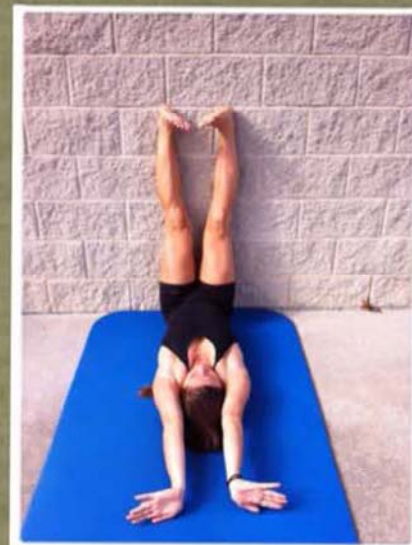




Introduction to ELDOA & Myofascial Stretching
Presented by
Legacy Sport & Wellness Center

Introduction to ELDOA & Myofascial Stretching

1 Day Workshop

March 16, 2017
Hosted by FMS

Instructor: Scott Herrera

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Medical Disclaimer

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Professional Assistance

Do not rely on the information in this manual as an alternative to medical advice from your doctor or other professional healthcare provider.

If you have specific questions about any medical matter, please consult your physician or other professional healthcare provider.

Scott Herrera, ELDOA Program Director



Scott Herrera is co-owner of Legacy Sport & Wellness Center, founder of the ELDOA School of Training in Dallas, and Director for the new ELDOA Certification Program. He began his career, training athletes, at Southern Methodist University where he played football under Forrest Gregg.

After graduating from SMU, Scott spent more than 20 years traveling throughout North America to study from the highest regarded experts in the fields of strength and conditioning, corrective exercise, and osteopathy.

Scott was introduced to Guy VOYER, DO and his course work in New York in 2003. He and one other practitioner studied intensively with VOYER in the U.S. and at Sutherland Academy in Canada for fourteen years.

During this time of intensive study and travel, Scott developed his innovative approach to sports performance training, performance rehabilitation, and exercise instruction. In 2008, he and his business partner opened Legacy Sport & Wellness Center in Dallas, the first permanent facility to implement his approach and the Legacy business model. The Legacy model has two divisions: the Sport & Wellness Program and the School.

In 2013, Legacy, LLC and Scott hosted the largest ELDOA Conference in North America, with 100 practitioners from around the world in attendance. Shortly thereafter, the ELDOA became a stand-alone Certification Program and Guy VOYER, DO appointed Legacy as Program Administrator. Scott writes the course manuals and is an instructor for Certification Levels 1-2-3.

Scott teaches workshops based upon his innovative approach and on many topics pertaining to sport performance and wellness. He regularly consults with university athletic programs, professional sports organizations, and players. When Scott isn't traveling to instruct or give lectures, he meets with clients and teaches at the Legacy Sport & Wellness Center.

Scott lives in Dallas, Texas.

Legacy Sport & Wellness Center



ELDOA Wellness Workout

In 2008, Legacy Sport & Wellness Center opened in Dallas, Texas with an innovative approach dedicated to teaching sports performance and wellness. Recognizing the need for a different way and better results, Scott Herrera spent more than twenty years traveling throughout North America to study from the highest regarded experts in their respective fields – strength and conditioning, corrective exercise, and osteopathy.

For our innovative approach, it was necessary to construct a new business model, using a system with better exercises and more specific exercise instruction performed in an environment conducive to change.

At the core of Legacy's approach are three key components:

- Each Person is an Individual – *there are no protocols*
- Client Education is the Foundation for Permanent Change
- Structure and Function are Inter-related

Athletes and clients who visit Legacy Center receive a customized home program specific to their needs. Private and semi-private sessions, and weekly group exercise classes support people on their path to permanent change.

Examples of group classes include: ELDOA for General Wellness, Abdominal Training, Basic Conditioning, Myofascial Stretching for Athletes, Myofascial Stretching for Wellness, and ELDOA for Back Pain. In addition to Legacy's exercise system and group exercise program, the Center offers traditional weight-lifting (global training) and cardiovascular training.

Legacy's Sport Program

The goals of an athlete training for sport or competition are not the same as exercising to be well. Legacy's sport training program is for athletes and very active individuals who strive to perform at the highest level. With every sport, there are injuries and in competitive athletics there is no time to lose. As a conditioning specialist with advanced training in corrective exercise and performance rehabilitation, Scott Herrera has worked with the most difficult of orthopedic cases. For these cases, he uses Legacy's innovative approach in conjunction with the medical team to maximize time and get results. Athletes who consult with the Center receive comprehensive programs custom-designed to address their goals using many of our sport specific exercises.

In addition to one-on-one training, Legacy is host to workshops and sport-specific camps using our innovative approach. Professional camps include Pre- and Post-Season Training for Hockey, Baseball, Football, Soccer, and Golf.

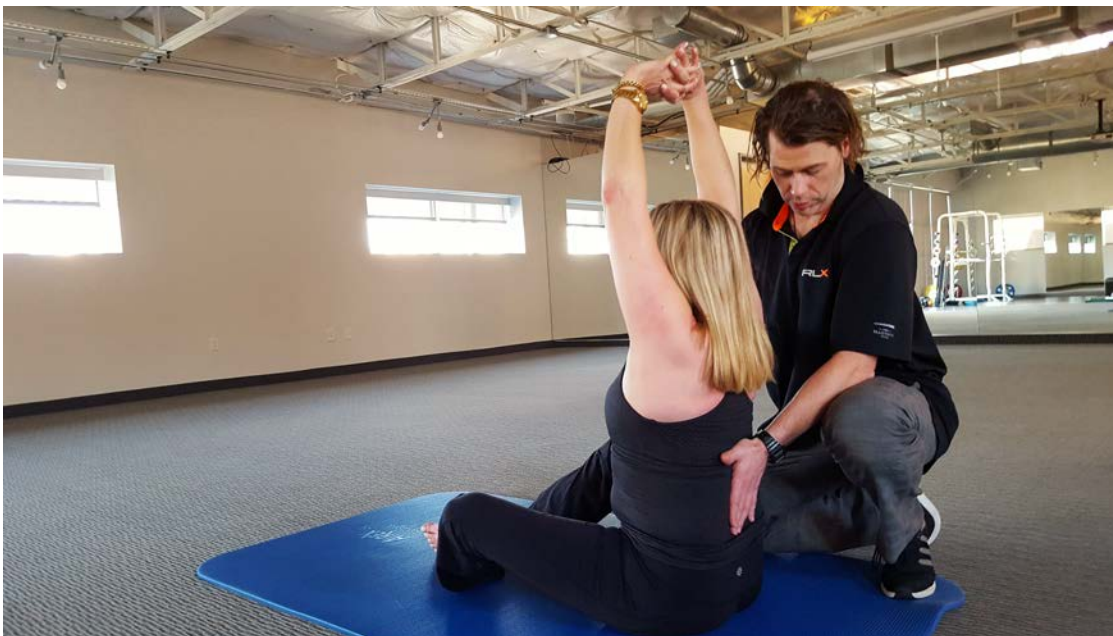


Legacy's Wellness Program

The primary objective of Legacy's wellness program is to teach clients how to be well. Each client is viewed as an individual with specific needs and goals and Legacy believes education is the key to change. Clean water, quality food, sleep, and stress management are all foundational principles in Legacy's wellness program.

At the Center, clients receive personalized home programs designed to meet their needs. Clients schedule private sessions to work on their home programs in combination with participation in semi-private and group exercise classes. Examples of wellness classes include ELDOA and Myofascial Stretching for Wellness, Segmental and Global Muscle Training, and Proprioception (Balance and Reflex Training).

Other services include Clinical Aromatherapy, Lifestyle Coaching, and Massage Therapy.



The Legacy Institute

Education is the foundation for permanent change. As part of Legacy's business model, we opened a teaching facility that offers regularly scheduled workshops and lectures for health practitioners, exercise professionals, and clients. Courses are organized into short, intensive modules offered throughout the year.

One division of the Institute is the ELDOA School of Training. It opened after the 2013 North American ELDOA Conference, when Scott Herrera recognized the need for a centrally located school where practitioners could learn the skills, practice the techniques, and refine their craft as he had done. Guy VOYER, DO appointed Legacy as the ELDOA

Program Administrator and Scott as the Director of the ELDOA Program. The Center regularly hosts ELDOA Certification Courses for Levels 1-2-3-4 and Practical Application Workshops specific to the ELDOA training.

The Professional Development Series (PDS) is a second division which offers original course work developed by Scott Herrera organized into intensive modules and practical workshops. The course work is designed to stimulate problem solving, provide supervised practice time, and give practitioners more in-depth exposure to the material so they can master their skill set.

Clients who consult with Legacy attend lectures and complete seminars specific to being well and learning how their body functions.



ELDOA Certification Course at Legacy Sport & Wellness Institute

SECTION ONE

The ELDOA

ELDOA PRINCIPLE

“You Are Your Own Best Therapist.” – Guy VOYER, DO

The ELDOA Certification Program – Six Levels



In 2013, Legacy LLC hosted the largest ELDOA Conference in North America, with over 100 practitioners from around the world in attendance. Shortly thereafter, the ELDOA became a stand-alone Certification Program and Legacy Sport & Wellness Center was appointed as the Program Administrator by Guy VOYER, DO with Scott Herrera as Program Director.

The ELDOA Program is now a six-level certification program. Previously, practitioners who wanted to study the ELDOA exercises created by Guy VOYER, DO enrolled in either his SomaTraining or Osteopathy Programs. The new format begins with ELDOA Level 1, a two-day certification course designed to teach the most frequently used ELDOA postures of the spine. Other topics of discussion include the comprehensive methodology and the History of the ELDOA According to Guy VOYER, DO, the Paradox of the Spine, the Functional Unit of Junghans, and ELDOA – Address the Cause vs Treat the Symptoms.

ELDOA 1 is the BASE for all the levels in the new certification program. Student practitioners with no formal training in anatomy and spine biomechanics can enroll in the three-year certification program and learn the techniques that have helped thousands of people.

Upon completion of Level 1, the program becomes more comprehensive with respect to the biomechanics, descriptive anatomy, and the number of the ELDOA techniques. In **ELDOA Level 2**, practitioners learn the ELDOA of the spine. - L5-S1 to C2-C3 – and the

classic biomechanics of the spine. **ELDOA Level 3** is the ribcage, shoulder complex, and hips and their respective biomechanics.

ELDOA Level 4 is the pelvis and sacro-iliac joints. Practitioners learn the 22 axes of the pelvis and the ELDOA for the sacro-iliac joints. During level 4, student practitioners are tested on the history of the ELDOA and their competency with the ELDOA postures. Once practitioners pass their examination, they can proceed to ELDOA Level 5.

ELDOA Level 5 is the upper cervical spine, TMJ, and spine pathologies. This course builds on Level 4 content and is taught exclusively by Dr. VOYER. Upon completion of an examination, practitioners can proceed to ELDOA Level 6. The program concludes with **ELDOA Level 6**, the cranial ELDOA. The previous five levels are reviewed, modifications to the classic ELDOA techniques are taught, and case histories are discussed. There is a final examination and graduation from the Certification Program.

The 6-level Certification Program gives practitioners time to master the anatomy and biomechanics, while providing ample opportunity between the levels for practical application techniques. In this way, a student can enter the program as a beginner and progress to a master level ELDOA Practitioner.



*An ELDOA class taught at Legacy Sport & Wellness Center
Dallas, Texas*

Part One: Guy VOYER, DO

Guy VOYER, DO

Guy VOYER, DO is a “classically-trained” European Osteopath who remains true to his manual medicine training. He holds a Doctorate in Osteopathy with an extensive background in the field of sport, manual therapy and medicine, which includes studies and degrees in physical education, physiotherapy, sports medicine, traumatology, biomechanics, and various forms of body work including massage therapy. In addition, he has a PhD. in educational science. He has initiated and collaborated on numerous research projects, including the studies on intervertebral disc compression and herniation.

Born in Paris, Dr. VOYER has traveled the world since he was six months old. Throughout his childhood his family moved every two years due to the demands of his father’s profession, but these frequent moves did not have a negative impact on him. Instead, it helped him develop his ability to adapt to new environments and make friends. Before his studies in health sciences, he was a competitive athlete in many sports, achieving a high level in Judo.

As a young student, Dr. VOYER was enrolled in a special school where half of the day was devoted toward training and the use of many different exercise modalities, preceded by a half day of academic studies. This helped him understand ‘the role’ that exercise plays in the development of the brain, the nervous system, and connective tissues - *fasciae*. It was one of the principle reasons that he, as a medical practitioner, began to prescribe exercise after his osteopathic treatment sessions, a practice he continues to teach all his students to use with their patients and clients.

Dr. VOYER began his career as a physical education teacher. During ten years of effort, the results achieved exceeded expectations; however, there were still problems to overcome, interactions to be studied, and fine-tuning to be developed.

Dr. VOYER then studied the body as “kinesitherapeute”, not only through movement, but also through touch and work that was theoretically considered to be passive. This stage of study confirmed that *micro movement* generates *macro movement* in articular (joint) mobility. Simply massaging the muscles was of negligible value as long as the aponeurotic (fascia) structure remained hypertonic. Further study in medicine and sports biology, specializing in physical medicine, traumatology, and physiopathology of the loco-motor system, led him to the realization of the limitations of analytical and therapeutic theory.

While an intern in the Center for Reeducation and Functional Readaptation, Dr. VOYER refused to entertain the concept of prevention and remained obsessed with finding the “*magic bullet*” to cure a patient’s symptoms. At this time in Europe, back pain was epidemic, causing strain on the economy. In search of a cure, Dr. VOYER traveled throughout Europe, attending numerous seminars on various approaches to treating back pain.

At the same time, he began to study the biomechanics of the human body, but in *a new way* – the way of tensegrity biomechanics. It was from his practice of many varied methods that Dr. VOYER was able to select the very best of all the techniques he studied and organize it into a system that he calls **the ELDOA**. This French acronym translates into English as **LOADS**: Longitudinal Osteo-articular Decoaptation Stretching.

From a very early age, Guy VOYER, DO was fascinated with the fasciae of the human body, its very precise anatomy, and its links to other structures. It wasn't until later that he was able to focus his research on the fasciae, understanding the various roles of the fasciae and how to best treat it. To better understand this, he has done extensive research in dissection and was one of the first to map the fascial chains of the body and the role they play in movement and human biomechanics.

As a result of this work, Guy VOYER, DO organized his own system of therapy (SomaTherapy) with many techniques that he created himself. To compliment his therapeutic system, he designed an exercise-training program (SomaTraining) that respects the organization of the fascial chains and human biomechanics. Today, he is one of the few osteopaths in the world to master the treatment of fasciae and how to prescribe exercise to reinforce these treatments.

“The whole is more than the sum of its part: one part cannot be properly understood in isolation. Study and research, philosophy, psychology, and sociology led me to the discovery of complexity models. Systems theory, as presented by E. Morin, De Rosnay, Watzlawick, Varella and others, confirmed my conviction that the body works as a whole, that only reasoning in synthesis can answer the questions of humanity, that only technology in a network will explain the links that emerge from a holistic base.

In the field of complexity, my research leans on the systems paradigm, the emergence and the constructivism.” – Guy VOYER, DO

After decades of study and clinical practice as both an exercise practitioner and therapist, DR. VOYER organized his unique educational paradigm and teaching method – *“learn by doing”*. This paradigm includes the principles of complexity and systems theory, tensegrity biomechanics and functional anatomy. This method is used in all of his courses. His goal now is to teach and pass along his knowledge through the students who have followed his life's work.



Guy VOYER, DO lecturing at Legacy Sport & Wellness Center in Dallas, Texas

Guy VOYER, DO

Medical Specializations:

- C.E.S. in Biology and Sports Medicine at the Marseille Faculty of Medicine (1981).
- University Diploma in Sports Trauma, Marseille Faculty of Medicine (1983)
- Intra-University Diploma in Manual and Orthopedic Medicine, Marseille Faculty of Medicine (1989).
- Diploma from the University of Marseille Faculty of Medicine in Locomotor Pathology related to sports (1990).
- University level diploma in Judicial Compensation and Award for Bodily Injury (1991).
- University level Diploma in Physio-Pathology as applied to Physical Exercise (1992).
- Capacity in Hydrology and Medical Climatology, Marseille Faculty of Medicine (1993).
- Medical Intern at the Valmante Functional Reeducation Centre (Marseille - 1982 to 1986).
- Responsible for treatment at the Regional Sports Medicine Centre (PACA) (1982 to 1984).
- Lecturer at the Marseille Faculty of Medicine (Medical Hydrology and Climatology) (1993 to 1996).

Clinical Osteopathy:

- Osteopathic Office at the Résidence des Borromées, Marseille (1976 to 1988).
- Osteopathic Office at the Centre Deltaccord SA, Marseille (1986 to 1997).
- Osteopathic Office and the INTUMotion Clinic, Kingston, Ontario (since 1997).
- Osteopathic Office at the Clinique Physio 2000 in Montreal, Québec (since 2000).
- Osteopathic Office at the Total Balance Centre, Oakville, Ontario (since 2001).
- Osteopathic Office on rue Cambon, Paris (since 2001).
- Osteopathic Office at the HeartLake Orthopedic and Sports Medicine Clinic, Brampton, Ontario (since 2003).
- Periodic consultations in various parts of the world (USA, Canada, West Indies, Jamaica, Belgium, Italy, Morocco, Malaysia, Singapore, Poland, etc.) and during conferences for over twenty years
- Member of several Osteopathic Associations (The Osteopathic Register of Canada, The Osteopathic Association of Quebec, Registre National des Osthéopathes de France, The Federal European Register of Osteopaths)

Osteopathic Training:

- Osteopath DO, Ministerial Training College, Sheffield (1974).
- Diploma from the Academy of Applied Sciences for work in Osteopathy and physical medicine (1980).
- Former MTA student (Robert Bénichou) (1978 to 1980).
- Former student of The European School of Osteopathy, Maidstone (G.B.) (1978 to 1982).

- DO (Distinction) of the Chartered Society of Homeopathic and Natural Therapies (1982).
- Inter-University Diploma in Manual and Orthopedic Medicine from the University of Marseilles Faculty of Medicine (1989).
- Osteopath DO from the Collège D'Etudes Ostéopathiques, Montreal (1999).
- Osteopath DO from the Académie Sutherland, Montreal (2001).

Teaching and Research:

- Director, Collège d'Etudes Supérieures en Somatothérapie et Thérapeutiques Manuelles, Montreal and Quebec City (since 1997).
- Teacher, CEO Montreal; CCO in Toronto; and DOK in Munich (1994 to 2000).
- Student Teaching Director at the Toronto, Vancouver, Montréal and Marseille Sutherland Academies (since 2000).
- Student Teaching Director at the Sutherland Institute, Toronto (2002 to 2003).
- Director of Study and Research of the Fascia at the ESHF (European School in Health and Fitness) N° 93-130-676-613 (1984 to 2002).
- Teacher of Fascial Dissection at the Anatomy Department, Queen's University, Kingston, Ontario (sponsored by INTUMotion) (2003-2004).

Exercise Science & Physical Training:

- Professor of CP and fitness DE (1974).
- Masters in Diet and Nutrition (1975).
- Masso-kinesitherapist DE (1976).
- Registered as DEA of Physical Education at UFR-STAPS, Poitiers.
- Doctor of Physical Education (London College of Applied Sciences) (1981).
- Director of the Borromées Physical Reeduction Center (1977 to 1983).
- In charge of Functional Reeduction and Physical Rehabilitation at the Chenaie Diet Clinic (1981 to 1984).
- Owner-Manager and Service Provider of the Montgrand Omnisport Club (1978 to 1986)
- President of the French Physical Training Federation (since 1984).
- Student Teaching Director of PARAMED (N° 93-130-531-813) (1987 to 2001)

Guy VOYER, DO and His Educational Paradigm

Guy VOYER, DO began his career teaching exercise. The quality of the training at the time was good, but the problem that he found in working with clients was the exercises were not very precise.

“If there are more than 600 muscles in the body, I wanted to know how to do an exercise for each of them.” – Guy VOYER, DO

He wanted to know how to do an exercise for the beginning of each muscle, the superficial, middle, and deeper part of the muscle, and he wanted to know how to do myofascial stretching for all of the muscles in the body. He wanted to know how to improve the awareness for all the joints, how to do a proprioceptive exercise for a specific ligament in a joint complex, and how to do exercise for the viscera.

With all of this in mind, he organized many different types of courses including the ELDOA, Myofascial Stretching, General Postural Stretching, Reinforcement of the Musculature of the Upper, Lower Limbs and Trunk, the Squat, Circulatory-Lymphatic Training, Sauna, Awareness and Specific Joint Proprioception, but this was not until many years later in his career. First, he sought more education.

It wasn't until Guy VOYER, DO completed his studies in biomechanics, dissection, medical and osteopathic training – in combination with many years of clinical practice in these respective fields – that he was able to organize his programs: SomaTraining, SomaTherapy, Osteopathy, Manual Etiology, Pelviology and Viscerology.

“When I organized my educational program I had two goals in mind - I wanted to design a program that increased the quality of the anatomy and biomechanics of the students, and simultaneously increased the number of quality techniques for them to use with their clients-patients.” – Guy VOYER, DO

Why did he want to mix both of them at the same time?

In his teaching philosophy, Dr. VOYER does not believe in giving one “recipe” after another, never understanding why something works for one person and not for another. He teaches his students to solve problems using the anatomy, and biomechanics in combination with the techniques. In teaching this way, in time, students know exactly what to do with a person, because no two people are the same. Each person needs something different.

*“One quality all of my students have is that they can think for themselves”
– Guy VOYER, DO*

Teaching Method – “Learn by Doing”

Based upon years of study and clinical practice, Guy VOYER, DO organized his unique educational paradigm and teaching method. This paradigm includes the philosophy “*learn by doing*”, and the principles of complexity and systems theories, tensegrity biomechanics and functional anatomy. This method or style of teaching is used to some degree in all of his courses.

Dr. VOYER’s Goal: Teach and Share His Knowledge

After four decades of clinical practice as an exercise practitioner, therapist, and Osteopath, Dr. VOYER’s goal now is to teach and pass along his knowledge through the dedicated students who follow his work.



“Only with good awareness is it possible to ask the body to correct itself.”
– Guy VOYER, DO

Part Two: History of the ELDOA

Back Pain



Back pain is one of the most common ailments in the United States, second only to headaches. Back pain sends more people to the doctor's office than any other complaint. There are very few people who haven't experienced back pain in their lifetime, or don't know of someone who suffers from it to varying degrees.

According to the National Institutes for Health, Americans spend \$50 billion every year on lower back pain, the most common type of back pain. Time Magazine wrote in their March 7, 2011 cover story, Understanding Pain, that lower back pain accounts for ninety-three million workdays lost every year. It is one of the leading causes of missed work days (second to the common cold) and it causes more lost days of productivity in the workplace than any other medical condition. Yet

for such a common problem, the treatment and management of back pain can be very costly and ineffective.

Having personally suffered from back pain – fractures of the thoracic and lumbar vertebrae, a cervical sprain, multiple herniated discs, paralyzing sciatica and painful cruralgia (femoral nerve pain) – Guy VOYER, DO asked the question that so many do:

“What can be done for painful back pain after the therapeutic model has exhausted the drug arsenal of pain medications, anti-inflammatories, and physical therapy, to no avail?”

His answer was immediate. **EXERCISE!**

But what type of exercise? How much and when, at what intensity, and how many repetitions per set?

Obsessed with identifying the cause of back pain and treating it accordingly, Guy VOYER, DO spent more than three decades in study and clinical practice. This is the story of the ELDOA, a method of exercise and teaching movement to normalize tensions throughout the body and spine using the myofascial chains.

What is ELDOA?

Definition: The ELDOA are postural exercises (LOADS) that you can do yourself with the primary goal being to increase the space within a chosen articulation. As the ELDOA “create” space, there is an improvement in joint mechanics, increased blood flow, reduced pressure on the discs, a reduction of pain, spinal disc rehydration, better muscle tone, improved posture, and a sense of well being and awareness.

The human spine is a complicated and vital structure. Compression and articular blocks can cause pain, arthritis and neurological conditions. The ELDOA exercises are a highly effective solution to these conditions. The ELDOA are very precise postures that target a specific joint region to provide relief from pain and restore balance.

Designed by French osteopath Guy VOYER DO, the ELDOA (Etirements Longitudinaux avec Decoaptition Osteo-Articulaire) utilize myofascial stretching to put tension around a primary lesion making it the center of “separating forces.” The myofascial tension solicits a postural normalization in a specific joint resulting in numerous benefits.

LOADS (Longitudinal Osteo-articular Decoaptation Stretches) are postural self-normalizing techniques, which aim at widening the space within a pair of joints. It is possible in one minute a day to relieve disc compression between L5-S1 or even more specifically at the base of the long arm of the left sacroiliac joint.

The History of the ELDOA, According to Guy VOYER, DO

More than thirty years ago, upon completion of my medical training and at about the same time I began my Osteopathic studies, the subject of “back pain” was very popular throughout all of Europe. The fields of medicine, physical therapy, and Osteopathy all spoke and wrote articles about back pain, attempting to answer the question,

“How is it possible to correct back pain, the pain of the world?”

For this reason, I too, became very interested in this subject and spent the next ten years traveling to take many different seminars on back pain. They were good, but something was missing in each.

Each course, I picked up one or two key points to add to my practice, mixing them all together, trying to see what worked and what did not, always searching for the best approach to resolve back pain. At the same time, I began an intensive study of biomechanics, but in a new way - the way of tensegrity- that began in the 1980's with Buckminster Fuller.

I came to understand that the current view of the spine and spine biomechanics was limiting. The view of the spine - “one vertebra in relation to another vertebra” - was incorrect. Instead, in the way of tensegrity, the spine and the vertebrae are in relation to all of the body - the spine, the pelvis, the skull, and all of the bones. I began to speak about C-S-S-C, or Cranial-Spinal-Sacral-Coccygeal spine.

“All is in link from the tailbone to the skull.”

For back pain, I found that the primary cause was due to compression, compression from gravity or from an accident or impact.

It is possible to compress a nerve between two vertebrae, like classic sciatica, but because there is a nerve between each vertebra, it is possible to compress any one of these nerves - the intercostal nerve, the radial nerve, or femoral nerve, etc.

It is possible to compress the disc and create a disc herniation; at first, a bulge progressing to a protrusion, and finally a herniation. And it is possible to compress a joint, the zygapophysial joint, and when a structure is compressed it creates “a lot of rust.” The name of this rust is osteoarthritis.

If I want to resolve all of this there are two solutions and I studied both of them. The first solution is to treat medically and the other is to use exercise and training.

The medical approach has two groups. The first group is to use surgery but this creates another trauma to the body. The second group treats the symptoms with medication - “You have pain, okay... painkiller” - but that doesn't change the cause.

For the exercise-training approach there are two groups as well. The first group uses exercise and therapy to treat the symptoms, such as physical therapy, but that does not address the cause either; the second group uses very specific exercise to treat the cause - that is what I wanted to do.

For example, if a patient has a problem at the vertebral level of L5-S1, I want to find a way to open this specific segment with a precise exercise, and I want to teach the patient how to do that for himself - “auto-normalization”. I organized many exercises to do this - the ELDOA is one example.

That is the first part of the story.

The second part of the story took place many years later in my hometown of Marseille, France. It was here that I opened a big center with a gym and over 2000 patients. I used the ELDOA with each patient to create research and statistics to better understand what was working and why, and I used x-ray imaging to track their progress. It came as no surprise to me that after I gave the ELDOA exercises to a patient their back pain improved, but I was surprised when some of the patients would come back and tell me that other physical ailments improved after starting a regular practice of the ELDOA.

When I met with a patient, I would ask, “How is your back pain?” They would answer, “Yes, thank you, it is better, but even better”...“my menstrual pain is gone”, or “the burning sensation when I eat has improved”, or “my headache is gone”, or “now I breathe better when I sleep.”

My intention was to give an exercise for a mechanical problem - for the bone, the joint, or the disc - and a patient’s physiologic problem improved. What happened?

I had to stop and think, “What happened, how is that possible?”

I realized that I had forgotten about the relationship with all the nerves and the visceral organs via the spinal cord; there is an attachment for all the viscera to the spine. For example, the kidney attaches to the spine via the fascia of Zuckerkandl, and the liver attaches to spine at the level of L1-L2 via the diaphragm**. I know now, that when I gently move a specific vertebra with an ELDOA exercise that I can improve the function of the organ.

Historical Synopsis of the Methods Leading to the ELDOA

MAC (Methode Analytique Correctrice)

The R. KLAPP Method

NIEDERHOFFER

The KABAT Method

The BRUNNSTROM Method

BOBATH

PIRET and BEZIERS

MEZIERES

GODLIEVE STRUYF-DENIS

“Although my goal was to incorporate all these methods, to apply these techniques would be valuable, but too dispersed.” – Guy VOYER, DO

Armed with all this knowledge as well as the principles of orthopedic biomechanical synthesis of re-education and systems philosophy, it was appropriate to synthesize the precision of analysis with the diversity of complexity; scientific rigor with the fluidic richness; the potentiality of care with the reality of pain.

ELDOA (LOADS – Longitudinal Stretching with Osteo-Articular Decoaptation) was born in the late 70's.

An ELDOA posture targets a specific vertebral level, in reference at all times to an absolute fixed and mobile, point, which, when placed under a self-induced tension, results in a precise osteo-articular decoaptation (-Les ELDOA – Copyright 2003 – Guy VOYER).

“The ELDOA put the myofascial chains into tension around the point of a primary lesion, the centre of decoaptation. This myofascial solicitation engenders a postural normalization.” – Guy VOYER, DO

What are the Goals of the ELDOA?

Definition: The ELDOA are postural exercises (LOADS) that you can do yourself with the primary goal being to increase the space within a chosen articulation. As the ELDOA ‘create’ space, there is an improvement in joint mechanics, increased blood flow, reduced pressure on the discs, a reduction of pain, spinal disc rehydration, better muscle tone, improved posture, and a sense of well being and awareness.

The goals of the ELDOA are as follows:

1. To create more space between the vertebrae.
2. To create more space for the intervertebral disc.
3. To depress the nerve between the vertebrae.
4. To improve proprioception of the vertebral joint segment.
5. To improve proprioception of the Functional Spinal Unit (FSU).
6. To hydrate the intervertebral disc.
7. To move all the parts of the annulus fibrosis to stimulate the water intake.

Immediate and General Effects of the ELDOA

The strength of the myofascia is as strong as its weakest link, the resistance will give way slowly and the bioenergetico-physical equilibriums will then normalize. From then on all the consequences will be:

Immediate Local Effects of the ELDOA

The local effects of the ELDOA are zygapophysial separation, imbibition of the disc, increased venous return, normalization of muscle tone (by extreme contraction), proprioceptive facilitation of the spine, and improved kinetic sense.

General Effects of the ELDOA

General effects include normalization of myofascial tensions, all the while respecting the normal orthopedic structural imbalance of the client while actively correcting the postural deviations from this norm; decrease in psychomotor barriers and, therefore, increased sense of well being.

Over 20 years of practice and application of the ELDOA in thousands of cases has led to the following hypothesis:

“The ELDOA put the myofascial chains into tension around the point of a primary lesion, the center of decoaptation. This myofascial solicitation engenders a postural normalization.”

Part Three: The ELDOA Postures

Landmarks of the Body

Inion: the external occipital protuberance of the skull

C1: about ½ inch inferior and slightly anterior of the mastoid process

C2: first prominent spinous process below the inion

C4: hyoid bone

C6: cricoid cartilage

C7: second most prominent spinous process below the inion

T1: most prominent spinous process in the region

T2: jugular notch

T5: angle of Louis

T7: inferior angle of the scapula, third prominent spinous process below the inion

T10: xiphoid process

L1: transyloric plane

L3: umbilicus

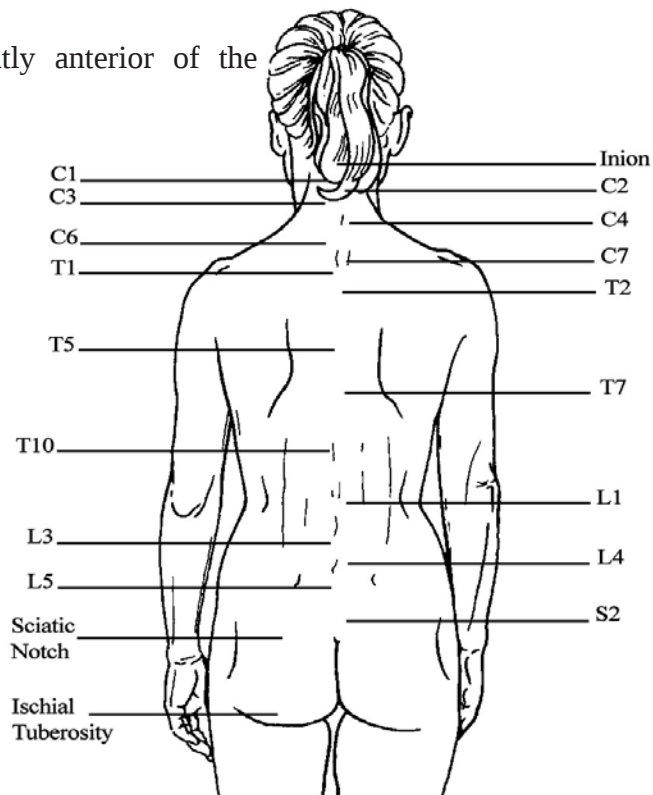
L4: iliac crests

L5: transtubular plane

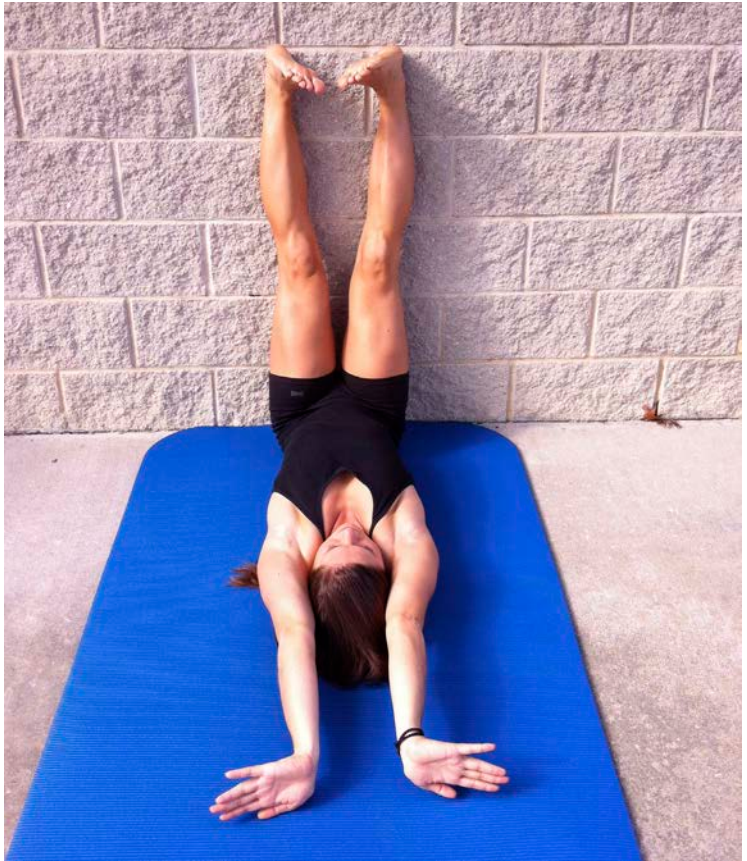
S2: level with posterior superior iliac spines (PSIS)

Sciatic notch: about 2 inches inferior and 1 inch lateral to the PSIS

Ischial tuberosity: about 2 inches inferior to the apex of the coccyx on a vertical line through the PSIS



ELDOA L5-S1

Client:	Practitioner:
Actions:	Photo(s):
	
Notes:	

ELDOA T8-T9

Client:	Practitioner:
Actions:	Photo(s):
	 A photograph of a woman with dark hair, wearing a black leotard, performing the ELDOA T8-T9 exercise. She is lying on her back on a blue mat on a concrete floor. Her arms are extended straight up towards the ceiling, and her legs are bent at the knees with her feet flat on the floor. She is looking directly at the camera.
Notes:	

SECTION TWO

Myofascial Stretching

Part One: Intro to Myofascial Stretching

What is Myofascial Stretching?

For a long time now we believed that we knew how to stretch muscles; however, how do you stretch a muscle when it is sheathed in a leather casing? Muscles are three dimensional in shape with multiple sites of attachment and fascia is the thin 'skin' weaving into and surrounding structures like the muscle tissue, 'linking' various structures together in a chain that includes the joint or joint capsule.

All the connective tissue in the body is made of water and this water is arranged in microscopic tubules. Perhaps even more amazing is that the fascia is continuous upon itself: it is one single entity. In order to stretch a specific muscle it is better to consider it as a link in a specific chain extending from the toes to the back of the knee, inserting into one or more of the ligaments of the pelvis. This is the 'real anatomy' of the body and respects the global organization of its tissues. A stretching posture will be chosen to solicit the tension of the whole fascial chain in order to correct the specific muscle link.

With myofascial stretching (MFS), the goal is not to gain flexibility of a muscle, but to improve the quality of the movement of the tissues in relation to one another. MFS is the only type of stretching that respects this organization.

Fascia and the Formative Work of Guy VOYER, DO



Guy VOYER, DO dissecting a cadaver

From a very early age, Guy VOYER, DO was fascinated with the fasciae of the human body. It wasn't until after medical school when he began his osteopathic training that he was able to focus his research on the fasciae, understanding the various roles the fasciae play in the human body and how to best treat it.

To reach his goal of mastery and better teach his work, Guy VOYER, DO has done extensive research in dissection. He was one of the first medical doctors to map the fascial chains of the body, and to define the role the fasciae plays in biomechanics and movement.

As a result of this work, Guy VOYER, DO organized his own system of therapy with many techniques that he created himself. To compliment his therapeutic system, he designed an exercise-training program (SomaTraining) that respects the organization of the fascial chains and human biomechanics. This program includes the ELDOA and Myofascial Stretching. Today, he is one of the few osteopaths in the world who has mastered treatment of fascia and how to prescribe exercise to reinforce these treatments.

What is Fascia?

The term fascia means a form of connective tissue that is widely distributed throughout the body and is composed of irregular, interwoven collagenous fiber bundles of varying density. Fascia is comprised of three basic elements: collagen, elastic fibers, and ground substance.

Fascia has many roles in the body: it invests most structural elements, being highly protective in nature, and can also provide a lubricating function. Its network of interconnections between the skeletal elements appears to provide a mechanism for limited force transduction and its cellular composition strongly suggests both an immune function and a neurosensory role as well.

*Fascia is the link...it is the link between
all the structures of the body, making the body a global structure.
Fascia is the skin of the structure that gives it shape and
structural integrity.*

General Presentation of the Fascia by Guy VOYER, DO

The information below comes from Les ELDOA – 2003 written by Guy VOYER, DO

Fascia is the sheet of areolar or fibroelastic tissue that sheaths the entire body and the organs. It insinuates itself between the muscles. It sheaths the nerves, blood vessels and lymphatics

All the connective tissue (except the bones) is organized in the shape of fasciae. They are envelopes, sheaths, septum, support membranes, separating sheets or the attachment points.

This tissue network is suspended from osseous attachments. The tensions of the connective tissue depend on their integrity and vice versa...the quality of the movement of bone and joints depends on the quality of the connective tissue.

The Fascia in the Writings of A.T. Still

“It is in the fascia that we must look for the cause of disease and the beginning of healing action”

“...we can see all the beauties of life on exhibition by the great power with which the fascia is endowed... the framework of life, the dwelling place on which life so adjourns... can find all disturbing causes of life, the place that diseases germinate and grow, the seeds of disease and death.”

“Why not release, contract, stimulate, and clean the whole system of all diseases by that willing and sufficient power to rejuvenate all parts of the system from deadly components that generate through the delay and stagnation of fluids while in the fascia.”

“The general laws of nutrition to nourish life are to be found in the fascia and the nerves.”

A Brief Summary of the Fascia

Although the fasciae present intermediate and anastamotic planes they are divided arbitrarily into three layers;

Superficial layer: includes the different layers of the skin.

The middle layer: (from superficial to deep): The epicranial epineurosis and the fascia superficialis. The aponeuroses

The deeper layer: The dura mater or pachymeninges is the external layer of the meninges is of mesenchymal origin. It is made up of several stratified layers of collagen fibers separated from one another by flattened cells. Each layer has a different direction in relation to its adjacent supra and infra layers which provides a significant resistance and inextensibility to the whole.

Dura Mater

The spinal cord is a flexible, elastic structure and nervous tissue is soft and delicate; the neurons can be injured by even slight pressure. For this, there are several layers of protection - the meninges which includes the dura mater and the cerebrospinal fluid - CSF.

The **dura mater** is two parts - the spinal dura mater, and the cranial dura mater.

Spinal Dura Mater

The **spinal dura mater** continues without interruption from the cranial dura mater at the circumference of the foramen magnum and forms a continuous cylindrical sheath extending from the foramen magnum through the sacral canal containing the spinal cord from which it is separated by the leptomeninges and the cerebral spinal fluid. (Les ELDOA – 2003)

At its superior part the spinal dura mater attaches to the entire extent of the circumference of the foramen magnum, perforated by two vertebral arteries facing the occipital – atlas articulations, and to the posterior surface of the body of the axis.

At its inferior part, where it constitutes the inferior dural sack or spinal recess, it inserts into the sacral canal at the level of the second sacral segment through a strong fibrous sacro-dural ligament of Trolard.

The spinal dura mater is attached to the posterior longitudinal ligament, which is located anterior to it by fibrous tracts, which are more numerous in the cervical and lumbar regions, but still allow a relative amount of freedom.

Cranial Dura Mater

The cranial dura mater presents two layers: the external layer is applied to the skull with no epidural space. The internal layer sends out continuations, or expansions that partition (divide) the cranial cavity and separate the different neural elements which are found there: Two sagittal extensions – faux cerebri and faux cerebelli.

There are three relatively horizontal extensions – tentorium cerebelli, tentorium of the hypophysis, tentorium of the olfactory bulb.

Two relatively vertical extensions are the tentorium of the optic nerve and Meckel's cavum.

In the mechanical organization of the body, the spinal and cranial dura mater constitute the first of the chain. The PRM itself will be very important to the treatment of the fasciae and the ELDOA exercises.

The Fasciae: Some Words to Remember According to Guy VOYER, DO

There are three components that are important in the biology of the fascia – *cells, fibers, and the matrix.*

The Cells: *fibroblasts, mastocytes, adipocytes, macrophages, plasmocytes, and leukocytes.*

The Fibers: *collagen, retinaculum, elastin.*

The Matrix (ECM): The ECM is a complex of macromolecules manufactured by cells and exported by them to the extracellular space. The ECM of the connective tissue proper, the most common connective tissue in the body is composed of hydrated gel-like ground substance with fibers embedded in it. The ground substance resists forces of compression and fibers withstand tensile forces.

The water of hydration permits a rapid exchange nutrients and waste products carried by the extracellular fluid as it moves through the ground substance.

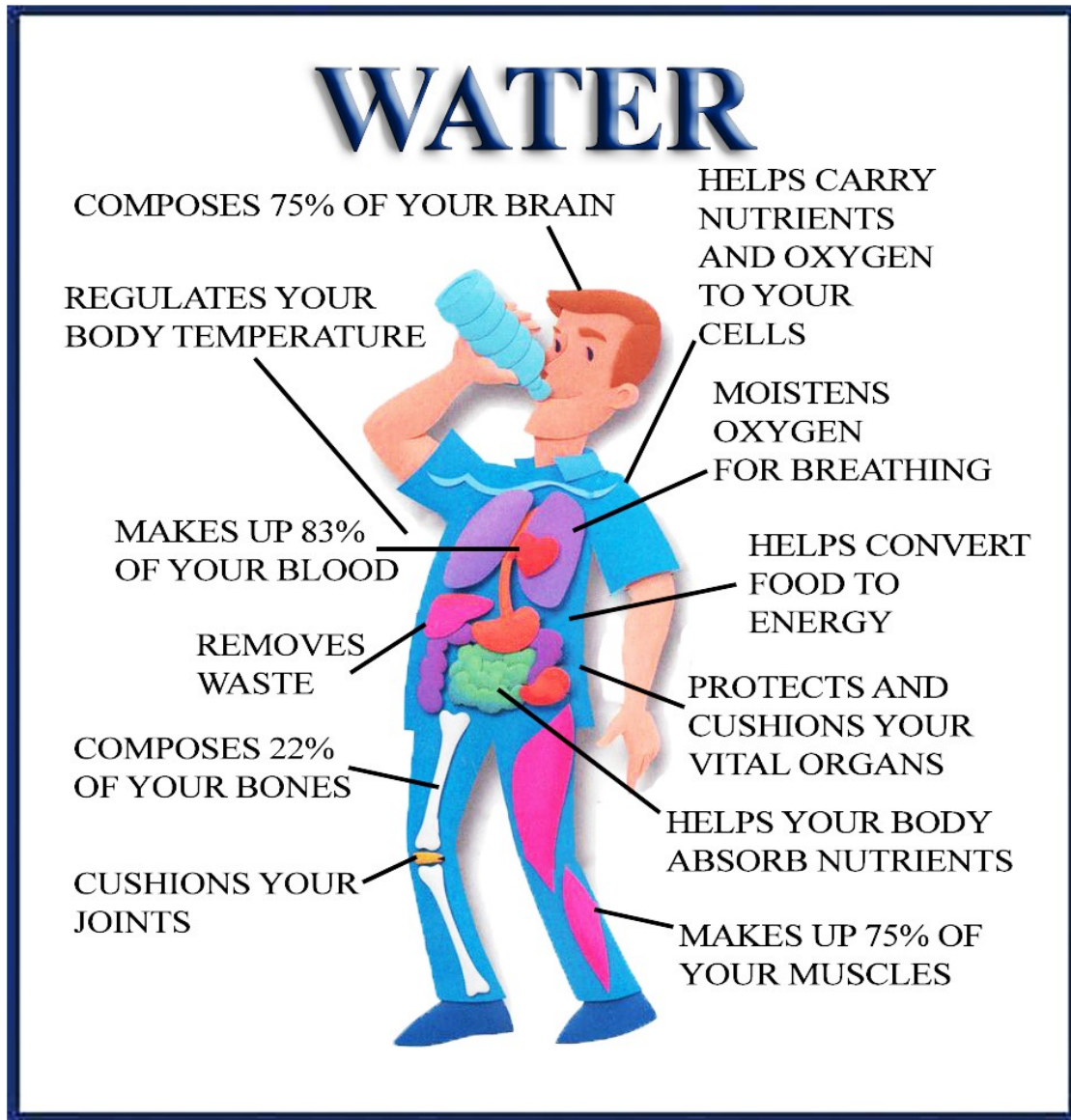
Macromolecules

Ground substance is composed of Glycoaminoglycans (GAGs), proteoglycans, and adhesive glycoproteins. These three families of macromolecules form various interactions with each other, with fibers, and with the cells of connective tissue and epithelium.

Types of GAGs: Hyaluronic acid, Keratan, Heparin, Chondroitin, Dermatin.

Intracellular – Extracellular Water

To function properly and avoid dehydration the human body requires regular water intake. The amount depends on various factors that include the level of activity, temperature and humidity. Most of the water humans take in is through foods and beverages other than pure water, but drinking pure water is the optimal choice for the tissues.



Water, Nature's First Medicine

2 Types of Water in the Body: Intracellular Water - Extracellular Water

The importance of water and the roles that it plays in the human body cannot be understated. Water is the most important and abundant inorganic compound in ALL living systems. Nearly all the bodies chemical reactions occur in a watery medium and many of its properties make it an indispensable compound for life (Tortura pg. 38).

The human body is comprised of up to 70 percent water. Water serves as a transportation medium by which other nutrients and essential elements are distributed throughout the body. It acts as a lubricant and its presence in and around the body helps to defend against the forces of shock. The brain, eyes, and spinal cord are all among the body's sensitive structures that depend on a protective water layer.

Total body water is distributed between two main compartments –“water inside the cells” and “water outside the cells”.

Intracellular fluid (water) - The majority of the water in the body is contained in the cytoplasm of cells (inside the cells) and is known as intracellular fluid. Intracellular fluid is the water inside the cells in which all intracellular solutes are dissolved. It constitutes two-thirds of the total body water in the body, and under normal circumstances remains under osmotic equilibrium.

Extracellular fluid (water) – The other third of the water in the body is called extracellular water. It is the fluid outside the cells and includes all other body fluids.

About 80 percent of the extracellular water occupies the microscopic spaces between the tissue cells (interstitial fluid); The remaining 20 percent is plasma – the liquid portion of blood (Tortura pg. 1087).

Interstitial fluid surrounds the tissues and provides the appropriate micro-environment that allows the movement of ions, proteins and nutrients across the cell barrier. This fluid is not static; it is constantly being refreshed by cell capillaries and collected by lymphatic capillaries.

Other extracellular fluids that are grouped with interstitial fluid include **lymph**, and lymphatic vessels, **cerebral spinal fluid** in the nervous system, synovial fluid in joints aqueous humor and vitreous body in the eyes; endolymph and perilymph in the ears; and plural, pericardial and peritoneal fluids between the serous membranes.

“The two worst enemies of the fascia are dehydration and stress.” – Guy VOYER, DO

The Movement of Water: GEL-SOL

Water (pure water) is an important substance and its role in hydration permits the rapid exchange of nutrients and waste products (in the body) carried by the extracellular fluid as it moves through the ground substance in the connective tissue.

The four primary types of tissue – epithelial, nervous tissue, muscle, and connective tissue each possess defined characteristics; however, ALL tissues are composed of cells and an extracellular matrix (ECM). The ECM is a complex of macromolecules – a large molecule whose structure essentially is comprised of multiple repeating units derived from molecules of low molecular mass - manufactured by the cells and exported into the extracellular space. The amount of ECM in the primary tissue classes varies with the most being in the connective tissues.

The ECM of connective tissue proper is composed of hydrated gel like ground substance with fibers embedded in it (histology, pg. 23). Ground substance is an amorphous gel-like material composed of glycoaminoglycans (GAGs), proteoglycans, and adhesive glycoproteins.

The movement of the water through the ECM is referred to as GEL-SOL. The physiology of its movement is summarized below.

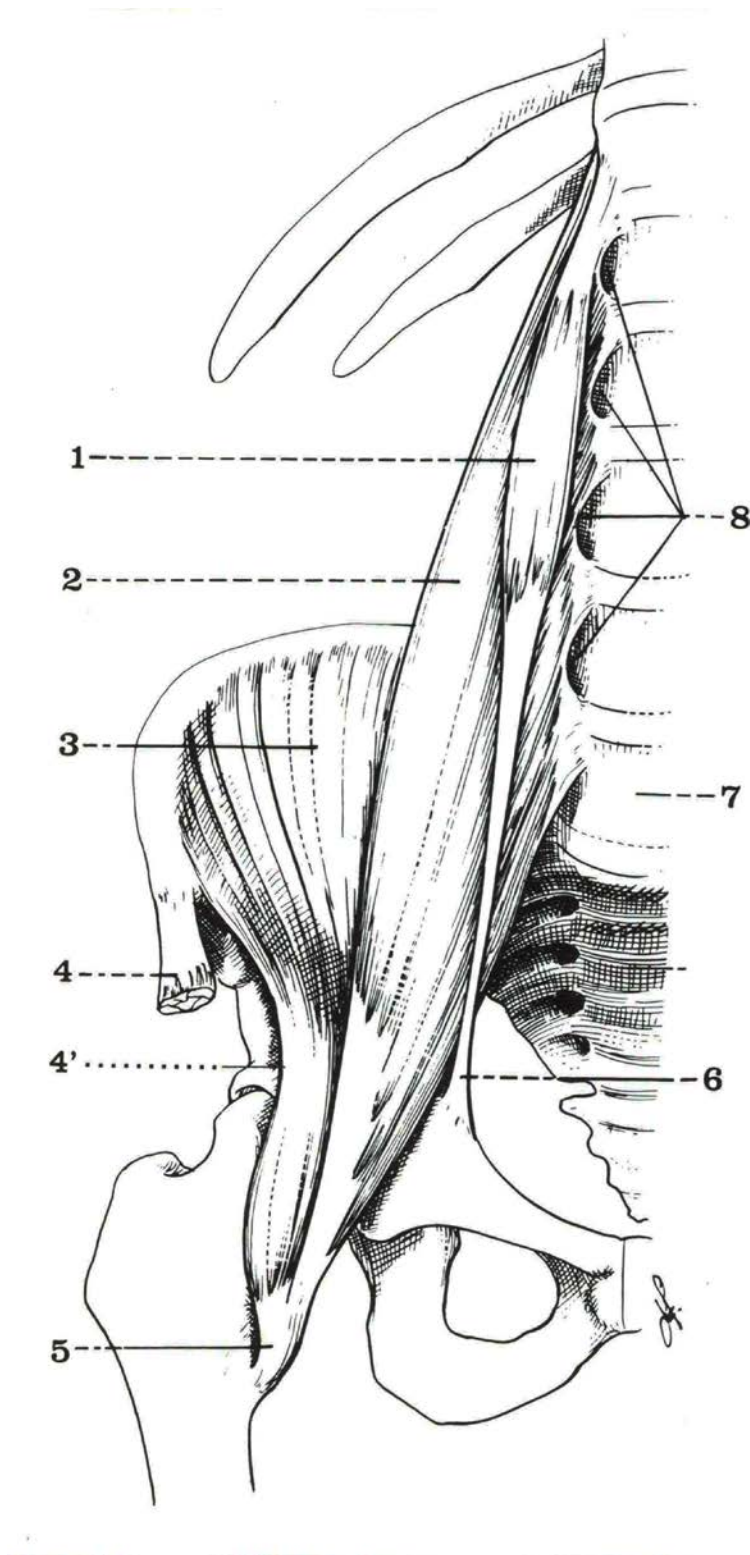
Hyaluronic acid / hyaluronidase
A biphasic process:

Phase 1 – A permeable phase: dehydration, decreased tissue becomes electropositive colloidal. This is characterized by more fluid making it easier to cross, rich in open water, low colloid. This phase is referred to as SOL

Phase 2 – It becomes electronegative; Repolymerization. Phase 2 is referred to as GEL

Part Two: Myofascial Stretching Exercises

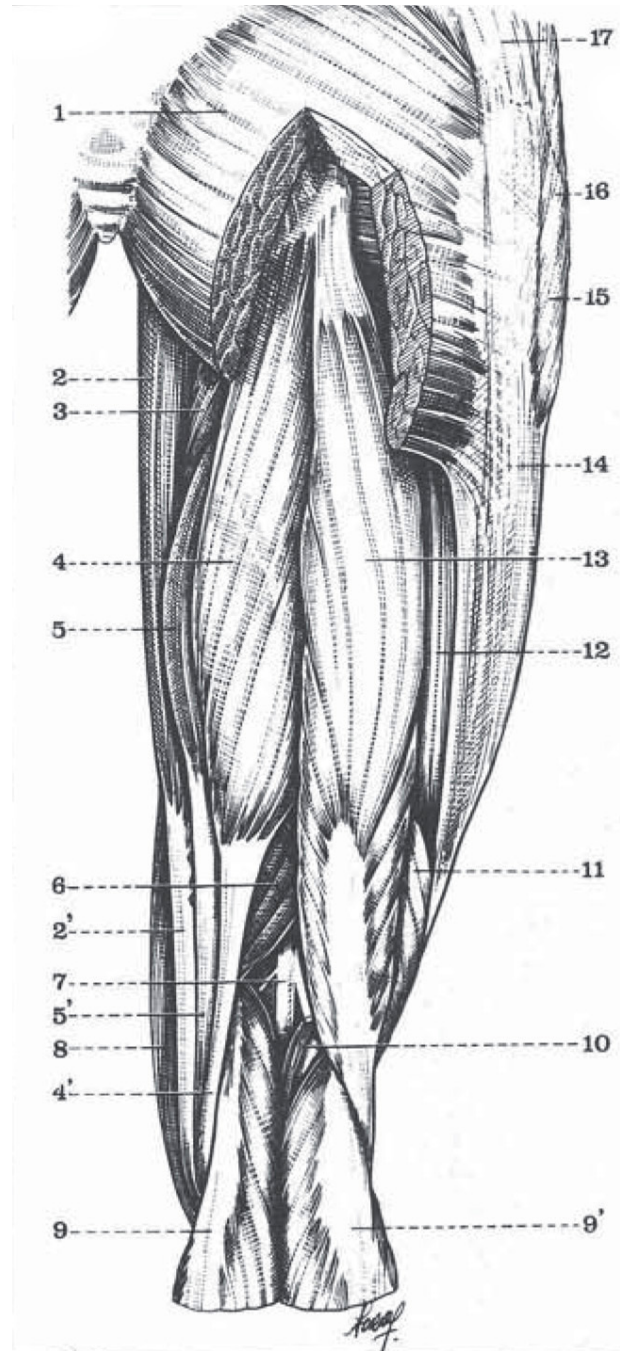
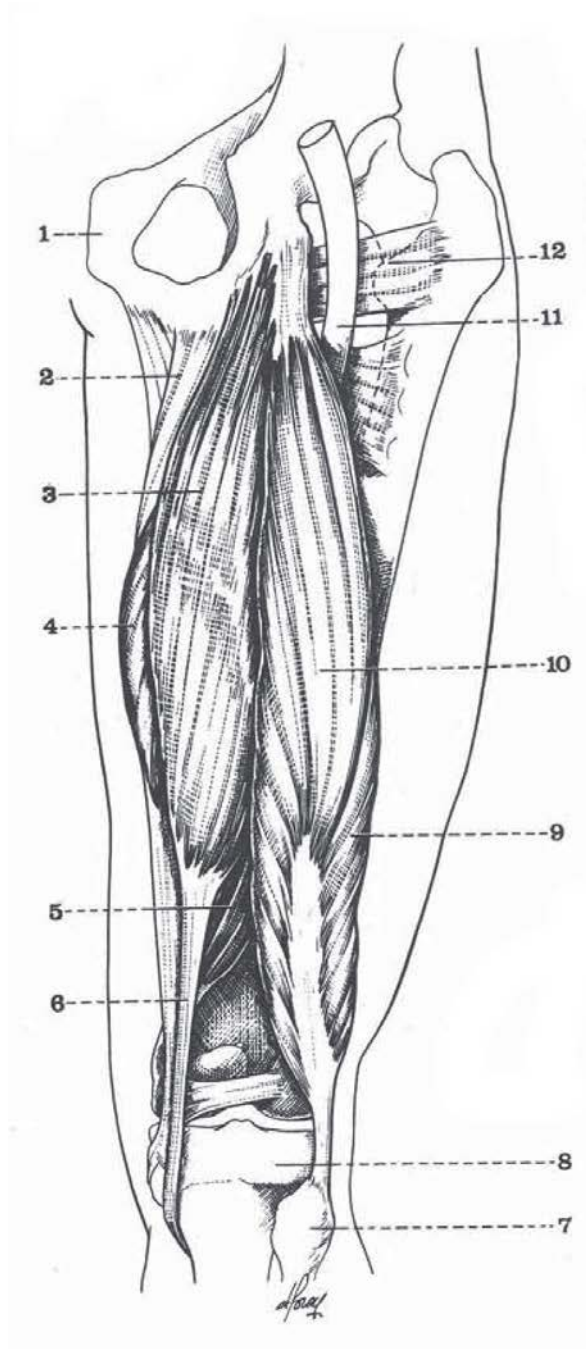
Ilio-Psoas



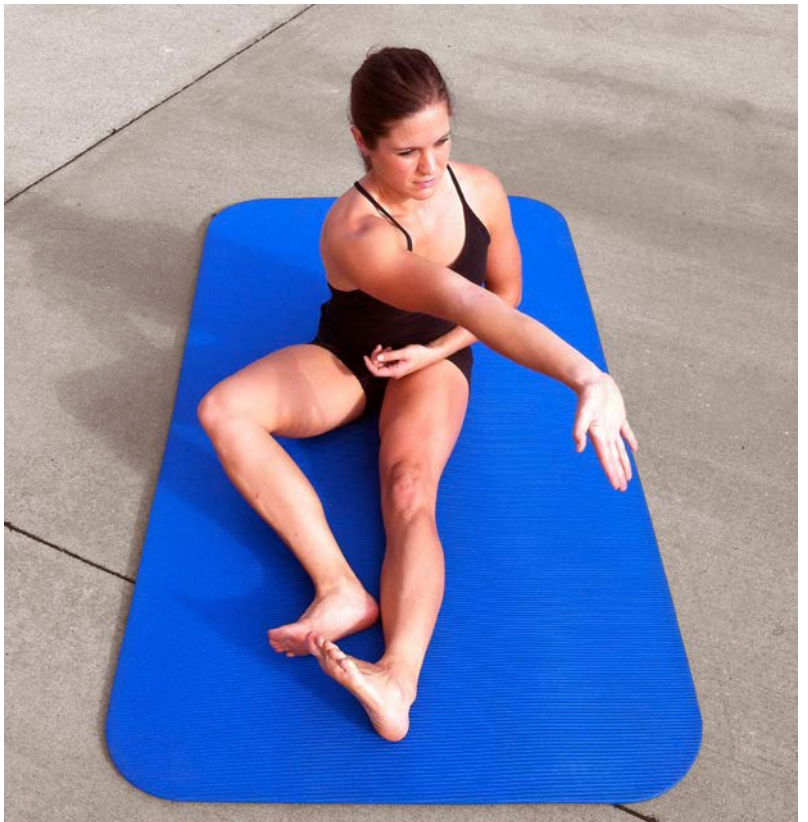
MFS Ilio-Psoas

Muscle Action:	Muscle Counter-Action:
Position of Client:	Photo(s):
	 A woman with dark hair tied back, wearing a black tank top and black shorts, is performing a psoas stretch on a blue mat outdoors on a concrete surface. She is in a kneeling position with her right leg extended forward and her left leg bent with the foot flat on the ground. She is leaning forward over her right leg, with her hands reaching towards her right foot. Her head is tilted down, and her arms are extended forward.
Notes:	

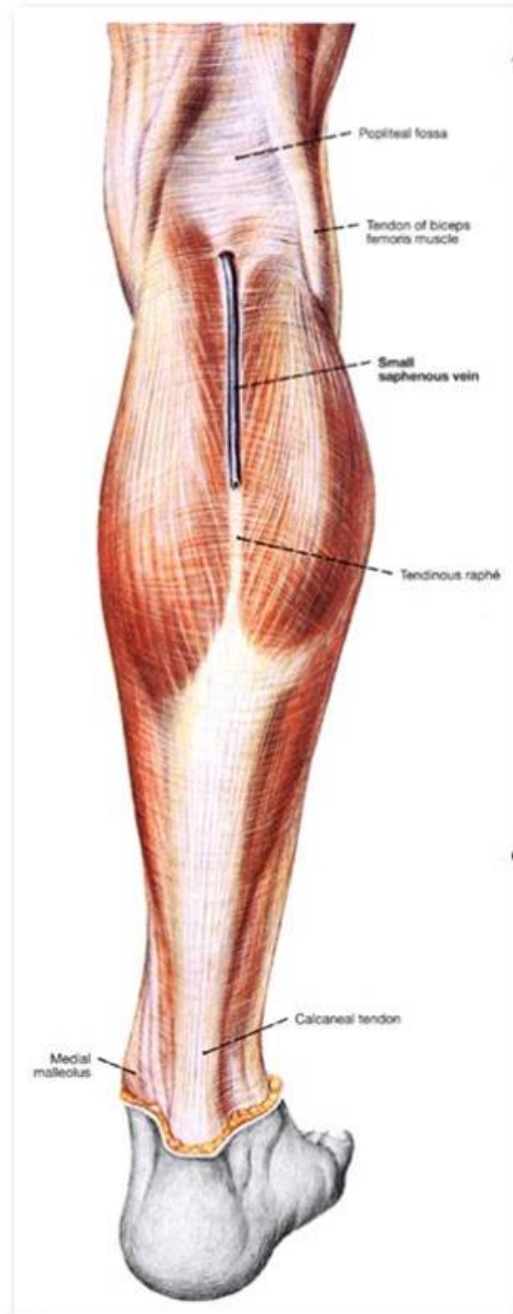
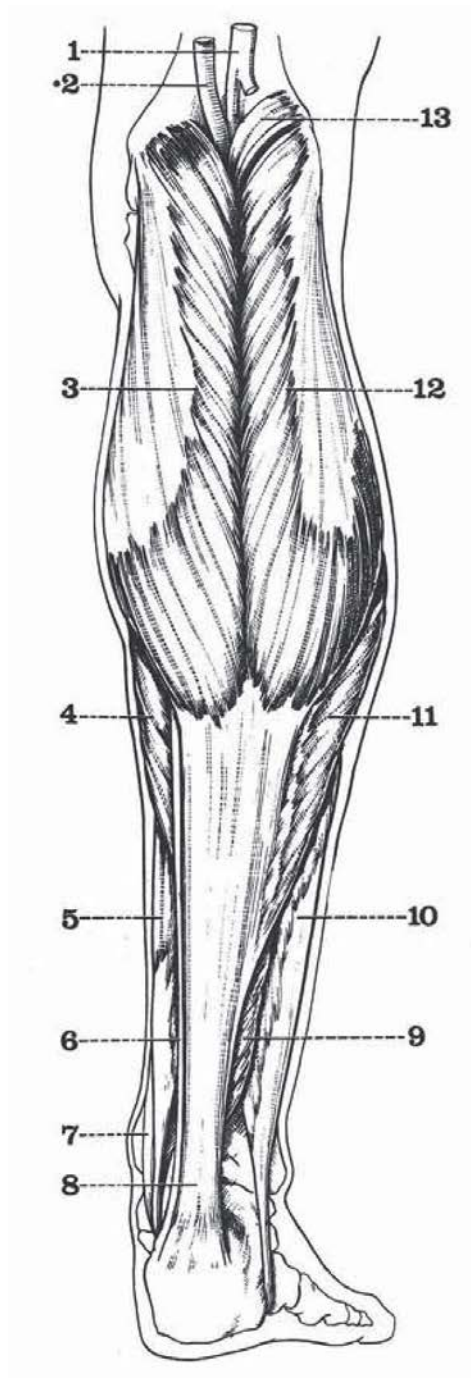
Biceps Femoris



MFS Biceps Femoris

Muscle Action:	Muscle Counter-Action:
Position of Client:	Photo(s):
	
Notes:	

Gastrocnemius



MFS Gastrocnemeus • Lateral Fibers

Muscle Action:	Muscle Counter-Action:
Position of Client:	Photo(s):
	 A photograph showing a person from behind, standing on a blue mat on a concrete surface. They are leaning their back against a wall made of grey stone blocks with a red brick top course. Their right leg is extended straight back, with the heel flat on the ground. Their left leg is bent at the knee, with the foot flat on the ground. Their arms are reaching up and back, with their hands touching the top of the wall. They are wearing a black tank top and black shorts.
Notes:	