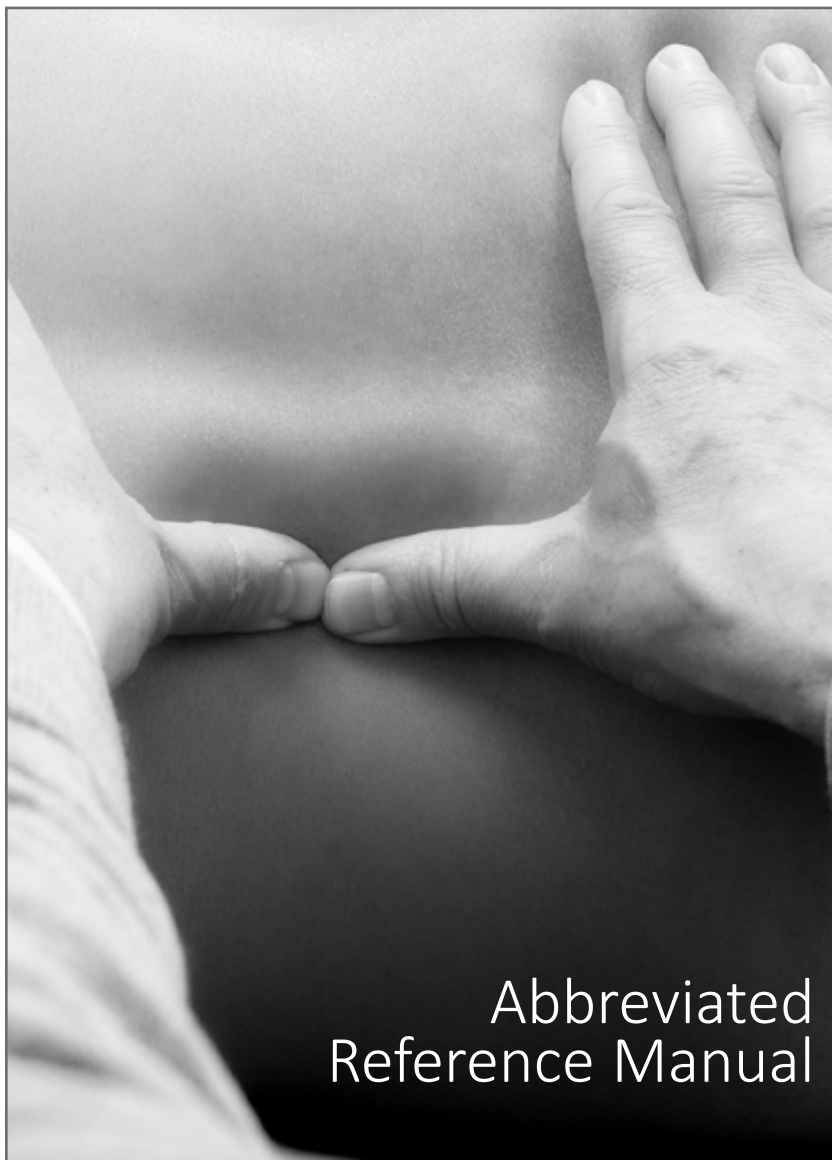


# The Bowen Therapy Procedures

by Jonathan Damonte



Abbreviated  
Reference Manual

Produced by Bowen-Online  
for "The North American Bowen Teaching College Inc."  
website: [www.bowen-online.com](http://www.bowen-online.com)  
e-mail: [contact@bowen-online.com](mailto:contact@bowen-online.com)

Copyright© BTC Canada Ltd.

The captions and art work in this publication are based upon material supplied. While every effort has been made to ensure their accuracy, BTC Canada Ltd., does not under any circumstances accept responsibility for any errors or omissions.

All Material published is for reference and discussion purposes only.

#### ACKNOWLEDGEMENT

Sincere acknowledgement is made to all those dedicated Bowen Therapy practitioners, artists and art graphics designers worldwide who have assisted in the creation of this manual.

Especially to Tom Bowen's Family  
for their continued support  
for this official  
Bowen Therapy  
Reference Manual©



## Contents

<b>Introduction</b>	<b>4</b>
<b>Bowen Therapy Moves</b>	<b>6</b>
<b>Pauses</b>	<b>10</b>
<b>Setup</b>	<b>11</b>
<b>BASIC RELAXATION MOVE 1</b>	<b>12</b>
<b>BASIC RELAXATION MOVE 2</b>	<b>13</b>
<b>BASIC RELAXATION MOVE 3</b>	<b>14</b>
<b>HEADACHE PROCEDURE</b>	<b>15</b>
<b>BACK SPASM PROCEDURE</b>	<b>16</b>
<b>SHOULDER PROCEDURE</b>	<b>17</b>
<b>NORTH PROCEDURE</b>	<b>18</b>
<b>SOUTH PROCEDURE</b>	<b>19</b>
<b>EAST PROCEDURE</b>	<b>20</b>
<b>WEST PROCEDURE</b>	<b>21</b>
<b>ELBOW PROCEDURE</b>	<b>22</b>
<b>FOREARM PROCEDURE</b>	<b>23</b>
<b>HAND PROCEDURE</b>	<b>24</b>
<b>RESPIRATORY PROCEDURE</b>	<b>25</b>
<b>KIDNEY PROCEDURE</b>	<b>26</b>
<b>SACRUM PROCEDURE</b>	<b>27</b>
<b>PELVIC PROCEDURE</b>	<b>28</b>
<b>COCCYX PROCEDURE</b>	<b>29</b>
<b>HAMSTRINGS PROCEDURE</b>	<b>30</b>
<b>RECTUS FEMORIS</b>	<b>31</b>
<b>KNEE PROCEDURE</b>	<b>32</b>
<b>ANKLE PROCEDURE</b>	<b>33</b>
<b>ANKLE TAPING PROCEDURE</b>	<b>34</b>
<b>HAMMER TOES PROCEDURE</b>	<b>35</b>
<b>HAMMER TOES TAPING</b>	<b>36</b>
<b>PLANTAR FASCIITIS PROTOCOL</b>	<b>36</b>
<b>BUNION PROCEDURE</b>	<b>38</b>
<b>BABY BOWEN</b>	<b>39</b>

## ***Introduction***

In my late 20's I met a homeopath in Toronto named Raymond Edge who had trained with a Homeopath named Misha Norland, the founder of The Devon School of Homeopathy. I had known Misha as a boy growing up in London when he would visit my father who was his Homeopathic teacher and mentor. Raymond Edge was in the process of founding The Toronto School of Homeopathy. I enrolled in his school and I too trained as a homeopath. I was quite full of myself when I graduated in 1997 and in my idea of my perfect career I would be able to help all manner of chronic diseases and make a great life for myself. I did achieve that but not by being a homeopath alone. I was fortunate to be introduced to Bowen Therapy. Bowen Therapy at that time was known as Bowen Technique. I was treated first by a Bowen Therapist named Meryl Cook, who with one treatment fixed a lifelong Sacral Iliac pain and misalignment I think I had since childbirth, I was a breach

delivery and my mother continues to remind me of her trauma to this day. From the sounds of the birth it explained to me and the many other osteopaths, chiropractors and other bodyworkers the reason I was suffering chronic pain throughout my life. Meryl applied a procedure over the surface of my tailbone and that evening I experienced a torturous feeling and aggravation of my chronic problems. The next morning I was better and not just better for a while, I never had that problem return. I am so grateful to her and all the people that were learning and promoting the therapy.



Jonathan Damonte

since childbirth, I was a breach delivery and my mother continues to remind me of her trauma to this day. From the sounds of the birth it explained to me and the many other osteopaths, chiropractors and other bodyworkers the reason I was suffering chronic pain throughout my life. Meryl applied a procedure over the surface of my tailbone and that evening I experienced a torturous feeling and aggravation of my chronic problems. The next morning I was better and not just better for a while, I never had that problem return. I am so grateful to her and all the people that were learning and promoting the therapy.

In my first homeopathic clinic I worked with another homeo-

path who had taken a weekend workshop of instruction in Bowen Therapy. There began a flow of an ever increasing number of referrals for the therapy and almost all the clients with any physical aches and pains would be first treated with Bowen Therapy, the clinic got busier and there were too many clients to service in the small space we had. I opened a second location and therefore had to open another location. The only problem was that I didn't know how to do Bowen Therapy and there was no other available.

In my mind I'd been reluctant to do Bowen Therapy or any other modality, I had no confidence to touch people and was quite secure being a bookish homeopath prescribing little granules of sugar medicated with mysterious substances that provoke a more vital response in the health of the patient. However, the demand for Bowen Therapy kept up as clients wanted the therapy at the new location too. Fortunately, a class was announced and I could attend it. It was to be given by Ossie Rentsch the founder of the Bowen Therapy Academy of Australia. Ossie was taught by Tom Bowen, who is the originator of the therapy which was named Bowen Therapy after his passing. I attended the training and felt a tremendous sense of confidence to use it right away and I did as soon as I returned to work. Overall the results were great, not perfect but great. It was an effective and needed tool that was reliable, safe and simple to use. Additionally, it was very forgiving for a novice user like myself. I was now a Bowen Therapist that also did homeopathy. For the next 18 years I have made a living as a self employed practitioner and have had truly amazing successes using Bowen Therapy as the mainstay of my practice both clinically and for the purpose of promoting my business as it is very relatable for people to work in the field of pain treatment. I am humbled at the privilege of having been a part of the ongoing growth and popularity for this therapy and I have worn many additional hats than Homeopath, Bowen Therapist and Bowen Therapy teacher. I have been on many committees and boards and have been a founder of this and that from schools and clinics and even franchises.

Throughout I have remained in practice as I believed it necessary for a good teacher to remain a practitioner and to keep up the skills to be constantly challenged and up to date. I was the founder of Bowen Canada, Bowen-Online and the North American Bowen Teaching College. I am proud of these efforts and I want to share my knowledge in the same manner of generosity that Tom Bowen shared his.

### ***About the Therapy***

It is known as a simple and easy to learn method and this is quite true. There are ways to learn it ranging from structured class time, books, video lessons and lots of YouTube videos too.

It is a learned skill and though simple you have to apply the lesson. For instance, if I taught you to play a few guitar chords a musician you would not be but with practice you would make music. I will teach you a toolset and you have then the opportunity to practice and get better. There is no magic and there is no shortcut there is only having a moment to learn and the opportunity to practice. I hope this manual helps you to help others.

### ***Bowen Therapy Moves***

Are simple and always involve the following process:

Skin is borrowed to an edge of the structure such as, a muscle, tendon, ligament, fascia or nerve, with the thumb or fingers. The available loose skin slack is gently pulled or pushed in the opposite direction of the intended 'Bowen Therapy Move'. This is done without ever sliding on the skin.

The structure being worked on is always challenged to create tension into it and to further define its greatest palpable mass, this is usually with gentle pressure in the same direction as the intended move. Finally, fingers or thumbs push or pull the skin through the tissue to release it into the skin slack that was moved at first.

The pressure of the move varies according to many factors such as, the strength and tone of the structure being worked on, the clients condition and the sensation of sending a clear signal into the structure being worked on.

Think of a stringed instrument as an example - and think of playing a note whether low or high, loud or quiet, sharp or resonant, and you can understand that a variety of 'notes' are available.

The human body is the same as an instrument and the therapist learns to play the right Bowen Therapy 'notes' into it.

### ***Understanding A Bowen Therapy Move***

Bowen Therapy moves are usually performed on the left side of the body first unless otherwise instructed. The left side of the body is negative and the right side positive. Moves made in a medial direction are relaxing and Moves made laterally are stimulating. The moves should not be repeated more than twice per procedure as repetition can affect the response by over-stimulating and causing a contractive muscle reaction. Bowen Therapy moves are performed on the clients exhalation, skin slack is drawn or pushed on exhalation and the actual move is made on any following exhalation the general tempo for each of the moves is slow, relaxed and comfortable for maximum benefit.

Picture 1 shows the basic Bowen Therapy move in which the thumbs start, with secure contact on the skin at a point defined by the crest, or 'belly' of the muscle. On exhalation, skin slack is drawn laterally, without sliding on it, to the lateral edge, or as close to it as skin allows, of the muscle being worked on. The thumbs then sink behind the lateral edge of the muscle and gentle challenge is engaged in a medial direction to put tension into the muscle body. On exhalation, the thumbs move medially through and over the 'belly' of the muscle releasing the tension in muscle created by the challenge. The wrists turn over the

**Picture 1**

muscle being worked on slightly to allow the muscles release.

**Picture 2**

shows the basic Bowen Therapy move in which the 2<sup>nd</sup> fingers of both hands treat the opposite side of the clients spine start, secure contact on the skin at a point defined by the crest, or 'belly' of the muscle. On exhalation, skin slack is pushed laterally, without sliding on it, to the lateral edge, or as close to it as skin allows, of the muscle being worked on. The 2<sup>nd</sup> fingers then hook to sink behind the lateral edge of the muscle and gentle challenge is engaged in a medial direction to put tension into the muscle body. On exhalation, the 2<sup>nd</sup> fingers move medially through and over the 'belly' of the muscle releasing the tension in muscle created by the challenge. The fingertips open at the close of the move or the wrists drop to allow the muscle to release.





### ***Points to Remember About the Move***

- 1) Palpate
- 2) Contact
- 3) Slack
- 4) Depth
- 5) Challenge
- 6) Release

**1) 'Palpate'** the muscle, tendon or other structure to determine where are its edges, usually laterally and medially (side to side).

**2) 'Contact'** the surface of the skin where the 'crest' or 'belly' of the muscle to position the thumbs or fingers before moving the skin slack to the muscle's edge.

**3) 'Slack'** is the available moveable skin taken to the muscle's edge. The fingers and thumbs never slide on the skin when drawing or pushing skin over the structure and there is no more

pressure applied than is necessary to move the skin.

**4) 'Depth'** the fingers or thumbs sink to define the muscle edge after the skin is taken to its border. 'Sinking into the muscle edge' means penetrating past the skin surface to the edge of muscle or tendon structure to define it.

**5) 'Challenge'** the muscle puts tension into the muscle body in the direction of the move. This is always done with a comfortable pressure. The degree of challenge varies according to the tone of the muscle or structure.

**6) 'Release'** comes from moving through the structure of muscle or tendon where the tension created by the 'challenge' is released. Think of playing a stringed instrument. The 'move' happens in one direction, with varying pressure according to the tone of the structure as the fingers and thumbs are pulled or pushed over it. It is like driving on a road and going over a speed bump, the depth of the fingers or thumbs varies according to the shape of the structure being moved over, there is no need to let up as you go through it.

### ***Pauses***

After a Bowen Therapy Moves are performed there are important pauses of time, usually a couple of minutes, where the client is left to rest and respond to the stimulus of the moves. The moves are often performed in sets in an area. The pause is very important to the depth of response, most clients will find the effect completely relaxing and it will feel quite natural to allow time to process.

## **Setup**

The client should be positioned so that they are lying prone and as comfortably as possible with their head either in a face-cradle or turned to one side. Place a bolster or pillow under one shoulder if needed to reduce neck tension when lying with head to one side. Place a pillow or bolster under their ankles to reduce tension in their lower limbs. This procedure can also be performed with client lying supine, useful in treating the elderly and those in acute pain that is aggravated by lying prone. Or, on their side with pillows to support their posture and the procedure can also be performed whilst sitting. That the client is relaxed and comfortable is fundamental to the treatments overall effectiveness.

Clothing can be worn during the procedure though it is most useful to view the sacral area and gluteal fold to determine any inflammation or misalignment that can guide your choice for future procedures.

Ensure you have communicated clearly the nature of the treatment you are about to perform.

For example:

*“Bowen Therapy involves gentle challenge made against muscles and tendons and the ‘Bowen Move’ releases the tension put into the area being worked on. Moves like these are done in sets and between sets are important pauses to allow the area worked on to fully respond.”*

Ensure the client is completely comfortable before taking the first required minimum pause.

# BASIC RELAXATION MOVE 1

## (BRM 1) - Lower Back Procedure

**Moves 1 & 2** - Medial moves over the left (1) then right (2) Erector spinae at a level 1 finger-width superior to the Iliac crest.

**Moves 3 & 4** - Medial moves over the left (3) then right (4) Gluteus medius at a level 2 finger-widths superior to the Gluteal fold and 2/3 lateral on the Gluteus maximus.

**PAUSE** 

**Moves 5 (a) & 5** - Hold the left musculo-tendonous insertion of the Biceps femoris and Semitendinosus insertions with the left hand. Move medially the fibers of the long head of the Biceps femoris 3 finger-widths superior to the crease of the knee with the right hand thumb.

**Move 6** - Move the left Ilio-tibial tract anteriorly at a point midway between the greater Trochanter and the crease of the knee.

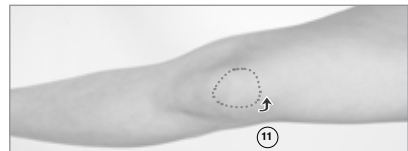
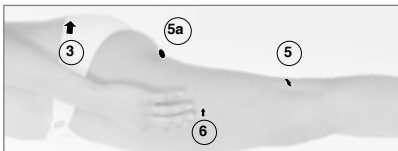
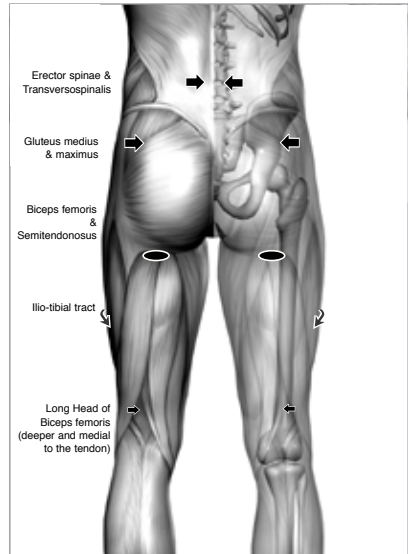
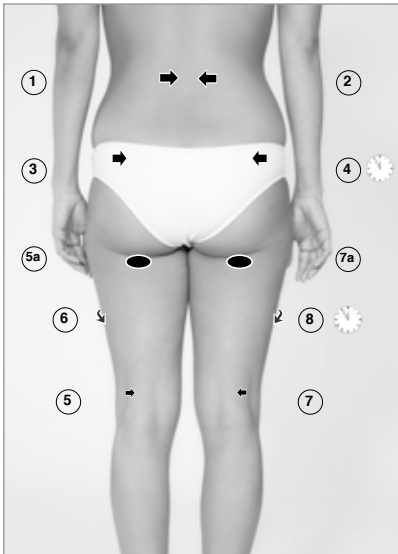
**Moves 7 (a) & 7** - Hold the right musculo-tendonous insertion of the Biceps femoris and Semitendinosus insertions with the right hand. Move medially the fibres of the long head of the Biceps femoris 3 finger-widths superior to the crease of the knee with the left hand thumb.

**Move 8** - Move the right Ilio-tibial tract anteriorly at a point midway between the greater Trochanter and the crease of the knee.

**PAUSE** 

**Moves 9 & 10** - Medial moves over the left (9) then right (10) Gluteus medius as per Moves (3) & (4), checking for change in muscle tension.

**Moves 11 & 12** - Move antero-medially over the left (11) then right (12) Vastus lateralis just superior to the patella.



# BASIC RELAXATION MOVE 2

## (BRM 2) - Upper Back Procedure

**Moves 1 & 2** - Medial moves over the left (1) then right (2) Erector spinae at a level 1 finger-width inferior to the inferior angle of the scapulae.

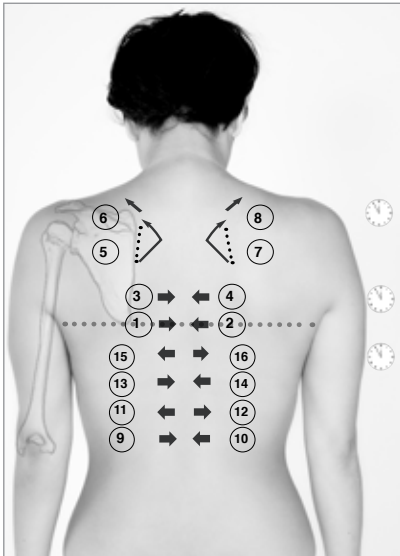
**Moves 3 & 4** - Medial moves over the left (3) then right (4) Erector spinae at a level 1 finger-width superior to the inferior angle of the scapulae.

**PAUSE** 

**Moves 5 & 6** - With the thumb pad placed 1/3 from the top of the scapula take move supero-medially and then supero-laterally in a boomerang pattern (5). Stop at the medial border of the scapula. Draw skin slack inferiorly with your spare hands finger as you lift the thumb pad off the skin. Replace the thumb and angle the challenge obliquely and move supero-laterally over the Rhomboideus minimus and Levator scapulae (6).

**Moves 7 & 8** - Repeat moves (5) & (6).

**PAUSE** 

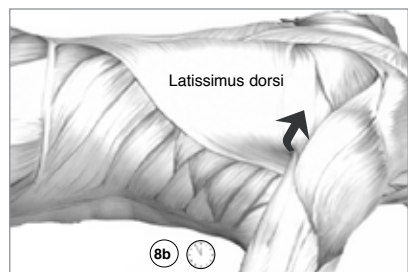
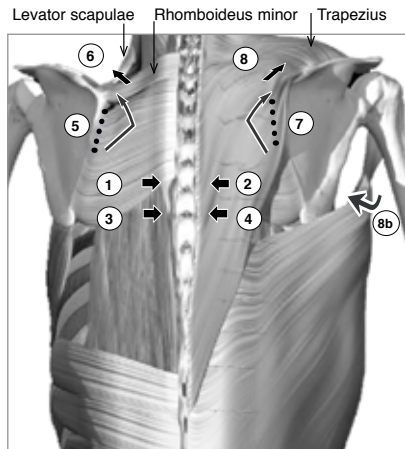


**Moves 8 (a) & 8 (b)** - Apply optionally if the shoulders are tight and are noticeably taut at the Levator scapulae. Perform 2 posterior moves over the tendonous fibres of Latissimus dorsi superior to the inferior angle of the scapula and level with the Triceps of the arm.

**PAUSE** 

**Moves 9 - 16** - 4 pairs of ascending moves between Moves (1) & (2) of BRM 1 and Moves (1) & (2) of BRM 2. The pairs of moves alternate in each direction and the thumbs perform all the moves away from you and the fingers perform all the moves towards you.

**PAUSE** 



# BASIC RELAXATION MOVE 3

## (BRM 3) - Neck Procedure

**Moves 1 & 2** - Anterior moves made with the thumb pads over the left (1) then right (2) Posterior scalenus at the side of the neck and anterior to the Trapezius.

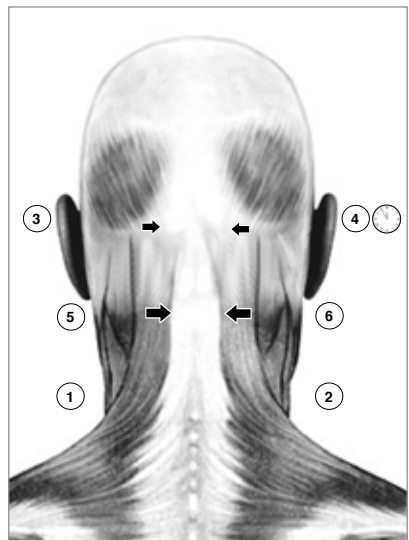
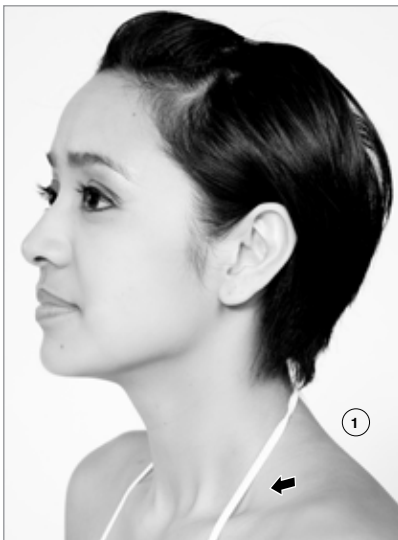
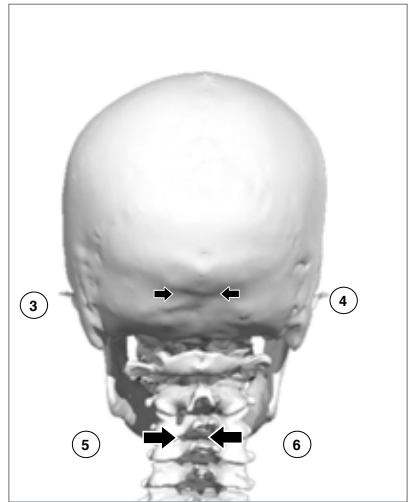
**Moves 3 & 4** - Medial moves made with the tip of the 3<sup>rd</sup> fingers and over the left (3) then right (4) tendonous insertions of the Trapezius adjacent to the underside of the occipital ridge.

**PAUSE** 

**Moves 5 & 6** - Medial moves over the left & right Trapezius and Transversospinalis with the palmar aspects of the 3<sup>rd</sup> fingers at a level mid way between the ear lobe and the top of the shoulders.

**PAUSE** 

**Moves 7 & 8** - Repeat Moves 5 & 6 if there is noticeable tension when performing them.



# HEADACHE PROCEDURE

Prerequisites - NONE

## Moves 1

Place the pad of each little finger onto the temple just behind the eye socket. Let the finger melt through the skin onto the bone.

## Moves 2

Place the pad of the middle finger onto the brow so that the tip rests slightly upon the closed eye.

## Moves 3

Place the pad of the index finger onto the brow above the eyebrow and the corner of the eye.

## Moves 4

Place the thumb pads onto the forehead on either side of the 'Widow's Peak' at the hairline.

## Moves 5

Step 1 - Sweep the brow from the mid-line to the TMJ starting at the brow then mid-brow and finally the forehead using the palmar aspect of both thumbs simultaneously.

## Step 2

With heels of the thumbs apply gentle pressure for several seconds to the temples just posterior to position (1).

## Step 3

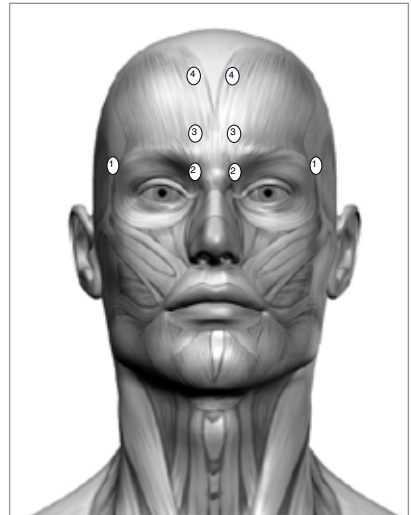
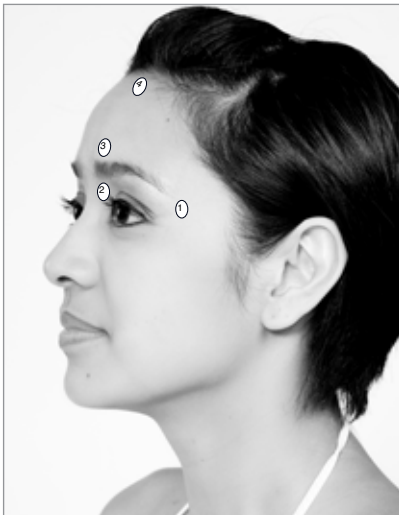
Sweep the heels of the thumbs to the curve of the jaw over the parotid gland.

## Step 4

Traction the neck superiorly with one hand holding the underside of the occiput and the palm of the other hand applying gentle pressure on the forehead inferiorly.

## Step 5

Rake the fingers through the scalp from the occiput to the vertex and then the forehead to vertex 2 times each.



# BACK SPASM PROCEDURE

Prerequisites - None or as optional moves for BRM 1

In chronic cases of upper cervical and thoracic spasm and pain syndromes. Also, in cases of sudden cramping or spasm anywhere in their back during a Bowen Therapy session the following procedure can be used to alleviate the spasm immediately. It is also useful for a client with generally hypertonic (overly taut) back muscles.

## Procedure

With the client either lying prone or sitting comfortably perform Moves BRM 2 - (15) & (16), laterally over the erector spinae and attachment of Trapezius followed immediately by Moves (8a) & (8b) of BRM 2.

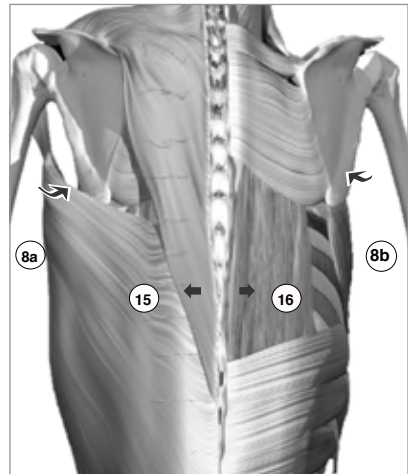
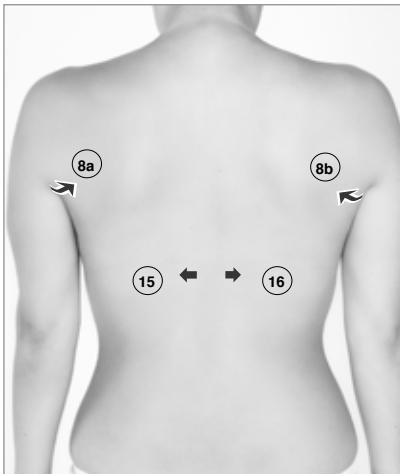
*Note:* In cases of chronic upper back

spasms as a result of injury such as, whiplash or disk degeneration, this procedure can be applied as a 'stand-alone' treatment preceding or following BRM 2 Moves (1-8) with a greater than 2 minute pause. It can also be combined with other procedures as indicated by the client's presenting symptoms.

## Pause



A longer pause is advised if using this, or any, procedure for a chronic issue.





# SHOULDER PROCEDURE

Prerequisites - BRM 2 (1-8) & BRM 3

With the client sitting, stand at the opposite side to the shoulder being worked on.

Cradle the forearm of the side you are working on. Position the forearm horizontally at about mid-chest, maintaining their elbow at 90° and their shoulder open from the trunk.

**Move 1** - Anterior move performed with the fingers of the opposite hand over the mid-point of the posterior deltoid and triceps tendon, which lies deeper to it. The move is best performed with the thumb of the same hand resting on the humeral head and whilst adducting the shoulder joint to its limit.

**Move 2** - Once the shoulder has fully adducted to the opposite side perform a percussive strike to the humeral head in the direction of the neck.

**Move 3** - Return the arm into the starting position and perform a supero-lateral move on the anterior deltoid at it's mid-point.

*Repeat on the opposite side.*

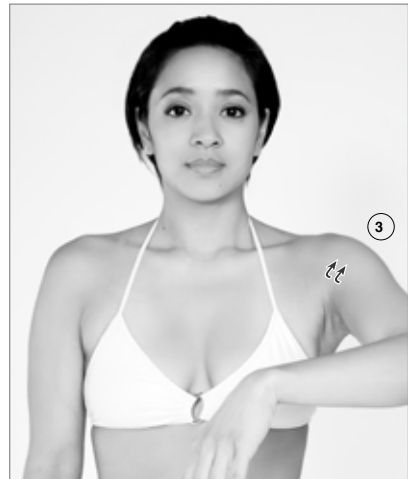
Warming-up exercises for chronic shoulder pain & poor mobility performed daily will greatly improve and hasten the clients recovery process.

a) Once a day, rotate the shoulder 6 X in a clockwise and 6X in a counter-clockwise direction without strain. If needed the client can bend forward and let the arm hang as the shoulder turns.

b) Once a day, rest the arm onto a surface and gently walk into the elbow to stretch the posterior deltoid and then gently walk to turn away from the elbow to stretch the anterior deltoid. Repeat each direction 6X.

Perform the Shoulder procedure for 2 consecutive weeks and provide 3 weeks of rest. In other words treat the shoulder area only twice consecutively per month.

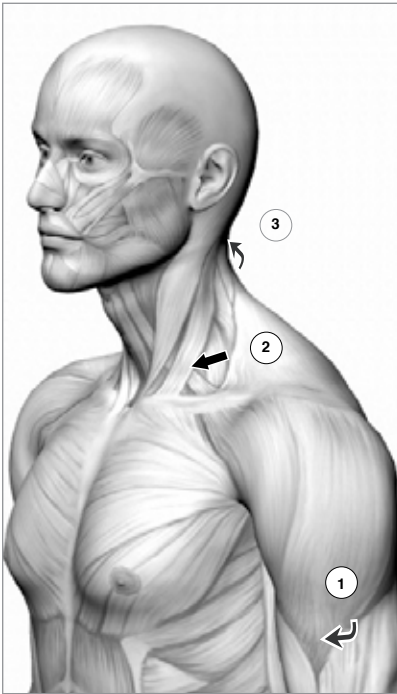
This Schedule is useful for many other conditions that take more than a few weeks to recover



# NORTH PROCEDURE

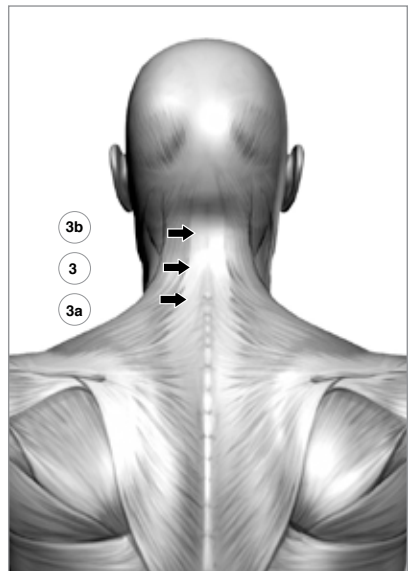
Suggested Prerequisite

BRM'S 2 & 3 & Shoulder Procedure



## Assessment

After completing all prior procedures and after the client is sitting or standing in front of you ask them to slowly rotate their head from side-to-side and observe the ROM, ask for any pain symptoms on either side. Guide them to slowly abduct (raise) their arm fully to 180°. Observe any signs of restriction or limitation to full abduction. Ask the client where the restriction in the arm and shoulder is felt, if it is in the mid-deltoid, rotator cuff, top of the shoulder or the side of the neck then North procedure should be performed on that side. Check the opposite shoulder for ROM.



# SOUTH PROCEDURE

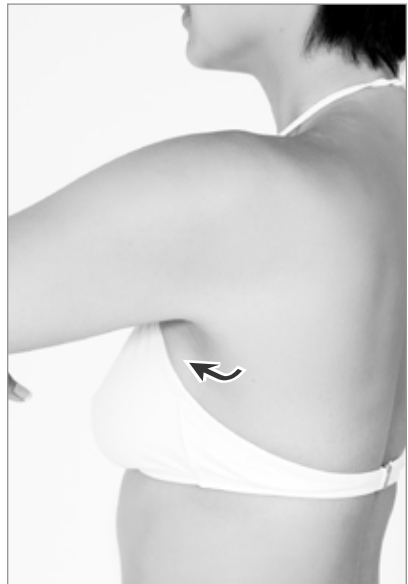
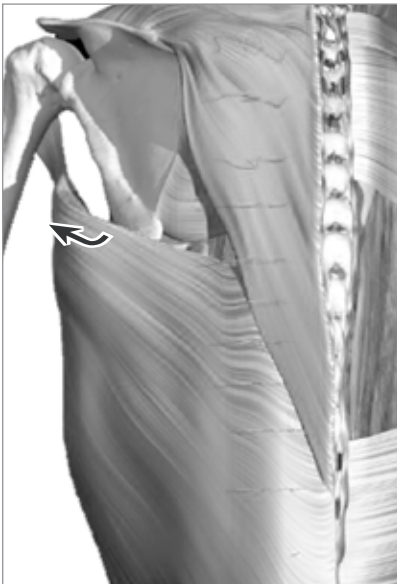
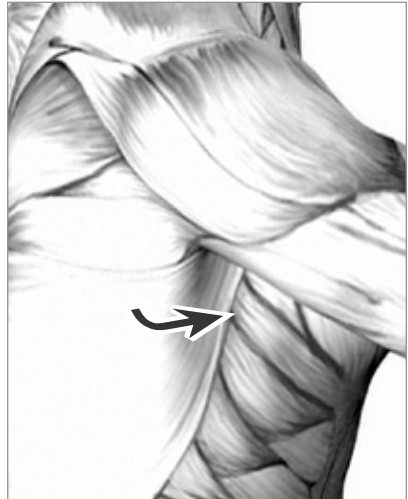
## Suggested Prerequisite

### BRM'S 2 & 3 & Shoulder Procedure

#### Assessment

Assess for tension in the pectoralis major muscles or ask the client to retract their arm with their elbow flexed. Observe the type of

bra worn as too tight a fit will also cause congestion in the pectoralis and Latismus dorsi muscles.



# EAST PROCEDURE

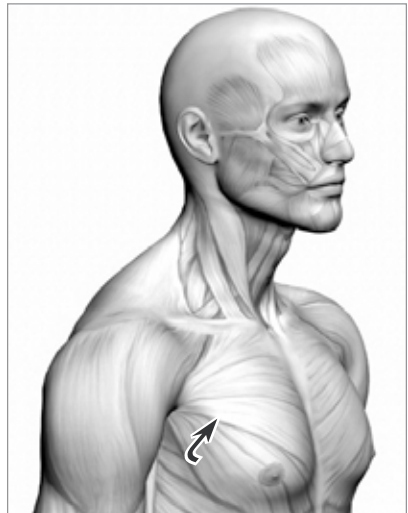
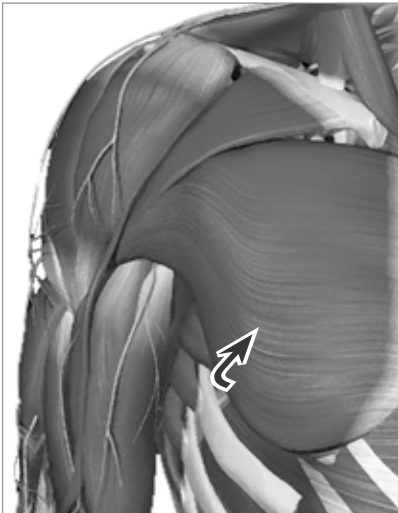
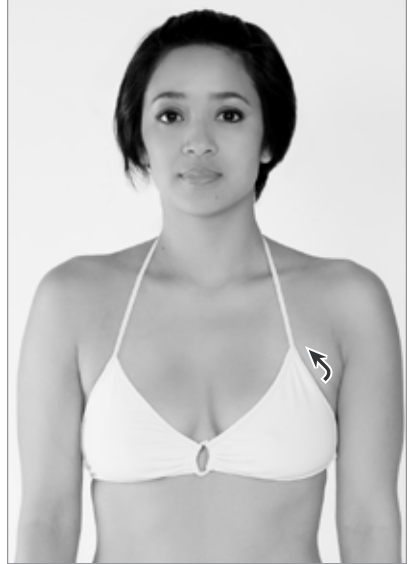
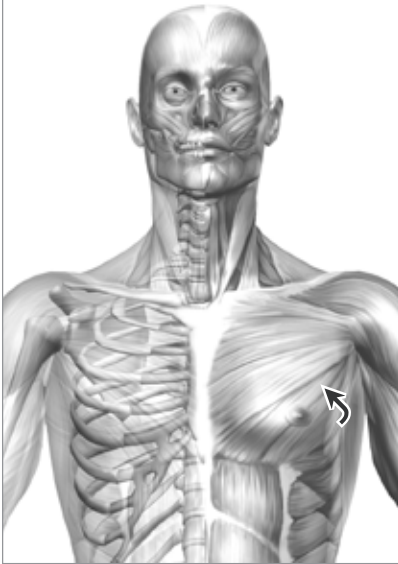
## Suggested Prerequisite

### BRM'S 2 & 3 & Shoulder Procedure

#### Assessment

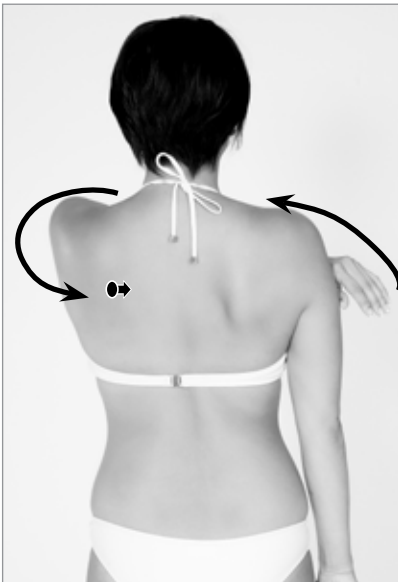
Assess for tension in the pectoralis major muscles or ask the client to retract their arm with their elbow flexed. Place a

strong challenge superiorly to the Pectoralis major muscle and release gently. Observe the type of bra worn as too tight a fit will also cause congestion in the Pectoralis muscles.



# WEST PROCEDURE

Suggested Prerequisite  
BRM'S 2 & 3 & Shoulder Procedure



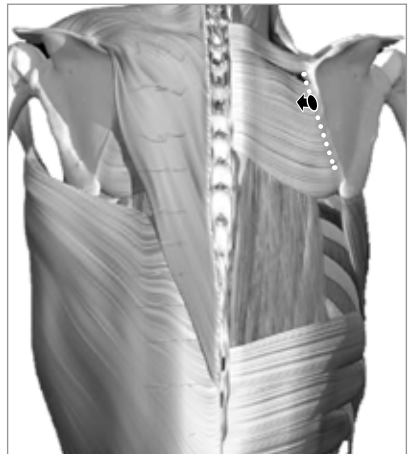
## Assessment

Have the client slowly abduct their arm to 180° and return it to 90°, if there is an observable 'ratcheting' or irregularity to the smooth motion of the shoulder as they lower their arm West procedure is indicated.

West procedure is indicated most commonly when the client complains of a point or spot of pain adjacent to the scapula, this is a common symptom.

It will also be noticed after the client has abducted their arm to 180° and as it returns to 90° there is an observable 'ratcheting' in the motion of the shoulder as it lowers the arm. This will indicate tightness in the rhomboideus muscles and possibly latissimus dorsi.

Importantly, the West procedure effectively releases stored 'emotional issues' held in the muscles adjacent to the scapulae. The serratus posterior lie deeper to the Rhomboideus major and minor, Illiocostalis thoracis.



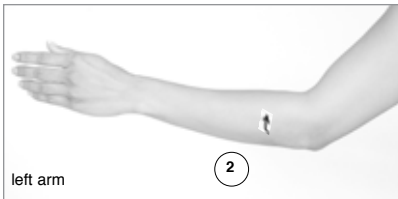
# ELBOW PROCEDURE

Suggested Prerequisite

BRM'S 2 & 3 & Shoulder Procedure



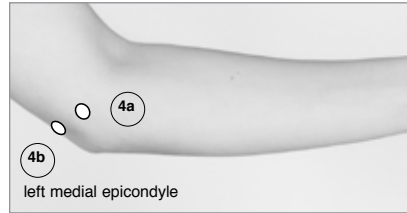
1) Anterior move over the mid-deltoid at a point 3 fingers below and midway from the top of the arm (Humeral head).



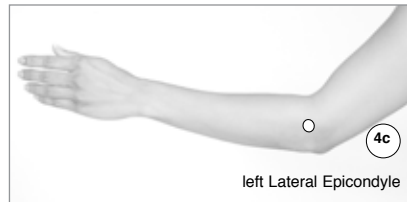
2) Move over the Extensor digitorum communis using the pad of your thumb.



3) Move over the the biceps brachii from the medial side of the elbow crease with a middle finger towards the triceps.



4a-4b-4c) Holding points for 10 seconds or until the nerve provocation is felt by the client. Use the index and middle finger to pull slack from the triceps onto each side of the Medial epicondyle. While compressing onto the radius just beside and slightly distal (toward the hand) of the radial head.



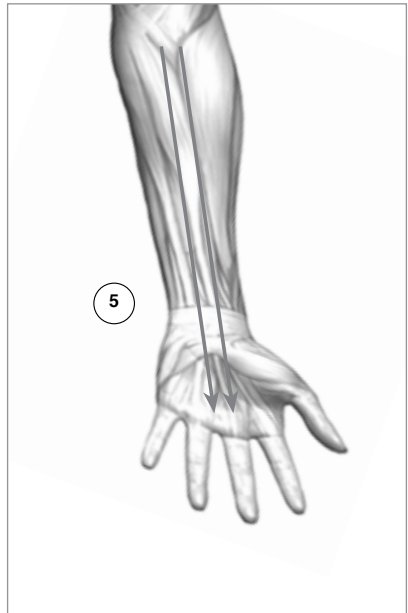
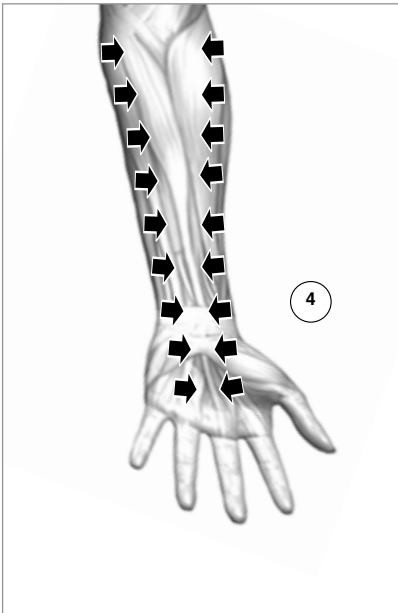
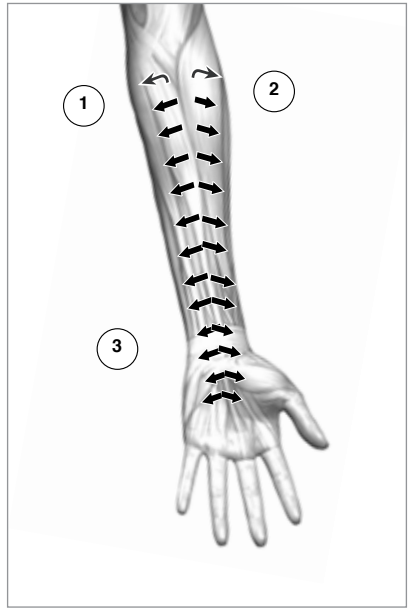
5) Slightly bend the wrist and using a thumb pad push skin slack from the mid-point of the bend of the wrist towards the ulnar. Then challenge slightly and move over the extensor tendons as if strumming them.

6) With the thumb pads on the back of the arm just above the wrist and the fingers on the palmar side of the hand draw skin slack to the wrist. Push the thumb tips towards the radius and ulnar, this acts a brace to the carpal bones while flexing the wrist towards your thumbs with your fingers. There should be a gentle and painless adjustment of the wrist if done correctly.

# FOREARM PROCEDURE

Suggested Prerequisite

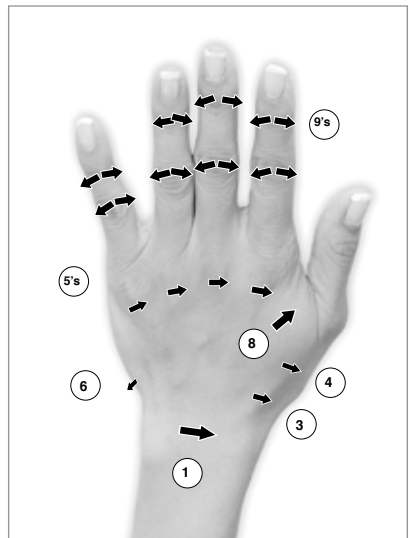
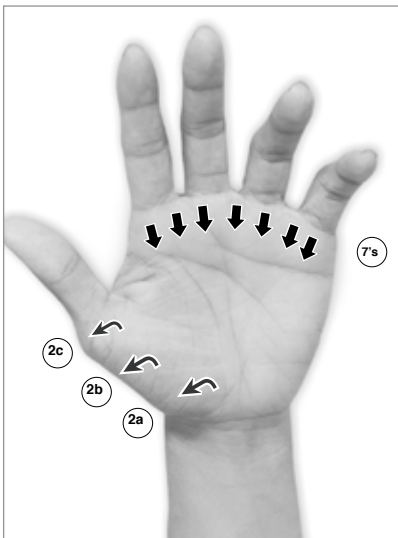
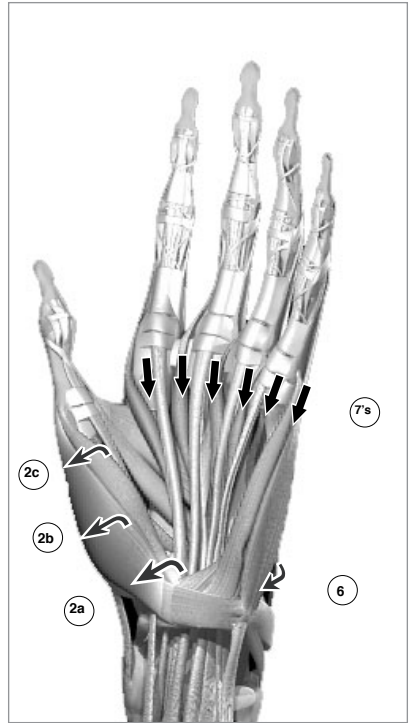
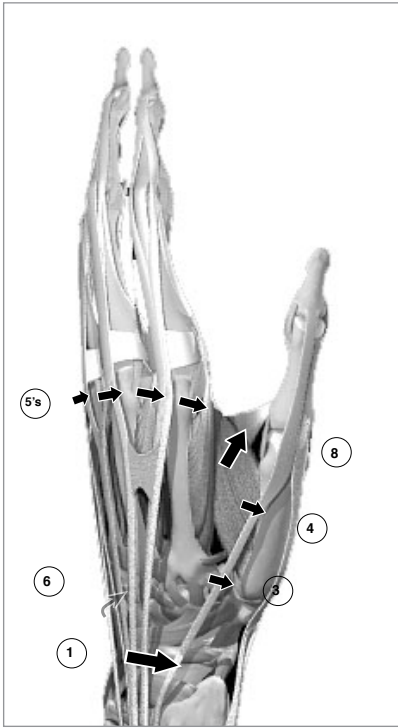
BRM'S 2 & 3 & Shoulder & Elbow Procedures



# HAND PROCEDURE

Suggested Prerequisite

BRM'S 2 & 3 & Shoulder, Elbow & Forearm Procedures





# RESPIRATORY PROCEDURE

## Prerequisite - BRM 2

With the client lying prone stand at their left side and bend their left knee, rotate the left hip laterally to its limit and have them turn their face to the left.

**Move 1** - Position the 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> fingertips of your left hand onto the thoracic muscles midway between the medial border of the scapula and their spine at a point so that the 2<sup>nd</sup> finger is level with the inferior angle of the scapula. Draw skin slack to the spine, challenge and move laterally towards the scapula.

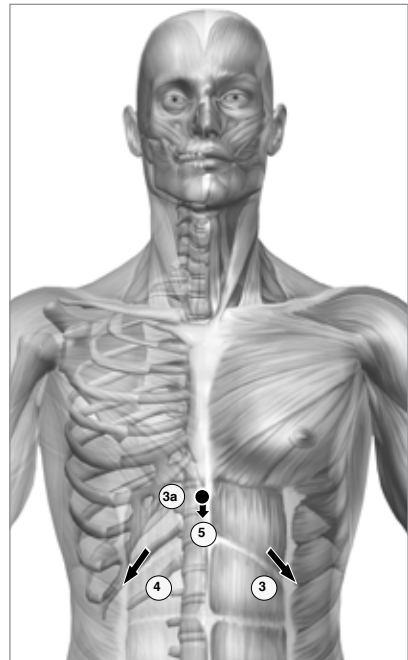
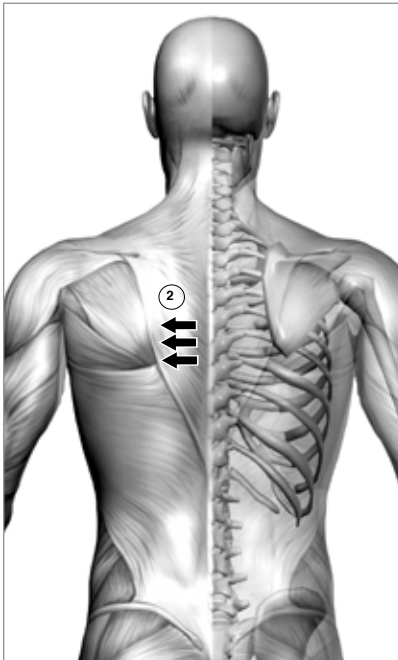
**Move 2** - As above. Stand on the clients right with the clients head turned to the right, their right knee bent and hip rotated laterally. Perform the above procedure from their right side onto the left side thoracic muscles.

Holding Point (3a) - Palpate with the left 3<sup>rd</sup> finger a point 1-to-2 fingers below the Xyphoid process and apply comfortable and steady challenge.

**Move 3** - Position the palmar aspect of the right thumb adjacent to the rib cage and pointing towards Holding Point (3a) approximately midway between it and the tip of the rib cage. Push skin slack towards the Holding Point (3a), engage challenge onto the abdomen then on exhalation move infero-laterally over the left side rectus abdominus muscle.

**Move 4** - As above except using the pad of the extended 3<sup>rd</sup> finger to push slack to Holding Point (3a), engage challenge onto the abdomen then on exhalation move infero-laterally over the right side rectus abdominus muscle.

**Move 5** - Place the pad of the right hands 3<sup>rd</sup> finger inferior (below) the Holding Point (3a) then push skin to the Holding Point (3a), engage comfortable posterior challenge onto the abdomen and then on a complete exhalation move inferiorly (below) over the rectus sheath.



# KIDNEY PROCEDURE

## Prerequisites - BRM's 1 & 2

### SUMMARY

Assess the congested side and treat the better side first.

Stand on opposite side of kidney being treated, bend knee to 90°, rotate hip laterally and have client turn their head to same side.

Palpate a point between the lower costal margin of the rib cage and the lateral margin of the erector spinae at a point slightly superior to the tip of the 11<sup>th</sup> rib.

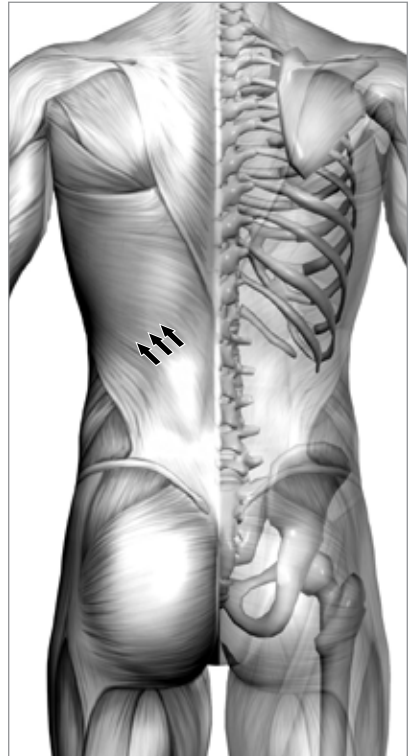
Using 3 fingers, draw skin slack towards the opposite hip, engage anterior challenge and move supero-

laterally to the same side upper arm. Repeat on the opposite side.

### PAUSE

In case of kidney congestion it is recommended to have a daily serving of 2 tbsp. of raw beetroot, sliced or grated, as a tonic to the kidney function. Taken for one week after each treatment. The beetroot does not have a strong diuretic effect and will not interfere with any prescribed medications.

Ensure the client remains hydrated after the treatment.



# SACRUM PROCEDURE

Prerequisites - None

## SUMMARY

After a treatment and the client is standing and moving again see if there is any sign of tightness, immobility or pain in their lower back and sacrum area. Have them walk briefly, or even a few minutes outside the clinic to see if walking relieves their discomfort. If not, perform the Sacrum Procedure.

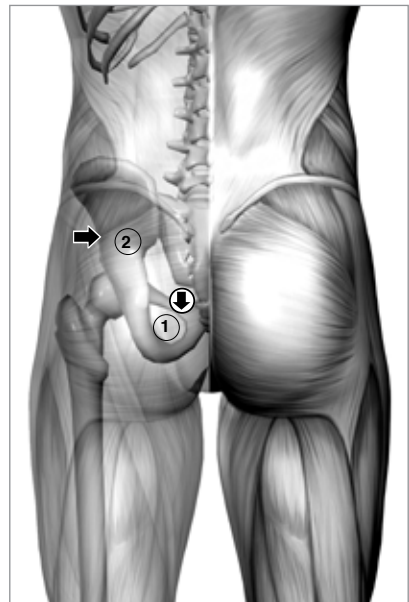
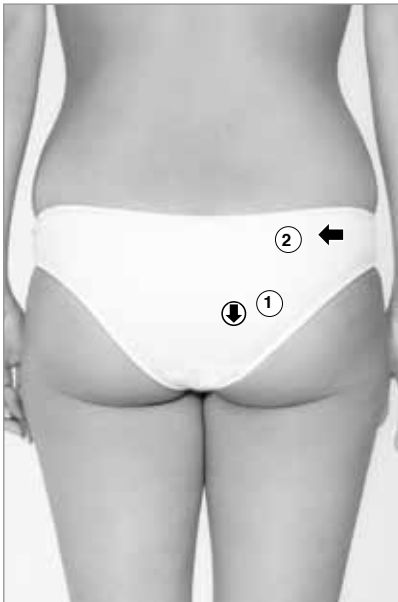
With the client standing bent forward hands supporting the position of their lower back bent forward at their waist. Their feet are shoulder width apart and their legs are straight. This position opens the sacrum so that you can feel the insertion of the tendons.

Stand at the side of the client with one hand on the ASIS to support the moves.

**Move 1** - At a point below the inferior margin of the sacrum and 1-2 fingers from the gluteal fold. Perform a strong inferior (to the feet) move over the Sacro-tuberous ligaments.

Remove thumb tip for a few seconds and then replace in the spot where move (1) was performed.

**Move 2** - Perform, one-handed a move that pushes the glute to the Holding Point, either BRM 1 (3), or BRM 1 (4) whilst maintaining the holding point at Move (1).



# PELVIC PROCEDURE

## Prerequisite - BRM 1 (MOVES 1-4)

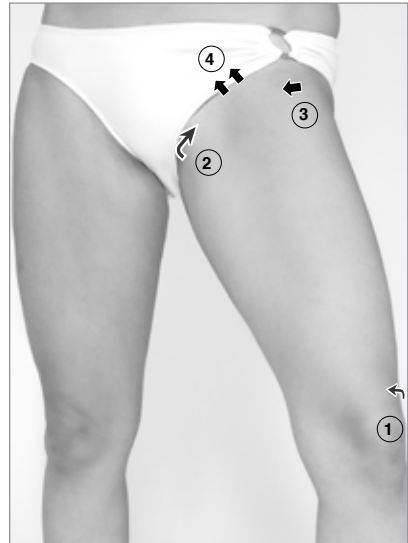
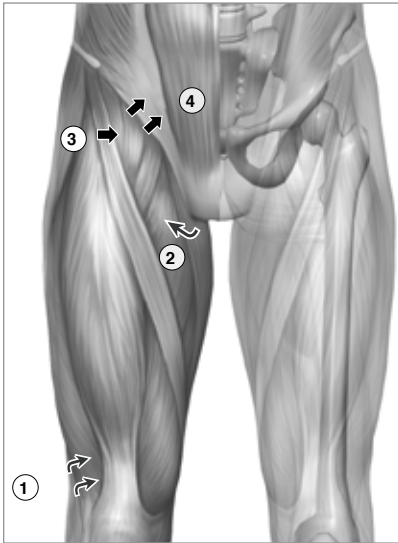
**Move 1** - 'Hit the Lat'.

**Move 2** - Challenge Adductus longus supero-laterally for 20 seconds, release softly. (To achieve the best hold of the Adductus tendon push skin onto and under it from the inguinal crease).

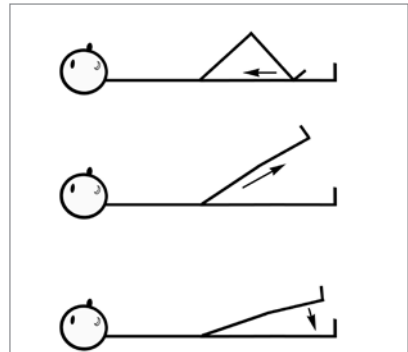
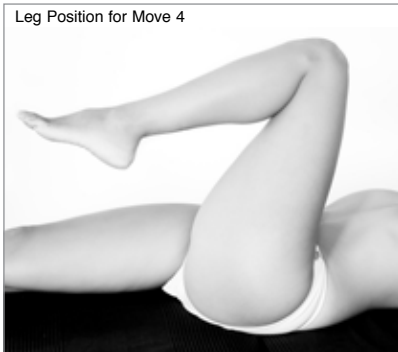
**Move 3** - Medial move over the sartorius muscle at a point 3 finger-widths inferior to the ASIS.

**Move 4** - open the limb 30°, bend the knee to 90°, position the 2<sup>nd</sup> & 3<sup>rd</sup> fingertips open and onto the mid-point of the inguinal ligament. Flex the hip towards the opposite side shoulder and softly challenge the inguinal ligament before moving superiorly over it.

Continue flexing the hip fully before straightening the leg at the knee, then return it to rest.



Leg Position for Move 4



# COCCYX PROCEDURE

## Minimum Prerequisite

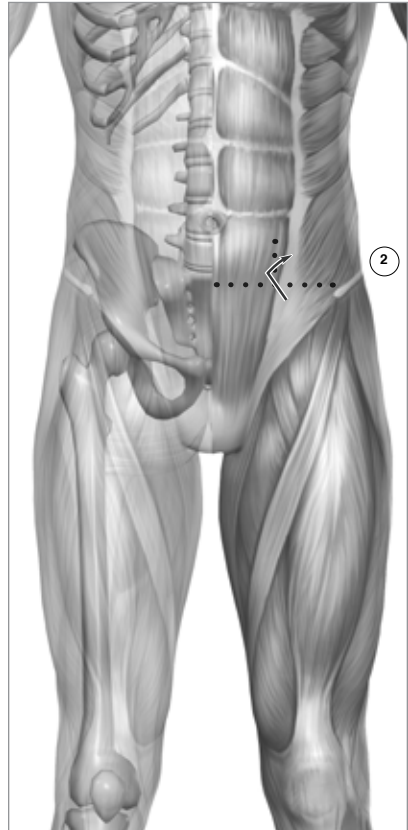
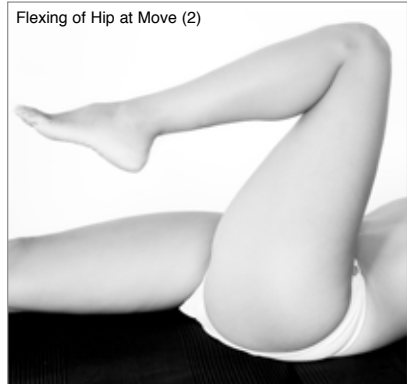
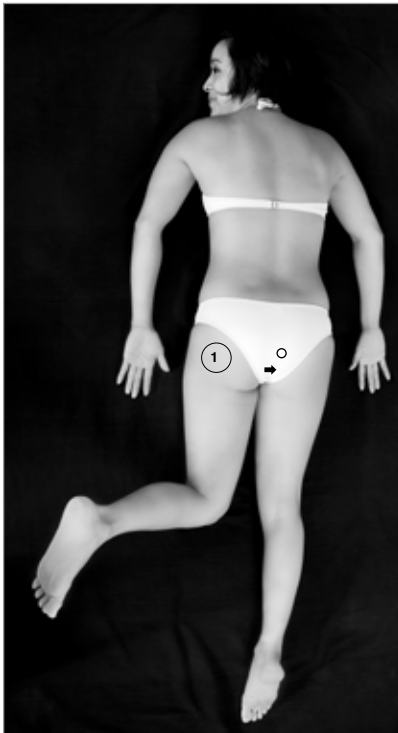
### BRM 1 (Moves 1 & 2) - Lower Back

*Contraindicated in Pregnancy*

Assess for the painful, spasmodic or symptomatic side of both the coccyx and adjacent areas of concern.

**Move 1** - Bend the painful side knee, rotate the hip laterally and turn the clients head to the same side. Perform a medial move over the mid-coccyx away from the painful side with the 2<sup>nd</sup> finger performed while holding a point in the soft hollow adjacent and inferior to the sacral notch with the same hands 3<sup>rd</sup> finger.

**Move 2** - While flexing the hip and extending the clients limb on its return to the table and on the same side treated perform an oblique supero-medial move followed by an oblique supero-lateral move over the Rectus abdominus muscle at the mid-point between the ASIS and the midline of the body.



# HAMSTRINGS PROCEDURE

## Prerequisite - BRM 1

### Move 1

Medial move made with elbow over the musculo-tendonous aspect of biceps femoris and semitendinosus. This is the same point as either 'holding points' (5a) or (7a) of BRM 1.

### Move 2

While the knee is still flexed at 90° make a medial move deep to the centre of the popliteal fossa with the thumb.

### Move 3

Rotate the foot and ankle clockwise and anti-clockwise so as to relax and gently hit (percuss) the ball of the foot. Perform Moves 1-3 on the opposite limb.

*Pause for 5 Minutes* 

### Move 4

Perform Move 1 of the Knee Procedure.

### Moves 5 - 6

The Client's knee of the side being treated is flexed to 90°. Stand or sit beside the client's hip and face their feet. Perform a medial move over the semitendinosus and a lateral move

over biceps femoris just below where they attach to the ischial tuberosity ('sit bone').

### Moves 7 - 8

Perform a medial move over the semitendinosus and a lateral move over biceps femoris mid-thigh.

### Moves 9 - 10

Perform a gentle move medially and laterally over the fibers of the short head's of semitendinosus and biceps femoris inside the popliteal fossa.

### Moves 11 - 12

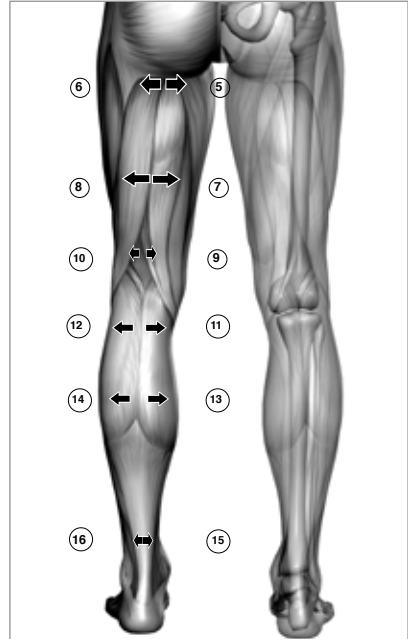
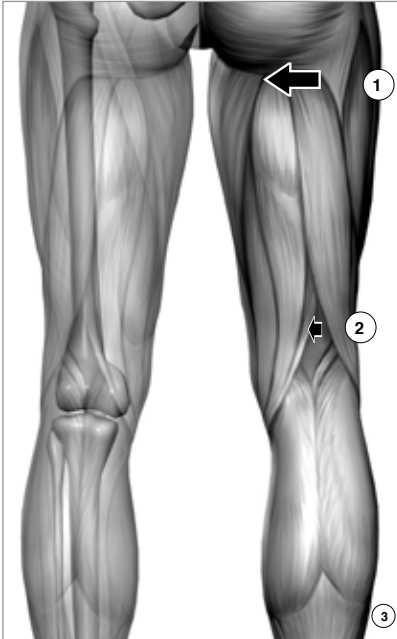
Moves (11) & (12) are the same as Moves (5) & (6) of the Knee Procedure.

### Moves 13 - 14

As above and over the distal 1/3 of the gastrocnemius.

### Moves 15 - 16

A medial and then lateral move over the mid-point of the calcaneus ('achilles') tendon. Using the middle finger.



# RECTUS FEMORIS

Consider Pelvic, Hamstrings, Sacrum & Coccyx

## Move 1

Place both thumbs, tip-to-tip, onto the Rectus femoris muscle approximately 3 finger-widths inferior to the ASIS, Rectus femoris lies lateral to the Sartorius muscle which is moved over in the Pelvic procedure Move (3).

Draw skin slack laterally to Rectus femoris, sink deeply and challenge medially. Firmly move the thumbs medially over and through the muscle body releasing the tension created by the challenge. This is a firm move on a large and tense muscle tendon and can cause some discomfort in the client. Maintain the depth of the challenge through the move to lessen discomfort.

## Holding Point (1a)


Place a thumb onto the Rectus femoris at the same point as for Move (1).

## Move 2

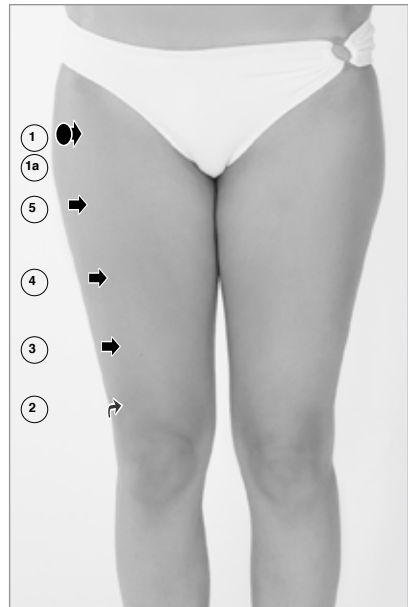
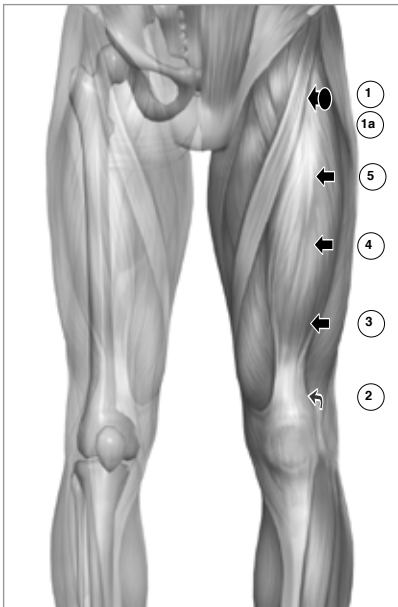
Using the other hands thumb make an antero-medial move over Vastus lateralis, 'Hit the Lat'. Maintain the pressure on the 'holding point' (1a).

## Moves (3), (4), (5)

Three medial moves over Rectus femoris the thumb while maintaining the 'holding point' (1a). The Moves (2 - 5) ascend the length of rectus femoris and are located equidistant between Moves (1) & (2).

*Pause* 

Or, LONGER if indicated



# KNEE PROCEDURE

## Prerequisites - None in an acute & BRM 1 in a session

With the client lying supine stand at the first side being worked on. Palpate the outline of the patella with the thumbs and 2<sup>nd</sup> fingers

**Move 1** - Position both thumbs over the Vastus laterallis tendon superior and adjacent to the lateral superior aspect of the patella. Draw skin slack posteriorly over the tendon, engage challenge behind it and slowly move antero-medially to release the challenge to it.

**Move 2** - With the 2<sup>nd</sup> finger move supero-medially over the medial side patella ligaments and Retinaculum.

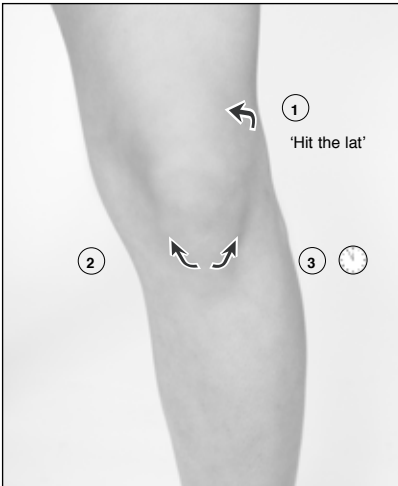
**Move 3** - With the thumb move supero-laterally over the lateral side patella ligaments and Retinaculum. Repeat 1-3 on the opposite side.

**PAUSE** 

**Move 4** - With the 2<sup>nd</sup> & 3<sup>rd</sup> fingers of both hands move anteriorly over the mid point of the Vastus medialis muscle approximately 3 fingers superior to the top of the patella.

**Move 5** - With the 3<sup>rd</sup> finger perform a medial move over the medial Gastrocnemius approximately 2 finger-widths below the patella crease.

**Move 6** - With the 3<sup>rd</sup> finger perform a lateral move over the lateral Gastrocnemius approximately 2 finger-widths below the patella crease. Repeat 4-6 on the opposite side.



**PAUSE** 

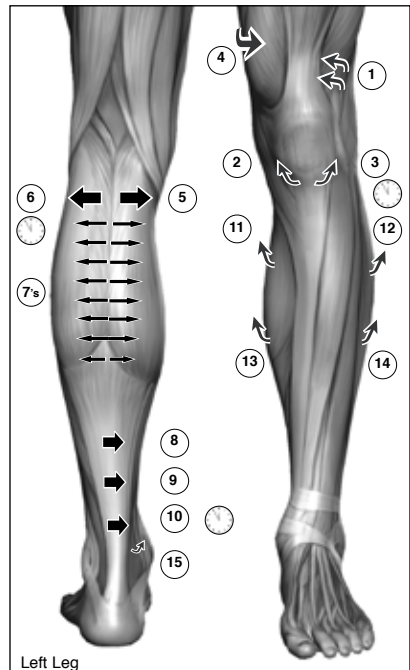
**Move 7's** - With the fingers of both hands positioned back-to-back tease open the gastroc's. Beginning 2 finger-widths below the patella crease and ending at the lower 1/3 of the Calcaneal tendon.

**Moves 8, 9 & 10** - With the 3<sup>rd</sup> finger perform 3 equidistant medial moves over the Calcaneal tendon moving inferiorly after each. Repeat 7-10 on the opposite side.

**PAUSE** 

**Moves 11, 12, 13 & 14** - Perform 2 pairs of postero-medial moves with all fingers of both hands over the lateral aspects of the Gastroc's as if to close the muscle against the opposite hand.

**Move 15** - With the tip of the 3<sup>rd</sup> finger perform an anterior move over the tendon of the Tibialis tendon at a point between the medial Malleolus and the Calcaneal tendon. 11-15 Repeat on the opposite side.





# ANKLE PROCEDURE

**Move 1** - Medial move over the Peroneal nerve, the inferior anterior retinaculum and extensor hallucis longus.

**Move 2** - Draw skin superiorly onto the lateral malleolus, engage challenge and move over the retinaculum and lateral ligaments inferiorly. Return the 2<sup>nd</sup> finger to its starting point.

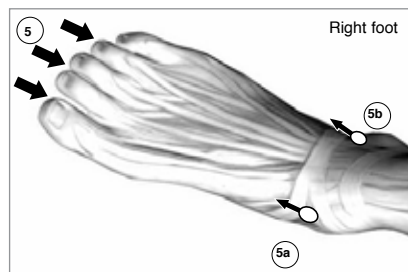
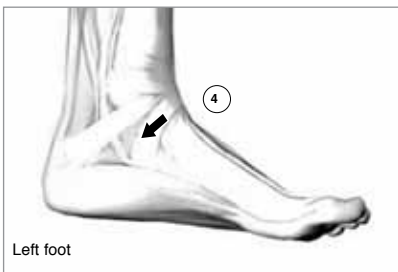
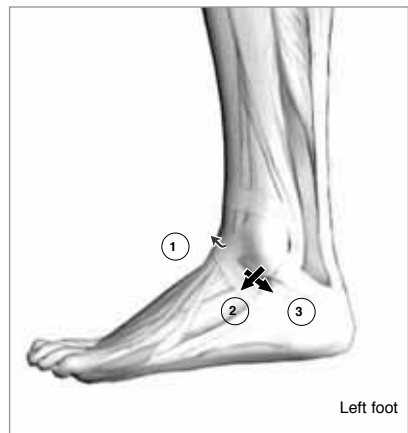
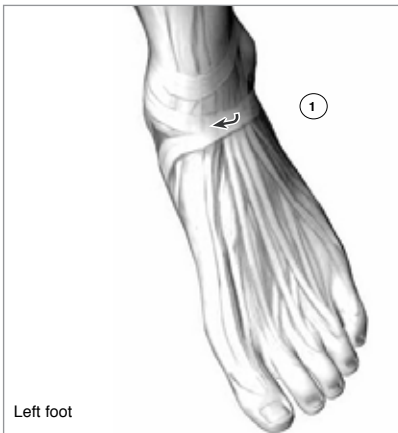
**Move 3** - Draw skin supero-medially towards the crease of the ankle with the length of the finger. Engage challenge and move over the lateral ligaments and peroneus tendons infero-posteriorly.

**Move 4** - Draw skin supero-anteriorly with the thumb, challenge and move

postero-inferiorly.

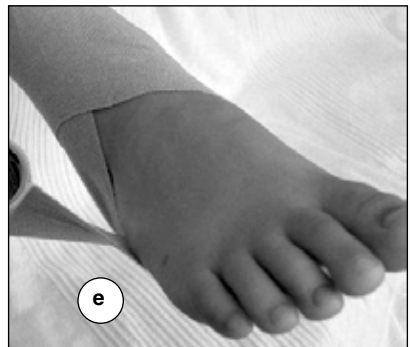
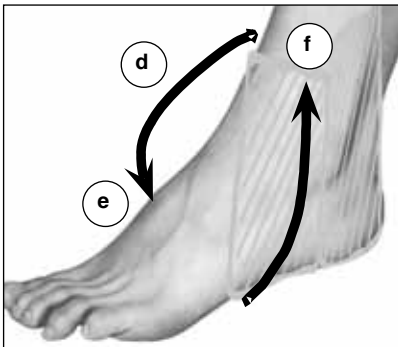
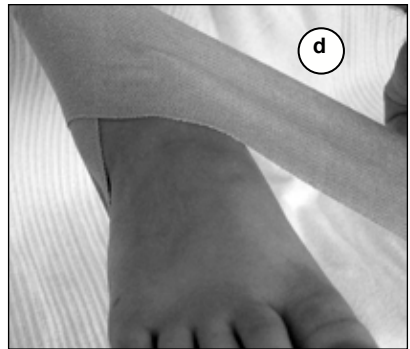
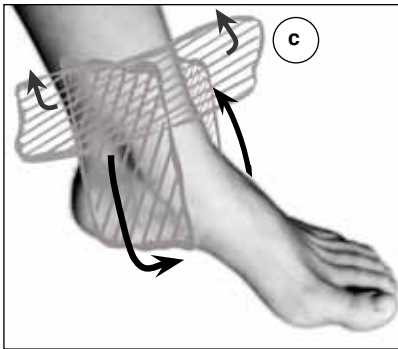
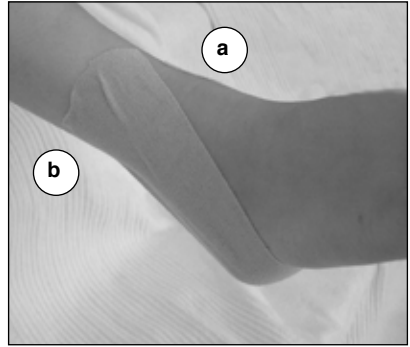
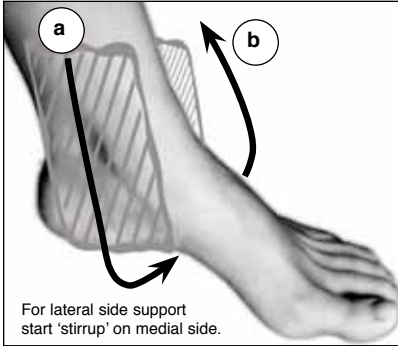
**Holding Points (5a) & (5b)** - Moves (2), (3) & (4) now become 'holding points' (5a) & (5b) for Move (5). Allow a space between the webbing of the thumb, 2<sup>nd</sup> finger and dorsal surface of the ankle by standing the superior hand's wrist, thumb and fingers up and off the surface of the foot.

**Move 5** - Gently rotate to assess for joint mobility. Position the elbows in line with the client's body. Then press the client's foot into its fullest dorsiflexion with 'holding points' (5a) & (5b) being the centre of rotation. Maintain the foot fully flexed before applying a shunt of the foot superiorly while maintaining distal challenge on 'holding points' (5a) & (5b).



# ANKLE TAPING PROCEDURE

Prerequisites - NONE



# HAMMER TOES PROCEDURE

## Consider Pelvic & Hamstrings Procedures

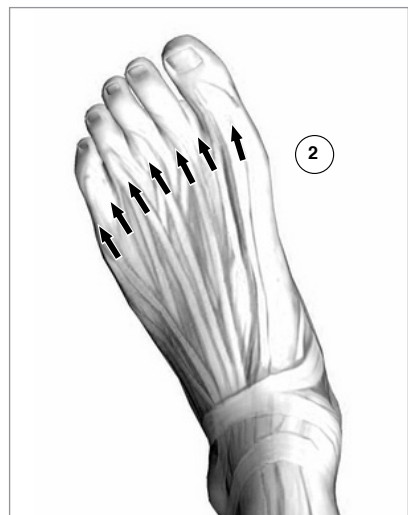
### Move 1

Place both thumbs on the sole of the foot between the 2<sup>nd</sup> & 3<sup>rd</sup> metatarsals on their mid-point. Encircle the foot with the fingers of both hands to support the move. Draw skin proximally towards the Calcaneus (heel), challenge and make a firm move distally (toes) with the palmar aspect of both thumbs over the plantar fascia, influencing the deeper flexor muscles to it.

### Moves 2

Place the 2<sup>nd</sup> to 4<sup>th</sup> fingers of both hands in line with the 1<sup>st</sup> metatarsal phalangeal joint with the nails back-to-back. Place the fingertips over the plantar aspect of the 1<sup>st</sup> metatarsal phalangeal joint. Place both thumbs over the dorsal tendons of the toes. Flex the toes towards the heel by guiding the plantar aspect of the metatarsal joints proximally to the calcaneus. The thumbs gently guide

the tendons of extensor digitorum longus distally. More emphasis is placed on the fingers drawing the pad of the ball of the foot towards the heel for this procedure. Move progressively from the 1<sup>st</sup> MTPJ to the 5<sup>th</sup> MTPJ and back to the 1<sup>st</sup> repeat if needed to soften tension in the muscles and joints.

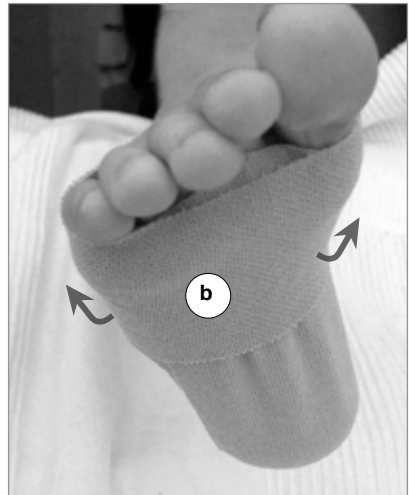
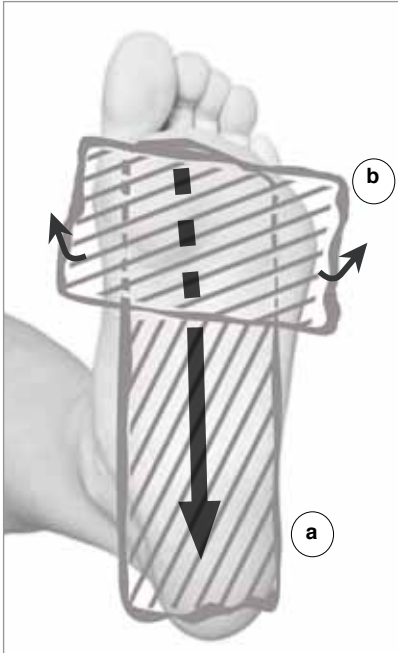
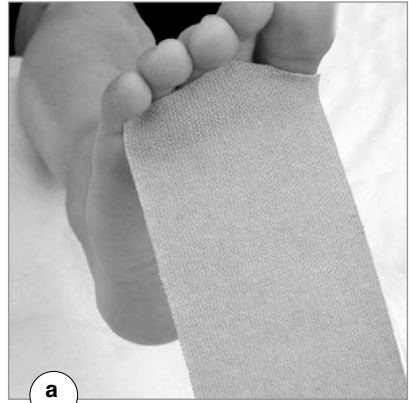


# HAMMER TOES TAPING

## Procedure

Prepare 2 lengths of tape, between 4-6" and 6-8" long. Secure one end of the tape to the plantar aspect of the foot in line with the web of the toes, cut the end to shape according to the contour of the toes (a). Ask the client to plantar flex their foot or guide it for them. Firmly traction the tape and toes towards the heel, while holding the secured end of tape at the toes, pulling the toes straight with its tension. Secure the tape by wrapping the ball of the foot with the 2<sup>nd</sup> length of tape held end-to-end and secured onto the plantar side first and then by wrapping it around to the dorsal side (b). Trim as needed.

*The tape can be removed if any discomfort is felt or left on for 3-5 days.*

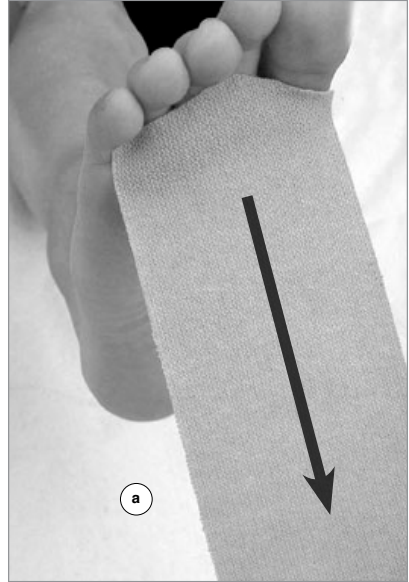
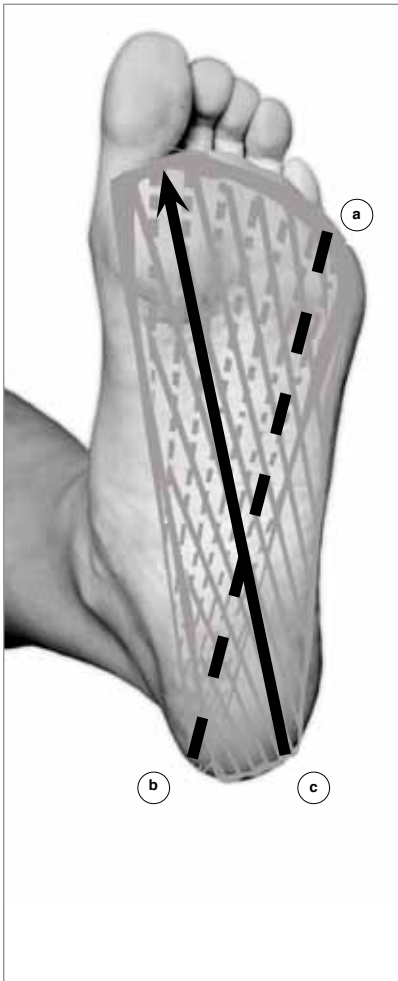


# PLANTAR FASCIITIS PROTOCOL

Minimum Prerequisite

Pelvic, Ankle, Hammer Toes and Bunions procedures.

Similar to the Hammer Toes Taping Protocol but with a longer tape that runs from the web of the toes (a) around the heel (b) and returns to the toes (c).



# BUNION PROCEDURE

## Pre-soak in Epsom Salts

**Move 1** - Move medially over the Extensor hallucis longus tendon.

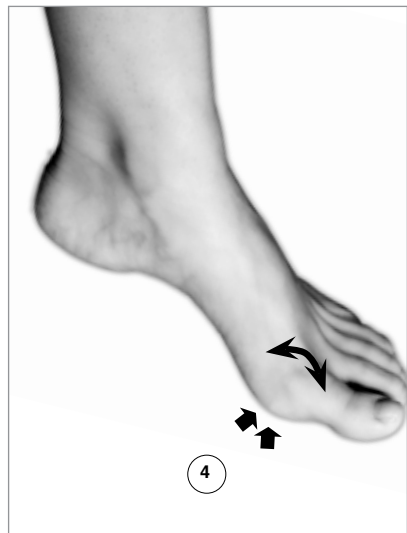
**Moves 2** - Small 'Bowen Moves' around the seam of the joint of the 1<sup>st</sup> metatarsal. Repeat once more.

**Move 3** - While maintaining traction to the 'great toe' circumduct the joint in a small figure of 8 pattern and flex the joint to loosen. Repeat.

**Move 4** - Grasp the big toe and foot with both thumb-tips below its joint. Flex the joint with the thumb-tips acting as levers to open it, be careful not to cause pain.

As the joint becomes more flexible, you can suggest the client use a toe divider to aid in the re-alignment of the toe joint. Tom Bowen recommended a 15-20 minute foot bath for as many weeks as necessary. Add 1/2 cup of Add 1/2 cup of Epsom salts dissolved in a basin of hot water, to tolerance of the client and soak till water cools. Do this a 3-4 times per week if possible.

He also recommended an application of "Iodex Ointment", an anti-inflammatory ointment, to the affected joint after soaking to aid in the healing process. If Iodex is unavailable in your area any anti-inflammatory ointment instead.



# BABY BOWEN

## FOR NEWBORNS & SMALL CHILDREN

Using the Baby Bowen Therapy should be considered only in addition to the continued care of the child's paediatrician or other primary healthcare provider. The diet and health of the nursing mother is a potential causative factor in their child's symptoms. Advise the parents of the process you are about to undertake and ensure they are present for the treatments.

Newborns have Colicky Baby syndrome or infantile colic seen in either abdominal or respiratory discomfort causing their distress. The children are usually better with pressure on their abdomens and better for being carried or rocked, often vigorously.

Bowen Therapy offers an exceptional benefit and relief for these types of symptoms. It can also be taught to the parents to be used as needed.

Baby Bowen for Neonates & Infants with Colic or Asthma Symptoms uses a modified protocol applying Basic Relaxation procedure (BRM 2) and the Respiratory procedure Moves (1 & 2).

### Step 1 - Baby Bowen

With the child securely held and positioned comfortably by a parent or therapist so as to receive Bowen Therapy moves on their upper back.

Perform a medial move on the child's left Erector spinae at the level of the inferior angle of each scapula followed by a medial move on the right Erector spinae. Immediately perform two lateral moves using the same finger on the same points with out pauses.

### Step 2 - Baby Bowen

Immediately following the therapist performs Moves (3) to (5) of the Respiratory procedure in the usual manner including 'holding point' (3a).

This protocol can be repeated as soon as needed in acute distress and when there is obvious and significant amelioration of the child's symptoms.

