilla, right below the fronto-maxillary suture.

- During the inspiration phase one follows the frontal bone into external rotation, by giving a slight posterior pressure at the midline with the metacarpo-phalangeal joint of the index finger and a superior traction with the hand. Thumb and middle- or index finger give an anterior, lateral impulse at the zygomatic processes of the frontal bone.
- At the same time the index finger and the thumb give a caudal traction at the frontal processes of the maxilla.
- A point of balance is established.
- A fluid impulse can be given from the occipital squama lying opposite or from the opposite parietal bone.

Fronto-maxillary suture, Alternative hand position:

Thumb and middle- or ring finger take a hold of the frontal bone.

The thumb of the other hand is in the mouth, behind the incisors. Index- and middle finger are on both sides on the frontal processes of the maxillae.

1.7 Fronto-maxillary suture Cant hook and Cant hook intraoral - 2. alternative

The therapist is at the side at the patient's head, contra-lateral to the dysfunctional side.
Thumb and middle and/or index finger of the cranial hand take a hold of the frontal bone.
The index finger of the caudal hand is on the frontal process of the maxilla.
The middle finger is external or intra-oral on the side area of the alveolar part of the maxilla.

One fixates the maxilla.

The thumb of the cranial hand does not move. It is the fixed point around which the movement to be done is organized.

One gives a superior traction on to the side parts of the frontal bone.

A membranous point of balance is established.

1.8 fronto-zygomatic suture, p 164

Cant hook technique

The therapist is at the side at the patient's head, contra-lateral to the dysfunctional side.

The thumb and middle or index finger of the cranial hand take a hold of the frontal bone. The index or middle finger is on the dysfunctional side of the frontal bone (directly above the fronto-zygomatic suture).

The thumb is on the opposite side of the frontal bone.

Thumb and index finger of the caudal hand take a hold of the frontal process of the zygomatic bone.

-index finger and thumb of the caudal hand fixate the zygomatic bone.

Disengagement

-The thumb of the cranial hand does not move. It is a fix point, around which the movement that is to be done organizes itself.

-The index finger does a superior traction at the zygomatic process of the frontal bone.

A point of balance is established.

Direct technique for a fixation of the fronto-zygomatic suture with a dysfunction of the frontal bone in internal rotation.

The frontal bone is moved into flexion and external rotation.

During the inspiration phase the thumb and index finger gently offer the frontal process of the zygomatic bone to move into a lateral disengagement.

In addition, the patient can hold his breath as long as possible at the end of the inhalation.

A point of balance is established.

One can give a fluid impulse from the opposite parietal eminence.

1.9 Alternative hand position, intra-oral

the zygomatic bone can also be held with the thumb intra-orally and the index finger externally.

1.10.1 Fronto-ethmoidal suture, see technique for lamina cribrosa, frontal spread and lift technique

1.11 Fronto-nasal suture, disengagement

The therapist is at the side at the head of the patient.

Thumb and index finger of the cranial hand are on the orbital arches of the frontal bone.

The metacarpo-phalangeal-joint is on glabella.

Thumb and index finger of the other hand take a hold of both nasal bones.

-One follows the frontal bone into flexion and external rotation during the inspiration phase. The frontal bone is held in flexion and external rotation.

-the nasal bones are invited to disengage, by giving a gentle caudal traction.

A point of balance is established.

It can help if the patient holds his breath as long as possible at the end of inhalation.

As in all techniques it is also possible to just follow the bone during the primary respiration and then give a gentle caudal traction at the nasal bones during the inspiration phase.

It is also possible to follow the primary respiration of the nasal bones while holding the disengagement.

3.14 fronto-lacrimal suture

The positioning of the cranial hand is the same as in the previous technique.

The index finger of the caudal hand is on the lacrimal bone.

-One follows the frontal bone into flexion and external rotation during the inspiration phase.

The frontal bone is held in flexion and external rotation.

-One offers a caudal traction to the lacrimal bone.

A point of balance is established.

Again, the breathing of the patient can be used to help.

It is also possible to follow the primary respiration of the lacrimal bone while the disengagement is being held.

2 Maxilla

Biomechanical and biodynamic palpation and mobility tests

Biomechanically the alveolar arch is supposed to become wider during the inspiration phase.

The inter-maxillary suture moves posterior.

Biodynamically an anterior and inferior movement is supposed to take place during the inspiration phase.

2.1.1 Handhold I

The fingertips of both hands are on the alveolar arches of the maxillae.

2.1.2 Handhold II

the index finger is intra-oral, the thumbs are externally on the alveolar arches of both maxillae.

2.1.3 Handhold III

The therapist is at the side at the patient's head.

-The middle finger and thumb of the cranial hand takes a hold of the greater wings.

-Index finger and middle finger of the other hand are laying on the upper rows of teeth.

2.2

Dysfunction in external rotation, indirect technique

The finger tips of both hands are on the alveolar arches of the maxillae on both sides.

-As an invitation to disengage, one gives a slight lateral traction at the maxillae.

-One follows the maxillae into external rotation.

This means, that the index fingers at the inter-maxillary suture follow in a posterior direction during the inspiration phase, and the ring fingers and the little fingers on the posterior parts of the alveolar arches move in a lateral direction.

-A point of balance is established.

Synchrodynamic procedure with primary respiration

The following is an alternative procedure: One gently promotes the external rotation of the maxillae during the inspiration in synchronicity with the primary respiration, and one passively follows the internal rotation during the expiration.

Show animation ...

Dysfunction in external rotation, direct technique.

-One gives a slight lateral traction at the maxillae as an invitation to disengage.

-One follows the maxillae into internal rotation.

-The ring fingers and little fingers on the posterior aspects of the alveolar arches follow in a medial direction during the expiration phase.

-the index fingers at the inter-maxillary suture follow in an anterior direction.

-A point of balance is established.

Alternatively, one can passively follow the external rotation of the maxillae during the inspiration phase and gently promote the internal rotation in the expiration phase in synchronicity with the primary respiration.

(Show animation ...)

The dysfunction of the internal rotation is done accordingly.

2.3 Global Rotation dysfunction

The therapist is at the side at the head of the patient.

-The cranial hand takes a hold of the greater wings with the middle finger and the thumb.

-Index finger and middle finger of the other hand are lying on the maxilla's rows of teeth.

Mobility test:

-Index finger and middle finger execute a global rotation of both maxillae, while the sphenoid bone is held gently in a neutral position.

-One compares the amplitude and ease of this movement.

E: Treatment of a global rotation dysfunction on the right, indirect technique

-As a treatment, the sphenoid bone is either gently fixated in the neutral position or one follows it during the primary respiration.

-In the exaggeration technique one does a global rotation of both maxillae in the direction of the greater mobility, in this case to the right.

E: Treatment of a global rotation dysfunction on the right, direct technique

In the direct technique one executes a global rotation of both maxillae in the restricted direction, in this case to the left.

-A point of balance is established.

2.4 Global lateral strain

Same starting position as in the previous technique.

Mobility test:

- Index finger and middle finger execute a global lateral strain of both maxillae, while the sphenoid bone is held gently in a neutral position.
- One compares the amplitude and ease of this movement.

Treatment of a global right lateral strain, indirect technique

- As a treatment, the sphenoid bone is either fixated gently in the neutral position or one follows it during the primary respiration.
- In the exaggeration technique one does a lateral shift of both maxillae in the direction of the greater mobility, in this case to the right.

Treatment of a global right lateral strain, direct technique

In the direct technique one executes a lateral shift of both maxillae in the restricted direction, in this case to the left.

- A point of balance is established.

2.5 Decompression of the upper jaw complex

This technique is indicated for disturbances of the pterygo-palatine ganglion and for trauma to the face (by a fall or blow).

The therapist is at the side at the patient's head.

Middle finger and thumb take a hold of the greater wings.

-index finger and middle finger of the other hand are lying on the maxillae's rows of teeth, hooking around the posterior side of the maxillae's alveolar arches.

The thumb is on the outside, under the nose, on the inter-maxillary suture.

-One follows the greater wings into flexion during the inspiration phase.

-At the same time, the thumb, the index and middle finger give an anterior traction at the upper jaw complex.

2.5.1 Decompression of the upper jaw complex

This technique is for the release of the fronto-maxillary suture and pterygo-palatine suture.

The thumb and middle or index finger take a hold of the greater wings. The metacarpophalangeal joint of the index finger is on glabella, on the frontal bone.

The thumb and index finger of the caudal hand take a hold of the incisive bone (os incisivum). The index finger is intra-oral, right behind the incisor teeth.

The thumb is outside, under the nose, on the inter-maxillary suture.

-One follows the greater wings and the frontal bone into flexion during the inspiration phase. At the same time or afterwards one gives an anterior and inferior traction at the maxilla in an angle of approximately 45°.

-A point of balance is established.

2.6 Incisive suture

This technique is used to release the incisive bone, or the pre-maxilla from the maxilla.

Diagnostics (animation of bones)

The handhold corresponds to the one in the previous technique.

- The procedure corresponds to the previous technique, except that one gives an anterior traction of the pre-maxilla from the maxilla.
- One can give a fluid impulse from lambda.

2.7 transverse palatine suture, direct technique

The posterior edge of the maxilla's palatine process faces superior, the anterior edge of the palate's horizontal lamina faces inferior.

The therapist is at the side at the patient's head.

Thumb and middle or index finger take a hold of the greater wings.

The index finger of the caudal hand is on one side on the maxilla's palatine process, directly behind the incisor teeth.

The middle finger is on one side on the palate's horizontal lamina, directly behind the transverse palatine suture.

- During the expiration phase one follows the greater wings into extension.
- Both intra-oral fingers give a superior pressure. This moves the palate's horizontal lamina in a superior direction and the posterior edge of the maxilla's horizontal lamina moves inferior.

-A point of balance is established.

-One can give a fluid impulse from the opposite lambdoid suture.

2.8 Palato-maxillary suture, direct technique

This suture is often disturbed by falls on or blows to the face.

The therapist is at the side, at the patient's head.

The thumb and middle or index finger take a hold of the greater wings.

-Index and middle finger of the caudal hand are intra-oral.

The index finger is on the palate's horizontal lamina, directly behind the transverse palatine suture.

The distal phalanx of the middle finger is on the posterior side of the maxilla's alveolar arch.

The medial phalanx of the middle finger is on the first molar.

- During the expiration phase one follows the greater wings into extension.
- At the same time one follows the palate bone into internal rotation with the index finger at the horizontal lamina moving in a superior and minimally medial direction.
- During the following inspiration phase the sphenoid bone and palate bone are held in position.
- At the same time one follows the maxilla into external rotation, by following the alveolar arch in a lateral (and slightly anterior) direction with the middle finger.
- A point of balance is established.

2.9 Fronto-maxillary suture, see frontal bone

2.10 Stroking

2.11 zygomatic-maxillary suture, disengagement

This suture can be compressed by a fall on or blow to the face, for example. This could lead to a restriction in the orbit.

The therapist is at the side at the patient's head, homo-lateral or contra-lateral to the dysfunctional side.

-The thumb and index finger of the caudal hand take a hold of the zygomatic bone.

The index finger is intra-oral at the internal side of the zygomatic bone, the thumb is external.

The palm of the cranial hand is on the frontal bone passively.

The index finger is on the frontal process of the maxilla.

-A lateral traction at the zygomatic bone is the invitation to disengage.

The index finger of the cranial hand fixates the maxilla.

A point of balance is established.

-One can give a fluid impulse from the opposite lambdoid suture.

2.12 zygomatico-maxillary suture: alternative handposition

The thumb and index finger of the cranial hand take a hold of the zygomatic bone. The thumb is on the orbital face of the zygomatic bone. The index finger is at the lower edge of the zygomatic bone.

The index finger of the caudal hand is intra-oral under the maxilla's zygomatic process.

The procedure is the same as in the previous technique.

2.13 median palatine suture, disengagement

The therapist is at the side at the patient's head.

The thumb and index finger take a hold of the greater wings.

Index- and middle finger of the caudal hand are intra-oral, on both sides on the maxillae's palatine processes.

(Anim):

- The greater wings are fixated in a neutral position.
- At the same time the index finger and middle finger of the caudal hand spread apart.
- A point of balance is established.

(Anim) At the end of the technique one synchronizes the movement of the maxilla with the movement of the sphenoid bone.

During the inspiration phase one follows the sphenoid bone and the maxillae into flexion and external rotation, during the expiration phase one follows the sphenoid bone and the maxillae into extension and internal rotation.

(same anim as above only with different arrows)

As in all other techniques, this technique can also be done in synchronicity with the primary respiration. During the inspiration phase, one gently promotes the naturally occurring disengagement at the level of the median palatine suture. During the expiration phase one just follows the bones passively.

-A fluid impulse can be given from inion.

3 Palate bone

Biomechanical and biodynamic palpation and mobility tests

Biomechanically, the horizontal lamina is supposed to move inferior and slightly lateral during the inspiration phase.

The orbital process and sphenoidal process move in an inferior direction, following the sphenoid body.

The pyramidal process moves outward, inferior and posterior, following the sphenoid's pterygoid process.

Biodynamically, there's supposed to be an anterior and inferior movement during the inspiration phase.

3.1.1

The thumb and middle- or index finger take a hold of the greater wings.

Index and middle finger of the caudal hand are intra-oral, on both sides on the palate bone's horizontal laminae, lateral to the median palatine suture.

For an exact positioning, the fingers glide along the inner side of the upper molars. Behind the last molar, they are placed slightly medially on the hard palate.

3.1.2 unilateral

-for a unilateral testing, one places just the index finger intra-oral on the horizontal lamina of one palate bone.

Mobility tests for external and internal rotation of the palate bones

Testing of external rotation and internal rotation

During the inspiration phase the middle finger and thumb at the greater wings give a gentle impulse in a caudal direction.

-As a reaction to that, the index finger on the horizontal lamina perceives a minimal movement in an inferior direction.

During the expiration phase the middle finger and thumb at the greater wings give an impulse in a cranial direction.

- As a reaction to that, the index finger on the horizontal lamina perceives a minimal movement in a superior direction.

3.2 General mobilisation

Thumb and middle- or index finger take a hold of the greater wings.

The index finger of the caudal hand is intra-oral on the palate bone's horizontal lamina.

One follows the sphenoid bone into a point of balance and holds it there.

(Anim)

1. The index finger of the caudal hand gives a pressure in a superior direction, releasing the connection to the maxilla. This impulse must be done with a special gentleness; otherwise the palate bone could be fixated cranially.

2. Afterwards one gives a lateral traction to release the opposite palate bone.

3. One now gives a gentle medial traction.

4. To finish it, one lowers the index finger, giving a sort of inferior traction.

At the end of the technique one harmonizes the movement of the palate bone with the movement of the sphenoid bone.

(Anim) - During the inspiration phase one follows the sphenoid bone and the palate bone into flexion and external rotation.

(Anim) – during the expiration phase one follows the sphenoid bone and the palate bone into extension and internal rotation.

3.3 spheno-palatine suture, disengagement

This technique especially helps to release the sphenoid bone's pterygoid incisure from the palate bone's pyramidal process.

The therapist is at the side at the patient's head. Thumb and middle- or index finger take a hold of the greater wings.

- The index finger of the caudal hand is intra-oral. It is on the palate bone's horizontal lamina (at the level of the last molar) on the dysfunctional side.
- During the inspiration phase one follows the greater wings into flexion. At the same time, one moves the palate bone in an anterior and lateral direction, to release the pterygoid process from the pterygoid incisure.
A point of balance is established.
- One can enforce the treatment by letting the patient hold his breath at the end of the inspiration as long as he can, while his feet do a plantar flexion. This may be repeated several times.
- A fluid impulse can be given from the opposite parietal eminence.

3.4 Median palatine suture, disengagement

Thumb and middle- or index finger take a hold of the greater wings.

Index- and middle finger of the caudal hand are intra-oral, on both sides of the palate bone's horizontal lamina.

-the greater wings are fixated in a neutral position.

-index and middle finger of the caudal hand spread apart, in order to gently separate the suture.

A point of balance is established.

This technique can be reinforced by having the patient hold his breath as long as possible at the end of inhalation, while his feet do a plantar flexion. This can be repeated several times.

-At the end of the technique one should synchronize the movement of the palate bone with the movement of the sphenoid bone in harmony with the PRM-Rhythm.

During the inspiration phase one follows the sphenoid bone and the palate bone into flexion and external rotation, during the expiration phase one follows the sphenoid bone and the palate bone into extension and internal rotation.

As in all other techniques, one can use the natural disengagement during the inspiration phase to release the dysfunction.

-A fluid impulse can be given from inion.

4 Zygomatic bone

Biomechanical and biodynamic palpation and mobility tests

Biomechanically the zygomatic bone goes into external rotation during the inspiration phase. It is influenced by the sphenoid bone, the frontal bone, the maxilla and the temporal bone.

Biodynamically it is supposed to move in an anterior and inferior direction with the maxilla during the inspiration phase.

4.1.1

The therapist is at the patient's head.

-The thumbs form a fulcrum.

-Index finger, middle finger and ring finger are on both sides on the zygomatic bones. The index fingers are on the maxillary processes, the middle fingers at the lower edges, the ring fingers at the posterior edges of the zygomatic bones.

4.1.2

Alternative Handposition

-Thumbs and middle fingers take a hold of the frontal processes of the zygomatic bones.

-The index fingers are at the lower edges of the zygomatic bones.

A prominent zygomatic bone with an externally rotated rim of the eye suggests an external rotation.

A fallen back zygomatic bone with an internally rotated rim of the eye suggests an internal rotation.

- One perceives whether the zygomatic bone moves synchronous to the primary respiration of the sphenoid bone.
 - During the inspiration phase, one should perceive a tension at the maxillary and frontal processes in a lateral and anterior direction.
 - During the expiration phase one should feel a tension at the maxillary and frontal processes in a medial and posterior direction.

4.2 Rotation dysfunction, with a zygomatic bone in external rotation

Thumb and middle finger and/or index finger take a hold of the frontal bone by hooking around the frontal bone's zygomatic processes.

The index finger of the other hand is at the external rim of the orbital face.

The middle finger is at the lower edge of the zygomatic bone.

A point of balance is established between the frontal bone and the zygomatic bone.

First, one follows the frontal bone into the point of balance.

After that, one establishes a point of balance at the zygomatic bone.

As in all other techniques, it is possible not to engage a movement barrier, but instead to follow the inherent chaotic movements during the inspiration phase in synchronicity with the primary respiration.

4.3 Rotation dysfunction, alternative hand position

The alternative hand position only differs from the previous description by having the index finger hold the zygomatic bone intra-orally and the thumb taking a hold of it from the outside.

4.4 Decompression of the zygomatic bone

The therapist is at the side at the patient's head.

Thumb and ring finger of the cranial hand take a hold of the frontal bone.

The thumb is also on the greater wing of the dysfunctional side.

The index finger is on the maxilla's frontal process on the dysfunctional side.

The caudal hand takes a hold of the zygomatic bone with the index finger being intra-oral and the thumb externally.

The frontal bone, the sphenoid bone and the maxilla are held in a neutral position while one offers a lateral traction to the zygomatic bone.

A point of balance is established.

4.5 Spheno-zygomatic suture, disengagement

The therapist is at the side at the patient's head, contra-lateral to the dysfunctional side.

-the cranial hand takes a hold of the greater wings with the middle finger and thumb.

The index finger is on the frontal bone's zygomatic process.

Thumb and index finger of the caudal hand take a hold of the zygomatic bone's frontal process.

The sphenoid bone and the frontal bone's zygomatic process are held in a neutral position.

At the same time the thumb and the index finger of the caudal hand offer a caudal traction to the zygomatic bone.

Abdominal bandage: Direct technique using the example of external rotation of the sphenoid bone

-For a dysfunction in external rotation one follows the sphenoid bone into the extension position during the expiration phase and holds it there.

A point of balance is established.

Abdominal bandage: Exaggeration technique

- For a dysfunction in external rotation one follows the sphenoid bone into the flexion position during the inspiration phase.

-A fluid impulse can be given from the opposite lambdoid suture or from caudal to it.

4.6 Temporo-zygomatic suture, disengagement

The head of the patient is turned to the opposite side of the dysfunction.

The therapist is at the side at the patient's head, contra-lateral to the dysfunctional side.

The thumb and index finger of the cranial hand take a hold of the zygomatic process. The middle finger is in the external ear canal. The ring finger is on the mastoid process. The little finger is on the mastoid portion.

The index finger and the thumb of the caudal hand take a hold of the zygomatic bone's temporal process.

As an invitation to disengage, one gives a posterior traction at the temporal bone and/or an anterior traction at the zygomatic bone. (Anim1)

Abdominal bandage: Direct technique for an internal rotation of the temporal bone

The zygomatic bone is held gently. During the inspiration phase one follows the temporal bone into external rotation and holds it there.

At the same time one moves the zygomatic bone into the position in which the tension between internal rotation and external rotation is balanced as well as possible. (Anim 2)

At the end of the technique one should synchronize the movement between the zygomatic bone and the temporal bone. (Anim 3)

Of course one can also do this technique dynamically, in synchronicity with the primary respiration. During the inspiration phase one promotes a gentle disengagement between the temporal bone and the zygomatic bone.

At the same time one can promote the expression of all aberrant movements. One can follow the expiration phase passively. (Anim 4)

Or one just focuses one's attention on the naturally occurring disengagement during the inspiration phase and on the retraction phase during the expiration phase.

-A fluid impulse can be given from the opposite lambdoid suture or caudal to it.