

Guided Listening Review of Bones

These notes are the property of Ron Mariotti, ND, BI-D. They are being provided to you as a student of the Barral Institute. Please use these for your own study but DO NOT distribute them to others.

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1st listening station - SP of T4

~ Possible Listening Patterns ~

1. Put your thenar or hypothenar eminence on the SP of T4. Be very soft.
2. You can experiment with what brings more information to your receptors.
3. There is a lot going on in the bones.
4. Attracted **laterally and around the vertebral body**
 - a. End-feel is a diffuse gradual stop. You are going around a shape.
5. Attracted **lateral and around and you feel a fairly firm stop - costovertebral junction.**
6. Attracted **straight lateral and not very far and then stops - costotransverse joint.**
7. A very short listening and will come **superior-lateral or inferior lateral and there will be a very sudden stop. facet joint.**
8. **Posterior, lateral and around a shape and you feel the quality of tone – muscle (erector spinea muscles):**
9. **Inferior and anterior and locked feel – an extension lesion of the vertebra.**
10. **Superior and anterior and again a locked end-feel - a flexion lesion of the vertebra.**
11. **The difference between a disc listening and a flexion / extension lesion, end-feel will be viscous, resiliency.**
12. **Anterior first and then rotate – Dura, a membranous feeling.**
13. **A little bit more anterior and rotate and a fluid-feeling you are in the CSF, closer to the spinal cord itself.**
14. **If you feel an electrical feel this is the spinal cord.**
15. **Lateral and you follow out and you feel a quality of density this is a rib**
16. **Into the thorax, more than 30-40% you feel quality of fluidity - the viscera of the thorax (a whole other world)**
 - a. How far are you attracted?
 - b. At T4 you have the **fissure of the lung** coming in at the **15-20%** depth.
 - c. You have the **bronchus** at **~ 40-50%**.
 - d. Anterior to this you have the **esophagus and aorta.**
 - e. You have the **sternum** at **~80%**.
 - f. If you felt a listening here you would estimate the depth and then turn them supine to listen from the anterior aspect and the numbers should add up.

2nd listening station - rib angles

~ Possible Listening Patterns ~

1. This is where the ribs turn and start to go anterior. There is a lot of viscera that hook into the rib angles. They are a support for the viscera. This location will give you a lot of information about the rib.
2. Place your palm along the rib so that you capture about 2” or so of that rib at the rib angle.
3. **Rib may “shrink wrap” your hand as it is telling you “I have a problem within”.**
 - a. “My structure is having a problem”. **There’s a restriction within the bone.**

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- b. This could be an **old fracture** at the level of the cortical bone.
- c. It could also be drawing you deeper into the matrix, the spongy bone:
 - i. The **quality of the rib is "density"**. And when you tune in there is no density but there is empty space. It is like the density of the rib has disappeared. This is the **osteoporosis of the rib**.
 - ii. Maybe it pulls you in and you feel some density. This is **osteopenia**.
- 4. **Immediately inferior and a very short distance anterior to the inferior - subcostal nerve:**
 - a. The **quality of perception for a nerve is a thin horizontally running line** just under the rib and **electrical and "buzzing-like" feel**.
- 5. **Inferior and anterior from the rib is the intercostal muscles - quality of a muscle is tonic.**
- 6. **Toward the spine.**
- 7. **Laterally and pulling toward the mid-axillary line, or even all the way toward the sternum.**
- 8. **Attracted into the body and past that 10% level.**
 - a. The **pleura** will **spread your hand. It has resiliency**.
 - a. The **lung**, has **turgor, or pressure pushing back at you**.

3rd listening station – sacrum ~ Possible Listening Patterns ~

- 1. **If the bone itself has a compression lesion you will feel the whole bone attracts your hand.**
- 2. **Another option for the sacrum is that it attracts your hand directly North toward the spine.**
- 3. **Lateral to a ligament iliolumbar ligaments. The quality of perception of a ligament is flat.**
- 4. **Anterior, deeper than 15%, into the pelvic cavity and over a shape into fluidity and a direction.**
 - a. Flat membranous tissue **50%** that draws you toward the ilium - the **broad ligament**
 - b. Has shape and is at 50% - **uterus or the prostate**
 - c. Tube of the **sigmoid**.
 - d. 20% anterior and around a tube at midline - **rectum**.
 - e. More anterior toward the **bladder**.
 - f. Here we go with shape and % depth.
 - g. Subjectively if your shape you are feeling **20% this would be the rectum**.
 - h. Anywhere from **60% to 90% anterior this is the bladder**.

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**4nd listening station – Coccyx
~ Possible Listening Patterns ~**

1. Give yourself some space so your wrist is not locked. You want to position your hand in such a way so that you can gather information about the entire coccyx.
2. **A bit anterior and superior and there is a flat quality - the ligament of the coccyx to the sacrum.**
3. **Shears your hand to the right or the left on a coronal plane and a flat quality - the ligament of the coccyx to the sacrum.**
4. **Short arch and sudden stop toward the sacrum and compression in the joint between the sacrum and coccyx itself – the sacrococcygeal joint.**
5. **Pulls you anterior and superior - the dura.**
 - a. Around L2, where the spinal cord transitions to the Cauda Equina.
 - b. T9, which is a natural narrowing of the spinal cord.
 - c. C2 or all the way to the frontal nasal junction. It could be drawn up to the frontal bone.
6. **Anterior and continue anterior to the pelvic floor.**
 - a. All the muscles of the pelvic floor attach to the coccyx.