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Introduction

Words to use during treatment process.

Patients come to you with an expectation that you are going to fix, heal, cure or make better their condition. While it is important to make the patient aware that as therapists we do not fix, heal or cure anybody of anything - rather we simply stimulate the body so that it can heal itself - it is very important to use words that inspire confidence in you as the therapist and give a positive expectation of a good result.

You have to become very mindful of the words you use at all times whilst with the patient.

Before starting a treatment you can say “I would like to do a series of range of movement tests before we start so that you can see what level of restriction you have now. After your treatment we will repeat the same tests and you will see a significant improvement”.

Document the results and comment that they have a mild, severe, or whatever it is, degree of restriction, which is fairly common.

Once you have performed the moves and notice improvements, make your patients aware in order to re-instil that same positive mind frame as this inevitably has positive effects on the body and therefore on your treatments.

Refrain from using phrases like “I hope you feel better” or “that should help you” as these sorts of phrases imply some level of doubt in your treatment or its potential effectiveness.

At the end of a treatment, make sure you remind your patients to drink plenty of water (any manual treatment releases toxins from the tissues into the body’s fluid streams so water is therefore essential in flushing them out and avoiding nausea, etc…) and to be aware that further improvements may take place over the coming days.

Getting patient ON and OFF the treatment table
This is a component of the treatment process that many people tend to not pay much attention to, however it is very important as the patient can be in a lot of pain before, and sometimes after, your treatment. It is also a time when they could do more damage by twisting or falling off the table.

**Practice the demonstrated methods with someone who is in good condition before trying them on a patient.**

If you have the luxury of an electric height adjustable table then this whole process is made a lot easier. If your table has adjustable legs then set the height of your table to suit your height. This means a height that allows you to be doing the majority of the Bowen work without having to bend your back, and thus potentially straining or injuring yourself.

Some patients are very short compared to you so the table will be far too high for them to comfortably get up onto without stretching and causing pain or strain in themselves. The answer is a small stool for mounting the table but not for dismounting as this can become a potential fall (topple over) or hazard if they fail to stand directly in the middle of the stool. You are better to help them slide slowly off the table.

Holding the patient to prevent a fall when getting off the table needs to be done so as to not risk injury to yourself. Many patients can be obese and getting on to or turning over on the table can be difficult. Under no circumstances should you attempt to lift the patient, as this will significantly increase the risk of injury to yourself.

Once on the table (usually prone) you need to ask the patient if they are comfortable. If so then no other measures need to be taken before commencing treatment. If however they complain of pain or discomfort in some area, then you need to provide some support under their body where needed to help ease the pain so that it is not a major distraction for them which could reduce the pleasure, and effectiveness, of the treatment.

Stress to the patient that they should take their time getting on and off the table and that there is no rush. This includes turning over. You can get them on and off many times during treatment if you wish to work that way to allow for assessment during treatment.

**Bowen Procedures on Yourself**

The following sets of Bowen procedures will address most of the common conditions. While the primary focus is for you to treat your clients with Bowen, you can also do many of these procedures on yourself to great effect. The moves can be done in any position (standing, sitting or lying down) however they are best done while lying somewhere comfortable like your bed, where you are more relaxed. The moves have more affect when done on relaxed muscles in most cases.

If treating your own condition does not give satisfactory results, it may well be that your body is too far out of balance to respond well to minimal treatment. It would then be a good idea to visit a Bowen Therapist for a complete body balance to get you into a more stable condition.

Execute the lower back moves (moves 1 & 2) each morning as you get out of bed. If you are able to reach moves 3 & 4 then you can do them as well. Do them as soon as you stand up out of bed. You can also teach your patients to do this for themselves on a daily basis.
Classic Bowen Move

The classic Bowen ‘Move’ is the same wherever applied on the body; the only real difference is that on some muscles a rolling over action is possible (and desirable) and on other parts of the body no rolling action is possible because the muscle is large and flat.

Stages of the move

Step 1: Locate the starting point with the fingertips (or thumbs) and imagine they are glued to the skin.

Step 2: Draw the slack in the skin in one direction across the fibres of the muscle.

Step 3: Apply a challenge; i.e. gentle force at about 45 degrees to the surface of the body.

Step 4: While maintaining that challenge, lift the wrists (or drop them depending on your position) and allow the Bowen move to happen under your fingers. Do not push in the direction of the move (Bulldozer move) as this will hurt the patient and will not get the best result.

Step 5: Release the fingers (or thumbs) and reposition for the next move.

Where there is a lot of tension present, have your patient take a deep breath and fully exhale before making the move. This means the muscle will be at its most relaxed condition and therefore more connective tissue will be influenced.

Direction of Bowen Moves

Note the direction of the arrowhead in each diagram; the arrowhead represents the direction in which the Bowen move needs to be made.

Bowen moves are done (in almost all cases) across the fibres of the muscles rather than along the muscles as generally done in massage. Keep in mind that the muscle is not the component of primary concern - rather our focus is on the fascia (soft connective tissue) surrounding the muscles.

Bowen Body Balance – “BBB”

When treating in an “ideal” clinical situation there is always time to perform a Bowen Body Balance (BBB). This ensures your patient is going to get an overall body benefit from your treatment. A typical treatment plan will involve a BBB plus work on areas of specific need.
**Back Moves**

**Lower Back Problems**

Most people suffer from lower back pain to some degree or another at sometime in their lives. The causes are many and sometimes not easy to establish. Lower back pain is usually easy to resolve with Bowen. Additionally with stretching, exercise and simple management, most problems can be avoided or controlled. The first set of moves on anyone is the Lower Back Release moves (moves 1 & 2). These are very powerful moves and have a major effect on the lower back, Gluts and Hamstrings.

These two starting moves are done medially; i.e. towards the middle of the spine. They are very important moves as they have a major impact on the body.

When the patient lays down prone, the first thing to check is relative leg length. If the patient has the same leg length then proceed with doing moves 1, 2, 3 & 4 with no wait in between. If, there is a discrepancy between leg lengths, however, note which side is longer and by how much. Tell the patient what you find and do moves 1 & 2 only, wait about 30 to 60 seconds and re-measure. In 90% of cases the legs will come back to being level after the lower back release moves. This often amazes the patient and gives them immediate confidence in what you are doing.

Proceed with the upper back release (moves 3 & 4). Make sure to do both these set of moves on full exhalation.

**Gluteals and Opening the Back**

Moves 5 & 6 are done at the crossing over of the Gluteus Maximus and Gluteus Medius where they meet the Gluteal fascia.

Moves 7 & 8 are a series of Lateral moves over Erector Spinae from the Sacrum to T1. These can be done either alternating from side to side as you work up the back or you can open the left side all the way to T1 and then open the right side. They are all lateral moves; i.e. outwards from the spine. When learning these moves and getting used to feeling different degrees of tension, the better approach is to alternate sides so as to feel the difference between them and get used to noticing differences in each side of the body.

To locate moves 9 & 10 first find the top of the Femur (thigh bone) and the Crest of Ilium (hip bone). Divide this section of the body by three and perform the two moves at those dividing points.
Moves 11 – 14 are the final stage of the Gluteal Release moves, opening the hip and helping, in combination with moves 5, 6, 9 & 10, to resolve issues in the Glut muscles. They are performed medially just below the Crest of Ilium.

**Back of the Legs**

These are moves 15 – 20 and address the hamstrings, IT Band and the Bicep Femoris. First, separate the heads of the Hamstrings with a firm lateral Bowen move (15 & 16). Locate the three trigger points in the belly of the Vastus Lateralis muscle. This can be done by dividing the upper leg in half (from the top of the Femur / thigh bone to the knee) and performing a Bowen move at that point and about two fingers width either side of it. Make firm Bowen moves (17 & 18) over these trigger points; down or up, direction is not important.

Finally, make a gentle Bowen move (19 & 20) over the Bicep Femoris just above the knee. If you are having difficulty locating this point then lift the leg slightly and the muscle will be more obvious.

**Rhomboids**

Moves 21 - 24 are a series of sliding action moves around (or along) the medial border of the Scapula. These address the insertion of the Rhomboids and resolve the common pain or burning sensation between the shoulder blades.

**Spinal Release**

The Multifidus moves (move 25) release tension in the Multifidus muscles that run along either side of the spine. They are performed downwards, using two fingers, starting from T1 and finishing at the Sacrum. This move loosens the spine at a deep level, enhancing rotation of the spine and neck.

**Sacrum Release**

Moves 26 & 27 are performed along the sides of the Sacrum bone towards the Coccyx or tail bone. These moves also help to release tension from the Gluteal muscles, which attach into the side of the Sacrum.

**Pain Between the Shoulder Blades**

Pain between the shoulder blades is usually a result of tension or active triggers in the Rhomboids. There are 3 common Trigger points active which cause this pain pattern. By doing Bowen moves over these trigger points is often all that is needed to relieve this pain.

These moves can be done standing or sitting. They are more effective if the hand of the patient is placed on their opposing shoulder, this moves the shoulder blade further away from the spine. Apply a series of Bowen moves along the edge of the shoulder blade from the bottom towards the shoulder area.
Artwork for Qualification Level Training

Students who enrol in the qualification level training are supplied with the following extra course artwork files in high resolution PDF format. They can be used as posters in treatment rooms as well as learning references.

Chart 1 of 7 for Anatomy Trains

![Anatomy Trains: Arm Lines Diagram](Image)
Chart 1 of 5 for Trigger Points

Trigger Points Chart I

Copyright 2012, Australian School of Body Therapies
Traditional Chinese Medicine Point Chart
Latest release of the Bowen Moves artwork Manual
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Hamstring Procedure

Used for hamstring problems and lower back problems. Often Hamstring tension will resolve with basic balance moves. If tension is still present then proceed as follows:

**Step One**

1. Make two firm separation moves at the head of the Hamstrings as close to the Ischia Tuberosity as possible (where the buttocks meets the thigh);

2. Bend the leg to right angles and hold in that position while you make a gentle medial Bowen move deep across the Popliteal Fossa;

**Step Two**

1. Support the ankle with one hand while rotating the foot with the other hand for several rotations in both directions and finish with a firm sharp downward movement on the ball of the foot. Lower the leg to the table;
Step Three

1. Use thumbs of both hands to separate the two sides of the Hamstrings starting at the top and working down to the knee. As you get closer to the knee the muscles split up to attach on the outside of the knee so you will need to follow them to just above the knee.

Allow at least 5 minutes for these large muscles to respond before coming back to test for change. Repeat if necessary.
With patient standing hook thumb under these muscles and roll over in an upward direction.
Seratus Anterior

These moves can be done standing or prone.

Make Bowen moves down the bodyline to just under the bottom of the Scapula line. Your focus here is on the insertion points and the belly of the muscles - if you use the flats of your fingers you cover a lot of the muscle.

It is easier to move from under the armpit towards the feet than the other way around. These moves may also assist with breathing restriction as they attach into the ribs.