

## **Continuation of Vector & Client/Patient Assisted Accenting (Move with Me)**

**Continuation of Vector:** To summarize, the AquaStretch Continuation of Vector (C/V) procedure is a significant enhancement in the execution of the “Freeze, Pressure” steps of the 4 step Basic A/S Procedure “Play, Freeze, Pressure, Move (Stretch), if you feel the need to move”. C/V basically requires three facilitator tasks: 1. Observe your client/patient’s (c/p) movement while they “play” to find remaining fascial adhesions by feeling for pain or restrictions in their motion, to determine the vector (direction) of the c/p’s movement just before freezing. 2. After the client/patient “freezes”, when they feel their pain or restriction, and after the c/p directs you (without pointing, so they don’t change their body’s frozen position) where to put pressure with your thumb, fingers, palm, etc, where they feel their pain or restriction, you then ask the c/p to move whatever part of their body they were using to “play” backwards slightly in their motion just before freezing. This almost always frees the muscle tension needed for “freezing” and allows the A/S facilitator thumb or finger, etc, to penetrate into the fascial adhesion more deeply and maintain pressure on it more firmly. And 3, then ask your client/patient to continue moving in the same direction and motion (not usually linear) as they were just before they froze, which usually then stimulates intuitive movement.

Continuation of Vector seems to work more quickly and effectively in resolving fascial adhesions because your grip and pressure are more firmly on the connective tissue and because you are having your client/patient continue to move their joint and muscles in the same vector as their body needs to encounter resistance or pain from that specific fascial adhesion. C/V works especially well when combined with Client/Patient Assisted Accenting (“Move with Me”).

**“MOVE WITH ME” (Client/Patient Assisted Accenting):** To summarize, Client/Patient Assisted Accenting is asking the c/p to “Move with Me” after the A/S facilitator has either stimulated and accented intuitive movement (unwinding) or has generated an intentional movement in an attempt to restore a more normal range of motion to joint movement which displayed restriction and/or a mal-adaptive range of motion. Client/Patient Assisted Accenting has proven so clinically efficient that it is recommended as a standard component of the A/S intuitive movement process, now consisting of four steps: 1. Stimulate Intuitive Movement by gradually increasing stretch resistance on a joint or fascial adhesion, or by gradually increasing pressure on a fascial adhesion. 2. After giving the c/p permission to “Move, if you feel the need to move”, so they don’t inhibit their desire to stretch, follow their Intuitive movement to determine the body’s natural need to dynamically stretch. 3. Accent the client/patient’s intuitive movement, based on the thinking that their body knows what to do but doesn’t have sufficient strength and/or endurance. 4. Ask the client/patient to “Move with Me”, to further accent their natural intuitive movement. Please note that in steps 1, 2, & 3, the A/S facilitator must discourage the client/patient from making intentional, voluntary movement.

Similarly, Client/Patient Assisted Accenting is also recommended as a standard component for both major A/S intentional movement procedures: 1. Diagnostic Intentional Movement, and 2. Intentional Movement of client/patients with heavily calcified fascial adhesions.

Before using the 4 step Basic A/S Procedure (Play, Freeze, Pressure, & Move/Stretch), and rather than using palpation, some A/S facilitators (such as George), use Diagnostic Intentional Movement to identify fascial adhesions by the lack of normal range of motion of any particular joint. Such intentional movement is usually originated using the basic A/S starting positions and grips such as foot grip, ankle grip, IT pump, Assume the Position, Head Hang, etc. Intentional movement of a joint suspected to have a mal-adaptive range of motion (MROM) caused by fascial adhesions is usually done after first AquaStretching the matching, least effected joint. For example, if the complaint is the right hip, you first AquaStretch the left leg to reduce compensation issues and to better understand what is the normal range of motion (ROM) of that leg and hip are for that individual client/patient (c/p). In the process of A/Sing the left leg/hip, some facilitators also use intentional movement to dynamically feel that normal ROM.

To use Diagnostic Intentional Movement, the A/S facilitator attempts to move the affected extremity (right leg/hip in this discussion) in its normal ROM to feel for the presence of fascial adhesions causing MROM. When the location of a suspected fascial adhesion is identified, the A/S facilitator usually changes their grip so that pressure and/or a V-spread is applied to that fascial adhesion, usually while continuing their intentional movement. That fascial pressure, V-spread, and/or intentional movement then stimulates their usual intuitive movement reflex, and the facilitator then follows and accents that intuitive movement. After the intuitive movement is established and accented, the facilitator would then ask the c/p to "Move with Me", to further amplify the c/p's intuitive movement. Again, the c/p is instructed not "to help" by voluntary movement until requested to "Move with Me."

Similarly, intentional movement may be used with A/S client/patients who do not demonstrate the normal intuitive movement "reflex" usually stimulated when a joint or fascial adhesion is gradually given normal amounts of increased stretch resistance pressure. After the A/S facilitator determines that the c/p does not have a normal intuitive movement "reflex", the facilitator then intentionally stretches with considerable force the gripped joint in a normal ROM, as best as possible. After the desired motion has been established, the c/p is asked to "Move with Me", to take advantage of their natural strength, which also allows the facilitator to use less strength.

"Move with Me" is especially important when your client/patient is larger or more muscular than you are and/or with people suspected to have heavily calcified fascial adhesions, as is common in c/p's who are noticeably inflexible and in many male "fitness" clients who do not have sufficient flexibility training. "Move with Me" is also very useful when combined with the A/S Continuation of Vector procedure which generally allows the facilitator to put pressure more firmly on a fascial adhesion by reducing muscle tension over that adhesion with slight retrograde movement from the

“frozen” position where constriction or pain is felt while “playing”. For example, it has been consistently beneficial while doing A/S “Shoulder Roll”.