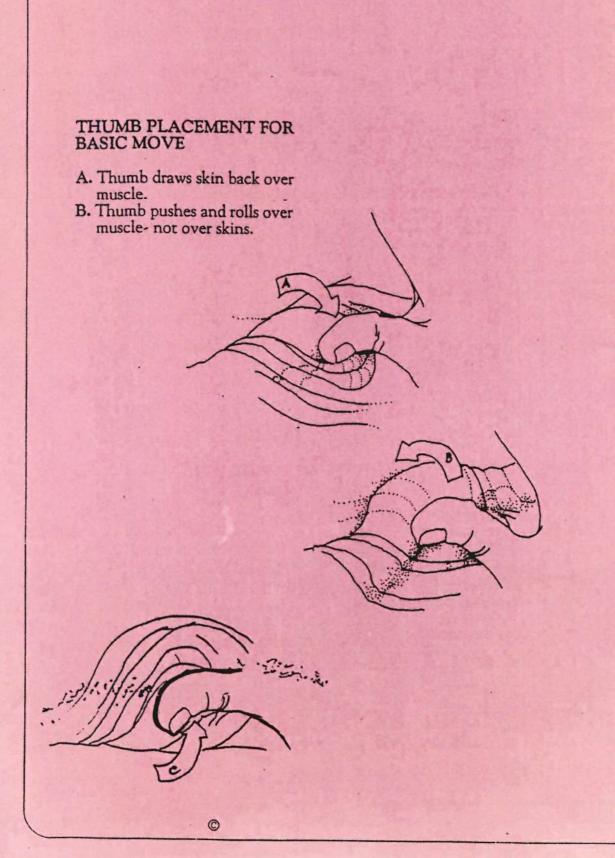
The Bowen Technique- an interpretation by Oswaid Rentscn.

This is Exhibit # 12 In **CONO vs. Taras Rodak** Date: **October 6, 2020**

TRAAS ROOMA

STRUCTURE OF A SKELETAL MUSCLE

- A TENDON
- **B** EPIHYCIUM
- C MUSCLE BELLY
- D PERIMYCIUM (FASCICLE)
- E ENDOMYCIUM (MUSCLE FIBRE)
- (F) MYOFIBRIL A BAND
- G MYOFIBRIL I BAND
- (H) MYOFIBRIL H BAND



The Bowen Technique - La interpretation by Oswald Rentsch.

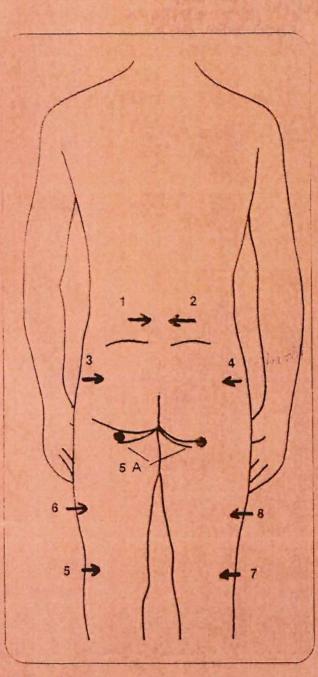


Figure 1.

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FOR DISCUSSION PURPOSES ONLY

LOWER BACK

Lav patient on bed face down, head to one side, arms beside hips.

Support underneath abdomen with pillow. if necessary.

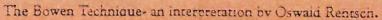
Make sure patient is comfortable.

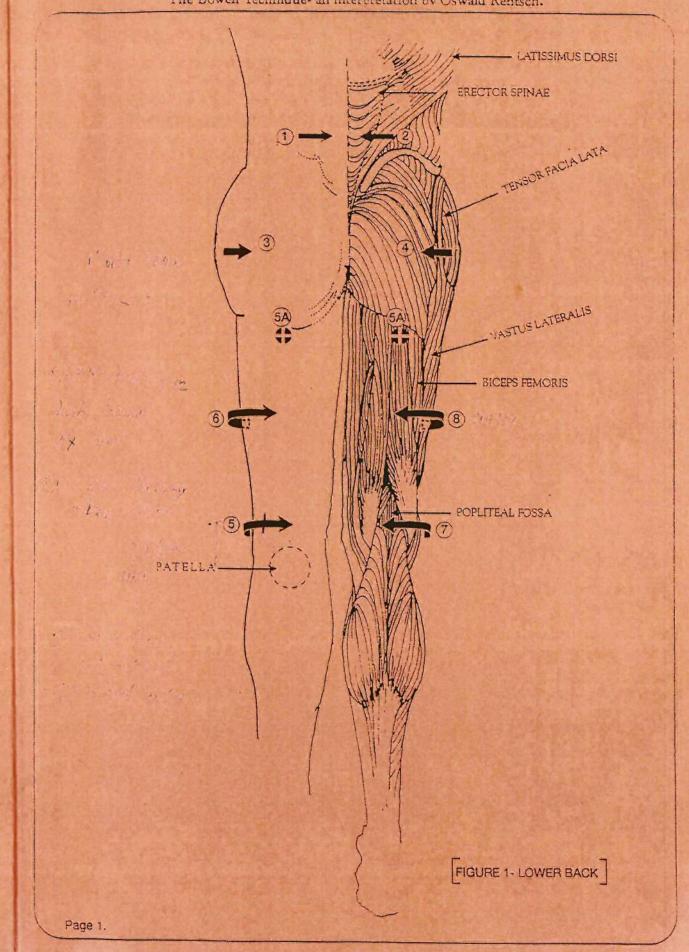
Specific basic relaxation moves, left side first at all times unless otherwise stated.

- 1. First move, just above the crest of the ilium at the lateral margin of the erector spinae level with L3. Draw the skin back laterally. Apply pressure to the lateral margin of the erector spinae hold for three seconds then. while maintaining pressure, move the erector spinae medially.
- 2. Right side medially as above.
- 3. Move the fibres of the anterior margin of the left tensor fascia lata belly posteriorly, where the gluteus medius over laps the T.F.L.
- 4. Right side medially as above. Wait two minutes.
- 5. Move the left biceps femoris tendon at the top of the popliteal fossa medially on a line just above the patella. At the same time verify this move by a reaction felt at Point 5A at the centre of the gluteal fold just below the ischial tuberosity on the origen of the long head of the biceps femoris.
- 6. Still on the left side, release left hand and move vastus lateralis posteriorly at mid-thigh.
- 7. Repeat 5 on right leg.
- 8. Repeat 6 on right leg. Wait two minutes.
- 9. Repeat Move 3.
- 10. Repeat Move +.

NOTE: Reading of 5A is important, indicating Moves 5 and 7 have been effected.

What the human mind can concerve and believe it can accomplish.





The Bowen Technique

an interpretation by Oswaid Rentsch.

FOR DISCLESSION PURPOSES ONLY

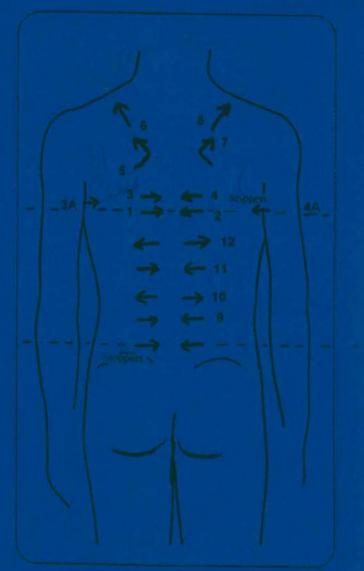
NECK AND SHOULDERS

of the body is positive, the left side is negative.

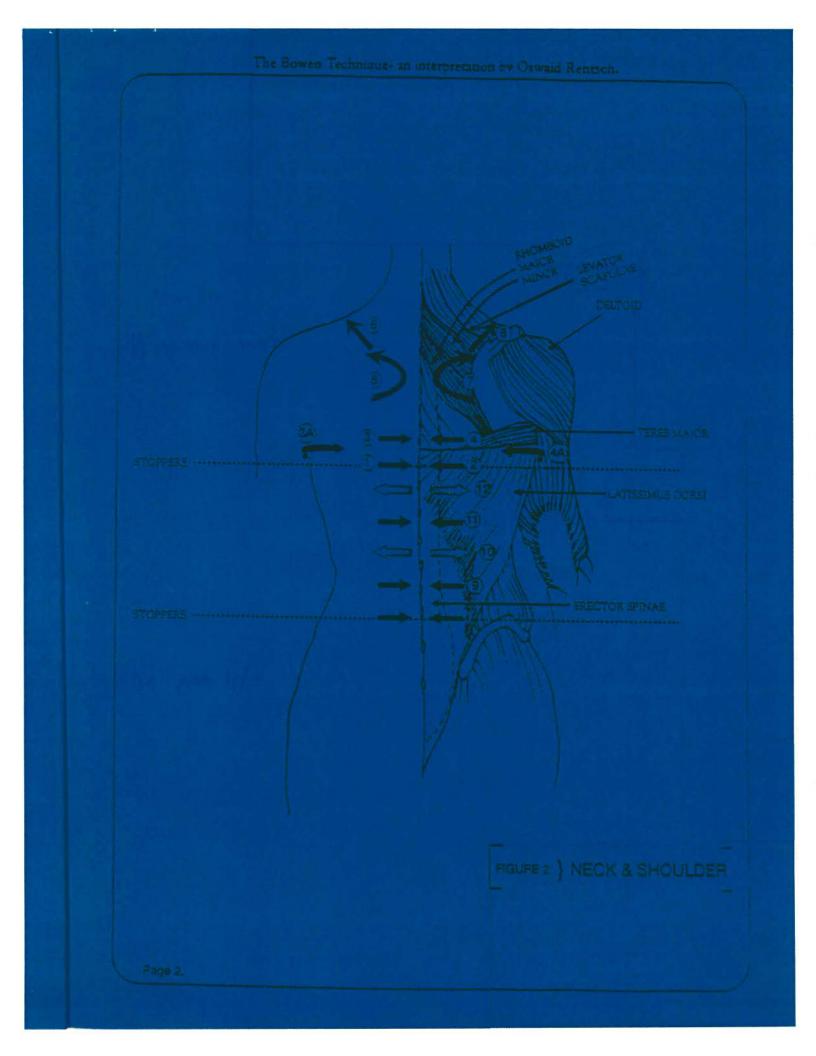
- left side tirst always. On the line just below the inferior angle of the left scapula, draw the skin slack laterally. Apply pressure to the lateral margin of the erector spinae, hold for three seconds then, while maintaining pressure move the erector spinae medially.
- 2. Right side medially as above.
- tert side same procedure as Move I but one inch higher.
- Right side medially as above. Walt two minutes.
- 5. From the margin of the left scapula move in a semicircle over the rhumboids major medially and return to the scapula margin.
- Move over the levator scapula rounding the superior medial angle of the scapula and execute a rolling motion over the medial shoulder.
- 7. Right side as in Move 5.
- Right side as in Move 6. Wait two minutes. If no response, muscles still tense. Move 3A teres major and 4A medially. Wait two minutes then repeat. 1, to 8.

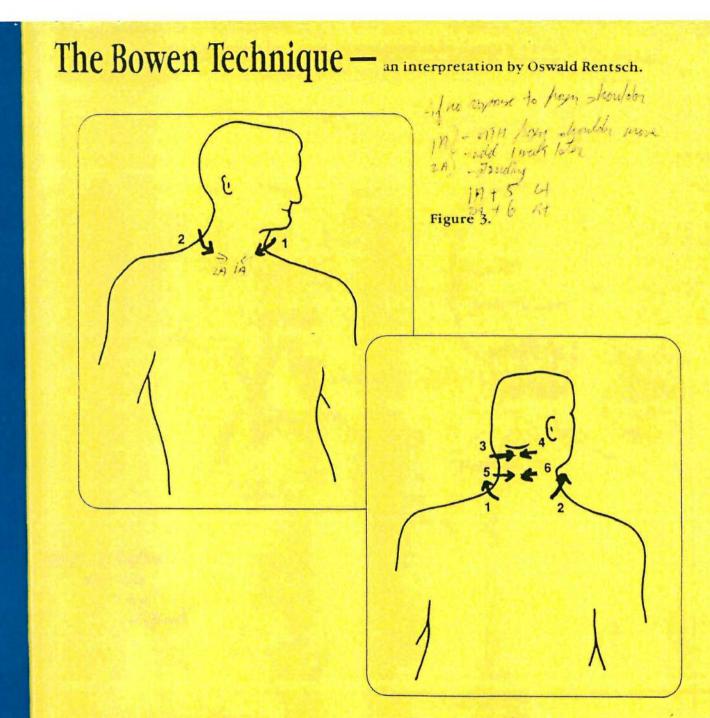
shoulders after lumbar - you must not reverse this procedure.

Page 3 follows to complete neck and shoulders procedure. Figure 2.



Propie jorget bow fast you did a job - but they remember how well you did it.





FOR DISCUSSION PURPOSES ONLY

NECK AND SHOULDERS (continued)

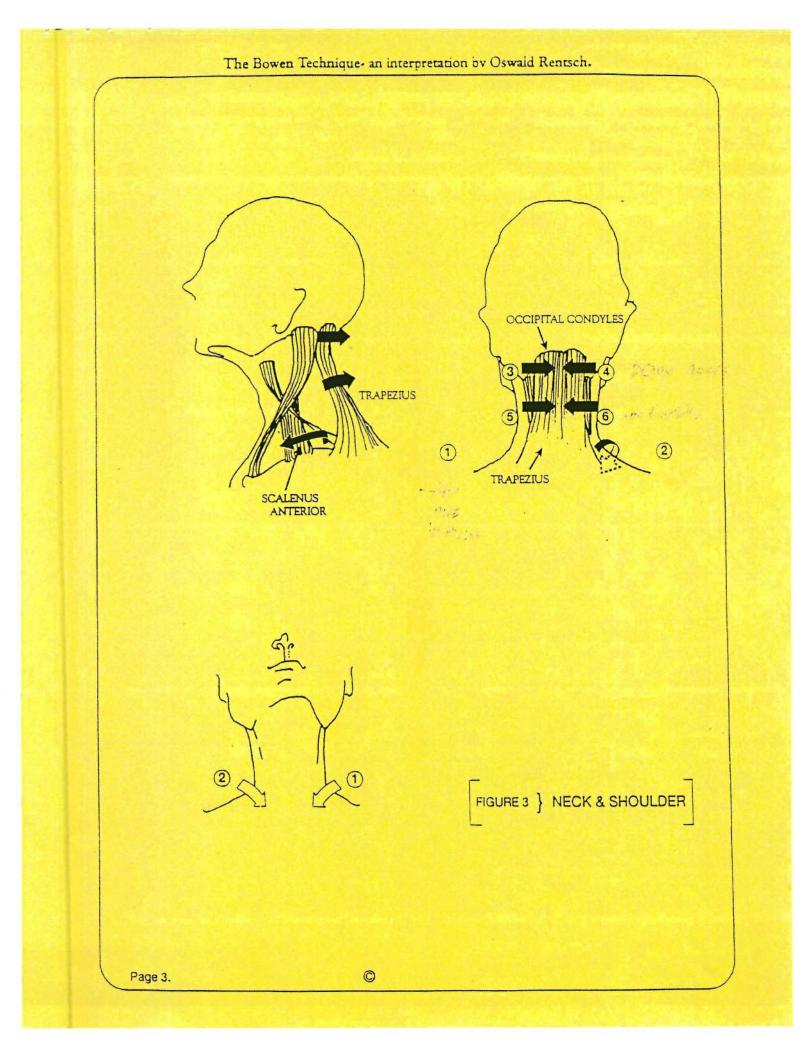
After completion of Page 2, turn patient on to back, hands by side. No pillows except for aged or special cases. Specific basic relaxation moves.

1. Position yourself at the head of the patient, left side first with left thumb, move the scalenus anterior forward around neck line.

- 2. Right side follows.
- 3. At the occipital condyles move the trapezius insertions medially.
- 4. Right side follows. Wait two minutes.
- 5. Gently move trapezius medially between C3 & 4.
- 6. Right side follows. Wait two minutes.

Repeat 1 to 6 — in severe cases, observing the two minutes wait as directed.

Take time to deliberate; but when the time for action arrives, stop thinking and go in.



Unit CAL ALCALLER, an interpretation of Oswald Resizes.

PREGNANCY (Back Problems)

subarre delle 200 00040 totadi die adaptiv in president malle patient is (ving down, if signer stable to de on abtorden, dien stand, patient 22 di Filsure 55, leaning renovaje barres 66 446800012 shoulders.

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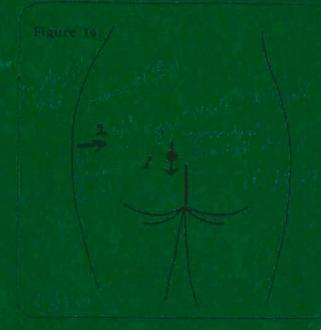
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With particul cleaning, more the fibres of the interior blatgin of the tensor fiscar site. Figure 14, of the same time bolding hinger pressure latent to the margin of the sector. Figure 14,

Repeat in seven days. If necessary

in temperatures of debt kiency is home; from right nothing in dus procedures enhelp, cruse user be drugs.





SIDE OF BREAST TENDER

If the side of the breast is tender, having chacked problem is not pathological move medially over the pectoralis major immediately above nipple figure 15 then Move 2 is to move laterally off the pectoralis major immediately below nipple, on to a projection of the semanti anterfor. That's all

relation because the states of the states.



Consider and an interface of an interface over backs, we can interface to it must back contents from some last in straid densities and a lower time time from the total strain.

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